

# PTE 84-24 DISCLOSURE AND AUTHORIZATION FORM FOR QUALIFIED ANNUITIES



INSURANCE COMPANY  
PO BOX 30245, SALT LAKE CITY, UTAH 84130-0245  
888-352-5178 FAX: 888-352-5126

Client's First and Last Name:
Agent Name:
Agent Number:

The Client acknowledges that her or she is using funds from a qualified retirement plan or individual retirement account or annuity ("IRA") to purchase, or make payment to, an annuity contract issued by SILAC Insurance Company® ("Company").

The Client acknowledges that the Agent has a contract with the Company that authorizes the Agent to recommend insurance and annuity contracts issued by the Company. The Agent may also recommend contracts issued by other insurance companies.

The Client acknowledges that the Client has received from the Agent, and has reviewed and understands, disclosure explaining charges, fees, discounts, penalties or adjustments to the contract related to the purchase, holding, exchange, termination or sale of the contract. These include explanations of withdrawal charges, interest and bonus recovery if applicable, market value adjustments and other potential reductions to the economic benefit of the policy resulting from Client decisions.

The Client acknowledges that the Agent will receive commissions in an amount equal to the initial premium paid multiplied by the percentage disclosed below. Commission rates vary by product and from Agent to Agent. *Commissions are paid by the Company and will not reduce the account value of your annuity contract.* The rates for calculating the commission are:

First year: \_\_\_\_\_ % of Premium

In addition, a renewal of the Annuity Contract may result in additional commissions paid, but will be no more than the first year percentages.

Following years (if applicable): \_\_\_\_\_

The Company may also pay commissions to other agents or third-parties who assist in supporting or managing the relationship between the Agent and the Company. The Agent will only receive commission when the Client purchases or if applicable, submits additional premium to, or renews the annuity contract. The agent may receive other non-commission compensation from the Company, including bonuses, conferences, or trips, based on meeting specific eligibility requirements.

Neither the Agent or the Company and their respective agents and staff members can provide the Client with tax or legal advice. The Client acknowledges that the Client should consult its own tax or legal advisors about the Client's unique circumstances.

### **Applicant Acknowledgement and Approval:**

I acknowledge receipt of the disclosures described here and in the contract and other documents provided to me, including the potential fees and adjustments under the annuity contract and the compensation to be paid in connection with the purchase and, if applicable, renewal of the annuity contract. I approve the purchase of the annuity contract specified above using funds from my qualified retirement plan or IRA. In addition, I represent that no payment or other consideration has been offered to or received by me as a result of this transaction. I also acknowledge that the receipt of these disclosures does not demonstrate that the recommendation to purchase the annuity contract constitutes fiduciary advice for the purpose of the Employee Retirement Income Security Act ("ERISA").

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

### **Agent Representations:**

I represent I have complied with the requirements of ERISA Prohibited Transaction Exemption 84-24.

\_\_\_\_\_  
Agent Signature:

\_\_\_\_\_  
Date: