

Secure Savings New Business Application Instructions



INSURANCE COMPANY

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

Contact Information

New Business Inquire: (888)352-5178

Agency and Contracting: (888)352-5120

Fax: (888) 352-5126

Address: SILAC Insurance Company®, P.O. Box 30245, Salt Lake City, UT 84130-0245

Overnight Address for FedEx/UPS only: SILAC Insurance Company®, 299 South Main #1100, Salt Lake City, UT 84111

Thank you for choosing to partner with SILAC Insurance Company®. Please make sure the following forms have been completed before submitting your application packet. Generic form numbers are listed in parentheses if applicable.

GENERAL GUIDELINES

SILAC® may consider cases outside limits outlined with home office pre-approval. Contact the SILAC® Home Office to receive pre-approvals.

- All forms, as applicable, must be fully and clearly completed. Any corrections made to the application must be initialed and dated by the Owner.
- All products must meet the minimum premium and issue age requirements.
 1. Secure Savings - Issue Age 18-90 Secure Savings Elite - Issue Age 18-85
 2. The minimum premium required is \$10,000 and cannot exceed \$500,000, without home office approval.
- Due to USA Patriot Act requirements, a physical street address is required for the Annuitant, Owner and Joint Owner if applicable.

AGREEMENTS AND SIGNATURES

- The agreement section must be signed and dated by the Annuitant and Owner. The City and State must be listed.
- If the Owner is not a natural person, the application must be signed by the person authorized to act on behalf of the Owner. Appropriate documentation of authorization must be provided with the application packet.

REQUIRED FORMS

The following forms are required when submitting an application.

Application for Individual Single Premium Deferred Annuity (MYGA5 TX - Rev 02.2023)

Supplemental Beneficiary Form (SIC-SBEN) - required when designating multiple beneficiaries.

Secure Savings Certificate of Disclosure (SIC-SS-DISC - Rev 02.2023) or

Secure Savings Elite Certificate of Disclosure (SIC-SS-DISC-ELITE - Rev 02.2023)

Replacement Notice (SIC-REP - Rev 030120) - required when Owner has current Annuity or Life coverage.

Suitability Acknowledgement (SIC-SUIT - Rev 09.2022)

Customer Identification Notice (SIC-PAN - Rev 030120) - to be left with client.

ADDITIONAL FORMS

The following forms are required to be submitted with the application when applicable.

1035 Exchange/Rollover/Transfer eFORM (ACCORD 951e (2017/06) - required if Owner is transferring funds from another company to purchase annuity. Owner's current financial institution may require a Medallion Signature Guarantee.

Non-Resident Verification Form (SIC-NR - Rev 091918) - required when the application is signed outside of the Owner's resident state.

Certification of Trust (SIC-CTR) - required when the Owner is a trust.

72(U) Tax Certification Form (SIC-T72) - required when the Owner is not a person (trusts, estates and other entities).

Large Case Annuity Form (SIC-LCA - Rev 12.2021) - required for all annuity contracts in excess of \$500,000.

Wire Transfer Form (SIC-WT - Rev 050319) - required when premium is submitted by wire transfer.

OTHER FORMS

The following forms are to be used in the circumstances as described below.

PTE 84-24 Disclosure (SIC-84-24) - must be used when a recommendation is made to rollover ERISA Plan funds or IRAs. If you are using the exemption under PTE 84-24, you are required to retain completed and signed copies of the PTE 84-24 Disclosure Forms in your files for each client that purchases a SILAC® annuity with ERISA Plan or IRA funds.

Appendix A - must be used for annuity sales in states that have adopted the NAIC Model Regulation #275. The model regulation requires the use of the disclosure form "Insurance Agent Disclosure for Annuities" and must be signed by both the agent and client. A copy of this disclosure form is required to be retained in the agent's file for each client that purchases a SILAC® annuity.

NAIC Buyers Guide - must be provided to the client prior to a SILAC® application being solicited.

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY POLICY

MULTI-YEAR GUARANTEED PERIODS WITH MARKET VALUE ADJUSTMENT PROVISIONS



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

OWNER	
<hr/> Name (First, Middle, Last)	Male Female
<hr/> Address 1 (Street Number, Apartment Number)	<hr/> SSN/Taxpayer ID
<hr/> Address 2 (City, State, Zip)	<hr/> Birthdate (mm/dd/yyyy) ()
	<hr/> Home/Mobile Telephone ()
	<hr/> Business Telephone
ANNUITANT (Complete only if different from Owner.)	
<hr/> Name (First, Middle, Last)	Male Female
<hr/> Address 1 (Street Number, Apartment Number)	<hr/> SSN/Taxpayer ID
<hr/> Address 2 (City, State, Zip)	<hr/> Birthdate (mm/dd/yyyy) ()
<hr/> Relationship to Owner	<hr/> Home/Mobile Telephone ()
	<hr/> Business Telephone
JOINT OWNER (if applicable)	
<hr/> Name (First, Middle, Last)	Male Female
<hr/> Address 1 (Street Number, Apartment Number)	<hr/> SSN/Taxpayer ID
<hr/> Address 2 (City, State, Zip)	<hr/> Birthdate (mm/dd/yyyy) ()
<hr/> Relationship to Owner	<hr/> Home/Mobile Telephone ()
	<hr/> Business Telephone
JOINT ANNUITANT (if applicable)	
<hr/> Name (First, Middle, Last)	Male Female
<hr/> Address 1 (Street Number, Apartment Number)	<hr/> SSN/Taxpayer ID
<hr/> Address 2 (City, State, Zip)	<hr/> Birthdate (mm/dd/yyyy) ()
<hr/> Relationship to Owner	<hr/> Home/Mobile Telephone ()
	<hr/> Business Telephone

MAILING ADDRESS (Complete if different than Owner's address above.)

Address 1 (Street Number, Apartment Number)

Address 2 (City, State, Zip)

BENEFICIARY (Use "mm/dd/yyyy" format for Birthdate. Percentage must equal 100%.) (Attach signed & dated sheet if multiple beneficiaries)**If there are Joint Owners, the surviving Owner is the sole primary beneficiary. All other beneficiaries must be listed as contingent beneficiaries.**

Primary	Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
Primary	Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage

PREMIUM PAYMENT

Cash submitted with application \$ _____	Transfer/Rollover (estimated amount) \$ _____	1035 Exchange Transfer (estimated amount) \$ _____
Agent-ordered funds (estimated amount) \$ _____		

TAX QUALIFICATION STATUS**Non-Qualified****IRA** (select only one): Traditional Roth SEP**Inherited IRA** (select only one): Traditional Roth**For Qualified options**, select all that apply:

Contribution Year _____ Direct Transfer Rollover

If Inherited IRA selected above, complete for Decedent: Decedent Name: _____

Relationship to Proposed Annuitant: Spouse Other _____	Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)
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PRODUCT, GUARANTEE PERIOD AND RIDER SELECTION

Select product.	Secure Savings*		Secure Savings Elite			
	(Percentage allocated among all Products and Guaranteed Period must equal 100%.)					
Select Guarantee Period.	2 Year _____%	2 Year _____%	3 Year _____%	5 Year _____%		
	3 Year _____%					
	5 Year _____%					
Select optional riders, if applicable.						
Penalty Free Withdrawal Rider?	Included	Yes No	Yes No	Yes No	Yes No	
Death Benefit Equal Account Value Rider?	Included	Not Available	Not Available	Not Available	Not Available	
Accumulated Interest Rider?	Included	Yes No	Yes No	Yes No	Yes No	
Required Minimum Distribution Rider?	Included	Yes No	Yes No	Yes No	Yes No	

*The total amount withdrawn under any attached rider will not exceed the highest maximum free withdrawal amount available under any single attached rider.

REPLACEMENT OF OTHER CONTRACTS

Do you have any existing life insurance policies or annuity contracts?	Yes	No
Will this contract replace or change any existing annuity contracts or life insurance policies?	Yes	No

FRAUD NOTIFICATION

Any person who knowingly presents a fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

ACKNOWLEDGEMENT AND SIGNATURES - Owner(s)

I affirm that I understand:

- 1. **This annuity has a market value adjustment provision which may increase or decrease cash values.**
- 2. Withdrawal charges apply.
- 3. This annuity is designed to accumulate funds for retirement and other long-term objectives.
- 4. This annuity is an insurance product. My agent is receiving compensation.

I have received a copy of the product brochure and Company disclosure material. I understand that any values shown, other than the Guaranteed Minimum Values, are not guarantees, promises or warranties.

I declare that I have read this Application and, to the best of my knowledge and belief, the information and statements on this form are complete and true. I agree the information and statements shall be the basis for any annuity issued. I further understand that a sales representative does not have the Company's authorization to make, void, waive, or change any conditions or provisions of the Application or contract. I certify that the Social Security Number(s) and / or Taxpayer's Identification Number(s) provided in this Application are correct.

