

# AMERICO Platinum Assure Series

**Agents:** When filling out applications, be sure to include your client's email address. This will allow us to better service your clients' policies.

## Forms included in this packet

- Application
- Disclosure Statement
- Financial Suitability Form
- Insurance Agent Disclosure for Annuities

## Additional forms that may be required

These forms can be ordered or downloaded from [www.americo.com](http://www.americo.com).

- Transfer Funds Form - *Required when transferring funds from another financial institution to Americo.*
- Replacement Forms - *Required in applicable states when replacing an existing life insurance policy or annuity contract. Important Note: States may require a completed replacement form even when an existing policy or contract is not being replaced. Contact Agent Services for additional information. State variations apply.*
- Buyer's Guide to Fixed Deferred Annuities - *Required at the point of sale in AL, AK, AZ, CO, GA, HI, ID, IA, KY, ME, MO, MT, NV, NH, NJ, NM, NC, OH, OK, OR, RI, SC, TX, UT, and WV. Must be left with applicant.*

## Trust-owned annuities

Due to the complex nature of many trust arrangements, Americo Financial Life and Annuity Insurance Company requires all pages of the trust be submitted with the application. For all trust-owned annuities, please make note of the following:

- Americo reserves the right to review the trust documents prior to issuing the annuity contract.
- When completing the application, please keep in mind the following:
  - The application and all required forms must be signed by the trustee(s) as specified by the trust.
  - Trustees, as well as individuals with power of attorney, must sign with their correct capacity (i.e., Jane Doe, Trustee).
  - The trust's tax ID# should be provided on the application.
- For contract changes and requests after the annuity contract is issued, trust documents may be required.
- Neither Americo nor any agent of Americo can provide tax or legal advice. Please consult a qualified tax or legal professional.

## Submitting your application

Fax: 800.395.9261

Email: [submit@americo.com](mailto:submit@americo.com)

**Note:** For 1035 Exchanges, original paperwork must be submitted. For additional information, contact us at 800.231.0801 or log on to [www.americo.com](http://www.americo.com).



**AMERICO**<sup>®</sup>

**Individual Single Premium Deferred Annuity Application**

ICC22 5095



**Americo Financial Life and Annuity Insurance Company**

Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288 • Home Office: Dallas, Texas

1. NAME OF ANNUITY PRODUCT	2. ANNUITY TYPE	3. PREMIUM PAYMENT
<b>Platinum Assure Series</b> (select guarantee period): <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> 7 Years	<input type="checkbox"/> Non-Qualified <input type="checkbox"/> 403(b) <input type="checkbox"/> IRA (Traditional) <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP-IRA (Annual Income) <input type="checkbox"/> Other _____	Premium submitted with application (Check must be made payable to Americo) \$ _____

**4. OWNER** • If a Trust, give Trustee, Trust name, and Trust date. A copy of the Trust must be submitted with this application.

Name (Last, First, MI) \_\_\_\_\_ Sex  Male  Female Relationship to Annuitant \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN or Tax I.D. # \_\_\_\_\_ Phone Number \_\_\_\_\_ U.S. Citizen?  Yes  No If No, Country of Citizenship: \_\_\_\_\_

Street Address (all correspondence will be sent to this address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Years at Current Address \_\_\_\_\_

Previous Address (Complete if you have lived at your current address less than 5 years) \_\_\_\_\_

**5. JOINT OWNER** • Optional for non-qualified annuities only.

Name (Last, First, MI) \_\_\_\_\_ Sex  Male  Female Relationship to Annuitant \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN or Tax I.D. # \_\_\_\_\_ Phone Number \_\_\_\_\_ U.S. Citizen?  Yes  No If No, Country of Citizenship: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Years at Current Address \_\_\_\_\_

Previous Address (Complete if you have lived at your current address less than 5 years) \_\_\_\_\_

**6. ANNUITANT** (if other than Owner)

Name (Last, First, MI) \_\_\_\_\_ Sex  Male  Female

Date of Birth \_\_\_\_\_ SSN or Tax I.D. # \_\_\_\_\_ Phone Number \_\_\_\_\_ U.S. Citizen?  Yes  No If No, Country of Citizenship: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Years at Current Address \_\_\_\_\_

Previous Address (Complete if you have lived at your current address less than 5 years) \_\_\_\_\_

