

800.839.2731 • 800.946.3306 (fax)

Application for Individual Single Premium Deferred Annuity

Part A: Annuitant				
Proposed Annuitant	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary(ies) for Annuitant Interest	Relationship to Annuitant		Annuitant E-mail Address	
Part B: Owner (if other than Proposed Annuitant)				
Name	Date of Birth/Trust Inception	Age	Social Security Number/Tax ID	
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary(ies) for Owner Interest	Owner E-mail Address			
Part C: Co-Owner (if applicable)				
Name	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary(ies) for Co-Owner Interest	Co-Owner E-mail Address			
Part D: Coverage Information				
Plan <u>SPDA 5</u> Single Premium Amount _____ * * <input type="checkbox"/> check if amount is estimated or a transfer is requested				
Part E: General Information				
Do you have any existing life insurance or annuity contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will this annuity replace any existing life insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete and sign the appropriate replacement form for your state.)				
This annuity is being applied as a <input type="checkbox"/> Non- Qualified Annuity <input type="checkbox"/> Qualified Rollover <input type="checkbox"/> Section 1035 Exchange <input type="checkbox"/> Qualified Transfer <input type="checkbox"/> Other				

I acknowledge and understand that annuities purchased with qualified funds are subject to the Required Minimum Distribution ("RMD") Rules. If I turn 70½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds.

I believe this to be a suitable purchase for my financial status. Any applicable withdrawal provisions have been explained to me.

I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.

I hereby declare the application was signed and dated at:

_____ on _____
City State Month Day Year

Signature of Annuitant: _____ Signature of Owner: _____
(If other than the Annuitant)

Signature of Co-Owner (if any): _____

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.

All checks must be made payable to **WESTERN BANKERS LIFE INSURANCE COMPANY.**
DO NOT MAKE CHECKS PAYABLE TO THE PRODUCER OR LEAVE THE PAYEE BLANK.

Producer Information

To the best of your knowledge, is replacement involved? Yes No

If yes, Company Name: _____

By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable withdrawal contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

Producer's Name: _____ Phone #: _____ Producer #: _____

Producer's Signature: _____ Date: _____

Special Requests: _____

Certificate of Disclosure must be completed.

Product/Sale Type	FORMS REQUIRED					
	Application	Certificate of Disclosure	Suitability Form	Universal Transfer Form	Statement of Good Health (Required 81 yr and over)	State Replacement Form (if applicable)
Cash with App	X	X	X		X	X
1035 Non-Qualified Annuity Exchange	X	X	X	X	X	X
CDs, Mutual Funds and Qualified Annuity Transfers	X	X	X	X	X	X



Western Bankers Life Insurance Company
 PO Box 42020 • St Petersburg, FL 33742
 11101 Roosevelt Blvd. N. Ste. 301 • St. Petersburg, FL 33716



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Certificate of Disclosure

Interest Crediting

The Initial Guaranteed Interest Rate of _____% is guaranteed during the Initial Guarantee Period of the contract. You have selected the following Initial Guarantee Period:

5 Year

Withdrawal Charges

During the Initial Guarantee Period and any Subsequent Guarantee Period, a Withdrawal Charge will be assessed if you make a withdrawal or surrender your contract. The Withdrawal Charge will be calculated as follows:

- (1) At partial withdrawal, the partial withdrawal amount multiplied by the Withdrawal Charge Percentage shown below; or
- (2) At surrender, the Account Value multiplied by the Withdrawal Charge Percentage shown below.

Guarantee Period	Contract Year				
	1	2	3	4	5
5 yr	9.0%	8.0%	7.0%	6.0%	5.0%

Taxes

Neither the Company nor its producers give tax advice. Taxes must be paid on deferred earnings when accessed. You may be responsible for income taxes on amounts distributed under the contract, including a 10% penalty for withdrawals prior to age 59½.

Certification

I have read this Certificate of Disclosure and understand its contents. I understand that maximizing the value of my contract depends on minimizing withdrawals from my contract during any guarantee period. I further understand that this Certificate of Disclosure is only a summary of certain terms of my annuity contract, and that the contract together with the application, when issued, will represent the entire agreement between the Company and me.

Signature of Owner: _____ Date: _____

Signature of Co-Owner (if any): _____ Date: _____

A copy of this Certificate of Disclosure will be returned with your annuity contract.