Date: _____ **City:** _____ **State:** _____ **Email:** _____

Owner Signature: _____ **Joint Owner Signature:** _____

ACKNOWLEDGEMENT AND SIGNATURES - Agent

Do you have any knowledge or reason to believe that this annuity contract may replace any existing life insurance policies or annuity contracts? Yes No

By signing below, I certify that:

- 1. Replacement questions were answered;
- 2. A copy of any sales material shown to the applicant(s) was left with the owner(s);
- 3. I used only insurer-approved sales material;
- 4. I have truly and accurately recorded on this application the information provided by the applicant(s);
- 5. I made no promises about the future values of any contract elements that are not guaranteed; and
- 6. I understand this application is subject to a minimum/maximum premium and /or age guidelines that may vary by products.

Method of Deliver of Annuity

Delivery by Mail to Owner Agent

I have personally verified the identities of the Owner, and Joint Owner, if any, in this Application by reviewing a government issue photo ID. I certify that I have correctly recorded the information supplied to me in this Application.

Agent Name	Agent Number
Agent Signature	Date
Agent Email	() Agent Phone

Complete the following section for any additional agent and indicate split percentages:

Agent Name	Agent Number	Agent Phone/Email	Split %

SPECIAL INSTRUCTIONS

CERTIFICATE OF DISCLOSURE

SILAC Secure Savings™ Series



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

Single premium Deferred Annuity with Market Value Adjustment Contract

Thank you for your interest in the SILAC Secure Savings™ annuity. It is important that you understand the benefits, features, and limitations of this annuity before making your purchasing decision. Please read the following information and sign the last page of this document to acknowledge your understanding of the annuity Policy for which you are applying. This document is intended to provide you with a summary of the Policy including benefits and limitations.

INTEREST RATE GUARANTEE PERIODS

- 2 - Year Guarantee Period _____%
- 3 - Year Guarantee Period _____%
- 5 - Year Guarantee Period _____%

PENALTY - FREE WITHDRAWAL

In the first policy year, the greater of credited interest only or Required Minimum Distribution (RMD) may be withdrawn. In the second policy year and after, the greater of 5% of the Account Value, credited interest or RMD may be withdrawn

RMDs are mandatory withdrawals from qualified contracts.

TAX TREATMENT

You may be subject to a 10% federal tax penalty if you make withdrawals, including Penalty-Free Withdrawals, or surrender this annuity before age 59 ½. If this annuity is within a qualified plan all distributions may be taxable. Under current tax laws annuities grow tax deferred. An annuity is not required for tax deferral in a qualified plan. Any distribution may cause a taxable event. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. Neither SILAC® nor our agents offer tax advice. Please consult your own personal advisor for your specific situation.

DEATH BENEFIT

Death Benefit is equal to the Account Value upon death of the Owner.

If the Owner's spouse is the sole beneficiary, the spouse may continue the policy in his or her own name.

INTEREST CREDITING

When a Guarantee Period ends, the annuity will enter a renewal period. We will mail a notice to you before the end of the current Guarantee Period outlining all available options, which include:

- Renewing for another Guarantee Period that is the same as the current;
- Electing a new Guarantee Period available at the time of renewal;
- Surrendering the contract without penalty;
- Taking a partial withdrawal without penalty; or
- Applying the Account Value to an Income Option.

If you do not elect one of the available options by the end of the first 30 days of the renewal period ("30-Day Window"), the contract will automatically renew. If the current Guarantee Period is:

- 2 - years - the first automatic renewal option will be 3 - years. The second automatic renewal option will be for 2 - years.
- 3 - years - the automatic renewal option will be 3 - years.
- 5 - years - the automatic renewal option will be 5 - years.

Beyond the 30-Day Window, withdrawal charges and MVA will reset & continue until the renewal Guarantee Period has expired. This renewal process will continue until full withdrawal, annuitization or death.

WITHDRAWAL CHARGES

A withdrawal that exceeds the free withdrawal will incur a withdrawal charge according to the following table.

2 Year Guarantee Period

Policy Year	1	2
Withdrawal Charge	9%	8%

3 Year Guarantee Period

Policy Year	1	2	3
Withdrawal Charge	9%	8%	7%

5 Year Guarantee Period

Policy Year	1	2	3	4	5
Withdrawal Charge	9%	8%	7%	6%	5%

In part, Withdrawal Charges allow the company to invest your money on a long-term basis and generally credit higher yields than possible with a similar annuity of a shorter term.

MARKET VALUE ADJUSTMENT (MVA)

An MVA applies to a full or partial withdrawal to which a withdrawal charge applies. An MVA can either decrease or increase the amount you'll receive from a surrender or excess withdrawal. It does not apply during the 30-day window at the end of a Guarantee Period. The amount of this increase or decrease is determined by the relationship between the Constant Maturity Treasury (CMT) rate at the time of issue, the CMT rate on the date before the date of withdrawal, and the time remaining to the end of the Guarantee Period. In general, as CMT rates increase, cash values decrease; as CMT rates fall, cash values increase.