**7. JOINT ANNUITANT** (if other than Joint Owner) • Optional for non-qualified annuities only.

Name (Last, First, MI) \_\_\_\_\_ Sex  Male  Female

Date of Birth \_\_\_\_\_ SSN or Tax I.D. # \_\_\_\_\_ Phone Number \_\_\_\_\_ U.S. Citizen?  Yes  No If No, Country of Citizenship: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Years at Current Address \_\_\_\_\_

Previous Address (Complete if you have lived at your current address less than 5 years) \_\_\_\_\_

**8. PAYOR** (if other than Owner or Annuitant)

Name (Last, First, MI) \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_ SSN or Tax I.D. # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Years at Current Address \_\_\_\_\_

Previous Address (Complete if you have lived at your current address less than 5 years) \_\_\_\_\_ U.S. Citizen?  Yes  No If No, Country of Citizenship: \_\_\_\_\_

**9. TRANSFER AND REPLACEMENT INFORMATION**

1035 Exchange  
 Rollover  
 Transfer  
 Tax Year \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

a. Does any Owner have any existing life insurance policies or annuities? .....  Yes  No  
 b. Will this annuity replace or change any existing life insurance policies or annuities now in force? .....  Yes  No

*If Yes to either question, be sure to include insured's name, policy number, and insurer in Remarks/Special Instructions. Replacement forms may be required by state law.*

**10. BENEFICIARY INFORMATION** • Include additional beneficiaries on a separate page signed and dated by the Owner(s).

Primary Beneficiary	Name: _____	Date of Birth: _____
*Share (%) _____	Social Security Number: _____	Relationship: _____
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____	Date of Birth: _____
*Share (%) _____	Social Security Number: _____	Relationship: _____

**11. REMARKS/SPECIAL INSTRUCTIONS**

**12. AUTHORIZATION AND ACKNOWLEDGEMENTS**

**FRAUD NOTICE:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The **USA PATRIOT Act** requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided.

**Taxpayer Identification Certification:**

1. Under penalties of perjury, I certify that I am a US citizen or other US person, and that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding. Check here  if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest or dividends on your tax return 2 (B).

I, the undersigned,

- authorize Americo to act on electronic and/or telephonic information from all parties specified in this application. This authorization may be revoked by sending written notice to Americo at its administrative office address. The absence of this authorization constitutes a rejection of this authorization.
- understand that a sales representative/agent does not have Americo's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, contract or receipt, as applicable;
- understand Americo will have no liability until an annuity contract is issued on this application, and is delivered to and accepted by the Owner and the premium due is paid in full while each Proposed Owner and Proposed Annuitant are living;
- acknowledge that to the best of my knowledge and belief, that the annuity and any additional benefits applied for are suitable for my investment time horizon, goals and objectives, and financial situation and needs;
- have read this application and represent to Americo that the statements made on this application are true, complete and correctly recorded to the best of My knowledge and belief. I agree that Americo can rely on these statements. I agree that this application and/or any amendment to the application will be the basis for any annuity contract issued on this application or any amendment to the application. No information will be considered to have been given to Americo unless it is stated on the application.

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

Signed at (State) \_\_\_\_\_ on (Month/Day/Year) \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
Signature of Annuitant (if different than Owner)

\_\_\_\_\_  
Signature of Joint Annuitant (if applicable)

Please read this disclosure carefully before purchasing your annuity.

Contract ICC21 320

This document reviews important points to think about before you buy this Amerigo Financial Life and Annuity Insurance Company (“Amerigo”) single premium deferred annuity. It is a **fixed** annuity, which means it earns a specific interest rate during the guarantee period and will earn at least a minimum guaranteed interest rate after the guarantee period. Your annuity is **single premium**, which means you do not pay any additional premium payments after the initial premium. Your annuity is **deferred**, which means annuity payments begin at a future date.

This annuity is **tax deferred** which means you do not pay taxes on the interest your annuity earns until the money is paid to you. You can use this annuity contract to save money for retirement and to receive retirement income for life. It is not meant to be used to meet short-term financial goals.

If you have questions about this annuity, please ask your agent, broker, or advisor, or contact a company representative at 1.800.231.0801.

## THE ANNUITY CONTRACT

### How will the value of my annuity grow?

Your annuity earns interest from the first day after the date the premium is received at our Administrative Office to the date of payment or other application by us. We credit interest to your annuity contract on a daily basis, at a **daily rate**. The daily rate is the daily equivalent to the effective annual rate of interest then in effect. The daily rate is guaranteed during the **Guarantee Period** shown in your annuity contract. After the Guarantee Period, the daily rate may change, but the effective annual rate of interest will never be less than the **Minimum Guaranteed Interest Rate**. The Guarantee Period Interest Rates and Minimum Guaranteed Interest Rate are shown on Contract Data page 3 of your annuity contract.

The interest rates we credit to this annuity is established by resolution of our Board of Directors.

## BENEFITS

### How do I get income annuity payments from my annuity?

When you apply for your annuity, you choose an **Annuity Date**. This is the date when you start to receive income from your annuity. This date is shown on a Contract Data of your annuity contract. You may change the Annuity Date by making a written request to Us at least 30 days prior to the Annuity Date. The Annuity Date must be on or before the later of the Annuitant’s 95<sup>th</sup> birthday or the tenth (10<sup>th</sup>) Contract Anniversary.

You choose how to get the income – the **Settlement Option**. Settlement Options are described in detail in the Settlement Options provisions in your annuity contract. Your Settlement Options are:

- **Life Income Only** – Guarantees income for as long as the annuitant lives.
- **Life Income with Fixed Period Certain** – Guarantees income for as long as the annuitant lives. If the annuitant dies within the “period certain” of 10 or 20 years, it pays income to your beneficiary for the rest of the “period certain.”
- **Fixed Period Certain Only** – Guarantees income for a fixed period of time up to 30 years but not to exceed life expectancy. If the annuitant dies within the fixed period certain, your beneficiary receives all remaining payments.
- **Fixed Amount** – Guarantees equal annual, semiannual, quarterly or monthly payments of the amount chosen until the proceeds and interest are fully paid. The payments must total at least \$120 a year for each \$1,000 of proceeds held under this Settlement Option. The final payment will equal the amount of any unpaid balance.
- **Proceeds Held at Interest** – We hold the proceeds as principal, making interest payments annually, semiannually, quarterly or monthly, for a period of not less than 5 years and no more than 20 years, as elected. Payments under this Settlement Option will begin at the end of the first elected interest period following such date.

The Settlement Option is shown on a Contract Data of your annuity contract. You may change the Settlement Option by notifying us at least 30 days before annuity payments are scheduled to begin.

### What happens after I die?

If you die before Amerigo starts to pay income from your annuity, your beneficiary can choose to receive the **Death Benefit** (Account Value less applicable premium taxes) of your annuity as one payment or as a series of payments over time. If the annuitant dies after annuity payments begin, depending on the type of payout option you chose, we will pay the remaining value in the annuity, if any, to your beneficiary in the annuity payment option you elected.

## OPTIONAL BENEFITS AND THEIR FEES

### What other benefits can I choose?

There are no optional benefits available with this annuity contract.

## FEES, EXPENSES, AND OTHER CHARGES

### What happens if I take out some or all of the money from my annuity?

You cannot take any of the money out of your annuity after annuity payments begin. Before annuity payments begin, you can take out all of your annuity's value (**full surrender**) or part of your annuity's value (**partial surrender**). You can take a partial surrender as long as the amount you take is at least \$500 and you have at least \$2,000 remaining in the annuity value after the partial surrender. You may withdraw up to a set percentage of the annuity value each year without being assessed a Surrender Charge. The **Waiver of Surrender Charge Percentage** is set at time of Contract issue and varies by **Guarantee Period** elected. The Waiver of Surrender Charge Percentage is shown below for each available Guarantee Period and on a Contract Data Page.

We take a **Surrender Charge** from amounts you withdraw before the end of the Guarantee Period. The amount of the Surrender Charge depends on how long you've had the annuity and how much you withdraw. Surrender Charge Percentages vary by Guarantee Period elected.

**TABLE OF SURRENDER CHARGE PERCENTAGES**

Contract Year	Guarantee Period					
	2 Year	3 Year	4 Year	5 Year	6 Year	7 Year
Waiver of Surrender Charge Percentage	3%	3%	5%	5%	5%	5%
1	9%	9%	9%	9%	9%	9%
2	8%	8%	8%	8%	8%	8%
3	0%	7%	7%	7%	7%	7%
4	0%	0%	6%	6%	6%	6%
5	0%	0%	0%	5%	5%	5%
6	0%	0%	0%	0%	4%	4%
7	0%	0%	0%	0%	0%	3%
8	0%	0%	0%	0%	0%	0%

Here is an example of how the **Surrender Charge** is calculated for an annuity with a **Five-Year Guarantee Period**:

Contract Year	1	2	3	4	5	6+
Surrender Charge	9%	8%	7%	6%	5%	0%

**Example:** After three years, your annuity's value is \$10,000. You want to withdraw \$1,000 from your annuity in the third contract year. Since \$1,000 is more than 5% of the annuity's value ( $\$10,000 \times 0.05 = \$500$ ), your Surrender Charge is  $(\$1,000 - \$500) \times 7\%$  or \$35.00. There is no Surrender Charge after the end of the fifth contract year.

When you make a withdrawal during the contract's Guarantee Period, we may also increase or decrease the amount you receive based on a **Market Value Adjustment (MVA)**. If interest rates went up after you bought your annuity, the MVA likely will decrease the amount you receive. If interest rates went down, the MVA will likely increase the amount you receive.

**Exceptions:** In some cases, we may waive the Surrender Charge or the MVA. There is no Surrender Charge or MVA applied to a death benefit, or to amounts withdrawn under the Waiver of Surrender Charge Provision up to an established percentage or under the Waiver of Surrender Charge Upon Nursing Home or Hospital Confinement Endorsement.

**Waiver of Surrender Charge Upon Nursing Home or Hospital Confinement Endorsement** – Your annuity includes an endorsement that waives Surrender Charges if we receive written notice that you have been confined for at least 90 consecutive days to a legally operated, state-licensed hospital or state-licensed inpatient nursing facility. We must receive this request in writing along with proof of qualified confinement. The confinement must begin after the effective date of your annuity. If you are discharged from the hospital or inpatient nursing facility before the surrender of your annuity, then we must receive written notice and proof of the confinement no later than 30 days after discharge from the hospital or inpatient nursing facility. **No additional fees are charged for this endorsement. State variations apply.** (Endorsement AAA4139 (05/06)). In Texas ATX4139 (05/06). In Pennsylvania APA4139 (05/06). **This Endorsement is not available in Massachusetts.**

### Do I have to pay any other fees or charges?

No. There are no other fees or charges associated with this annuity.

## TAXES

### How will payouts and withdrawals from my annuity be taxed?

**Non-Qualified Plans.** This annuity is **tax-deferred**, which means you do not pay taxes on the interest it earns until the money is paid to you. When you take annuity payments or make withdrawals, you pay ordinary income taxes on the earned interest. You may also pay a 10% federal income tax penalty on earnings you withdraw before age 59½. If your state imposes a premium tax, it may be deducted from the money you receive. You may be subject to a potential tax penalty if you sell your annuity.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings under 1035(a) of the IRS Code. Before you make any change, it is important to compare the benefits, features, and cost of the two annuities. You may pay a Surrender Charge if you make the exchange during the first five contract years you own the annuity. Also, you may pay a new Surrender Charge if you take withdrawals from the new annuity during the first years you own it.

**Qualified Plans.** This annuity may be purchased as a qualified plan such as a Traditional IRA, Roth IRA, 403(b) or Keogh plan. If you have purchased this annuity as a qualified retirement plan, different tax rules will apply. Please consult a qualified professional legal or tax advisor regarding the tax treatment of these plans.

### Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as its risks and costs; not its tax benefits.

## OTHER INFORMATION

### What else do I need to know?

#### Changes in your contract

We may change your annuity contract from time to time as required by federal or state laws and regulations. If we do, we will notify you of these changes in writing.

#### Compensation

We pay the agent, broker, or firm when an annuity is sold. They may receive additional compensation for selling this annuity contract rather than selling other annuity contracts.

#### Free Look

Many states have laws that give you a set number of days to look at an annuity after you buy it. If you decide during that time that you do not want the annuity, you can return it and get all your money back. See the first page of your annuity contract to learn about your Free Look period in the **Right to Examine - Right to Cancel** provision.

### What should I know about Americo?

For over 100 years, Americo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future. Innovative thinking has helped us build a strong financial foundation for our business. Americo Financial Life and Annuity Insurance Company is a member of the Americo Life Inc. family of companies. Our financial strength ratings are available on our website at [www.americo.com](http://www.americo.com).

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