If you are replacing an existing Policy, carefully compare the benefits of the proposed Policy with your existing Policy to ensure your decision is in your best interest.

OTHER INFORMATION

- This annuity is designed for people who are willing to let their assets build for at least the Guarantee Period.
- We may change your Policy from time to time to follow federal or state laws and regulations.
- Like any annuity issuer, SILAC® incurs expenses to sell and issue its Policies, including the payment of a commission to its agents, and these expenses are taken into consideration when interest rates are established and reset. You will receive all benefits as set forth in the Policy.
- If you decide during the 30-day free look period that you don't want this annuity, you can return it and get all your money back

APPLICANT'S STATEMENT

My agent has explained that Withdrawal Charges and MVA will be deducted from my Account Value as described above and that the interest rates are guaranteed for the Guarantee Period I have selected.

I understand at the end of the initial Guarantee Period I will be able to choose another period.

By signing below, the Owner acknowledges the statements mentioned above and agrees to the following:

1. I understand that I may return my contract within the free-look period if I am dissatisfied for any reason.
2. I believe this product is suitable for my financial goals.
3. I understand that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue until the Issue Date.

Owner's Signature

Date

Joint Owner's Signature

Date

AGENTS STATEMENT

I certify that I have provided a copy of this document to the applicant and I have made no promises or assurances regarding future value of the contract, nor have I made statements differing from the disclosure.

Agent's Signature

Date

ANNUITY CONTRACTS ARE PRODUCTS OF THE INSURANCE INDUSTRY AND ARE NOT GUARANTEED BY ANY BANK OR INSURED BY THE FDIC.

CERTIFICATE OF DISCLOSURE

SILAC Secure Savings™ Elite Series



INSURANCE COMPANY

PO BOX 30245, SALT LAKE CITY, UTAH 84130-0245
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Single premium Deferred Annuity with Market Value Adjustment Contract

Thank you for your interest in the SILAC Secure Savings™ Elite annuity. It is important that you understand the benefits, features, and limitations of this annuity before making your purchasing decision. Please read the following information and sign the last page of this document to acknowledge your understanding of the annuity Policy for which you are applying. This document is intended to provide you with a summary of the Policy including benefits and limitations.

INTEREST RATE GUARANTEE PERIODS

2 - Year Guarantee Period _____ %

3 - Year Guarantee Period _____ %

5 - Year Guarantee Period _____ %

This annuity earns tax-deferred interest at a guaranteed rate for a period of 2, 3 or 5 years. You choose the length of the guarantee period at time of application. Interest compounds daily and is credited to your annuity account on the last day of each month.

TAX TREATMENT

You may be subject to a 10% federal tax penalty if you make withdrawals, or surrender this annuity before age 59 ½. If this annuity is within a qualified plan all distributions may be taxable. Under current tax laws annuities grow tax deferred. An annuity is not required for tax deferral in a qualified plan. Any distribution may cause a taxable event. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. Neither SILAC® nor our agents offer tax advice. Please consult your own personal advisor for your specific situation.

DEATH BENEFIT

Death Benefit is equal to Cash Value upon death of the Owner.

If the Owner's spouse is the sole beneficiary, the spouse may continue the policy in his or her own name.

INTEREST CREDITING

When a Guarantee Period ends, the annuity will enter a renewal period. We will mail a notice to you before the end of the current Guarantee Period outlining all available options, which include:

- Renewing for another Guarantee Period that is the same as the current;
- Electing a new Guarantee Period available at the time of renewal;
- Surrendering the contract without penalty;
- Taking a partial withdrawal without penalty; or
- Applying the Account Value to an Income Option.

If you do not elect one of the available options by the end of the first 30 days of the renewal period ("30-Day Window"), the contract will automatically renew. If the current Guarantee Period is:

- 2 - years - the first automatic renewal option will be 3 - years. The second automatic renewal option will be for 2 - years.
- 3 - years - the automatic renewal option will be 3 - years.
- 5 - years - the automatic renewal option will be 5 - years.

Beyond the 30-Day Window, withdrawal charges and MVA will reset & continue until the renewal Guarantee Period has expired. This renewal process will continue until full withdrawal, annuitization or death.

OPTIONAL BENEFITS

With the 2, 3 and 5 year guarantee period, you may also purchase the following optional benefits:

- **5% Penalty Free Withdrawal Rider**

Beginning in the second policy year, any withdrawal charges and MVA will be waived for the first withdrawal in a policy year of amount up to 5% of the account value as of the last policy anniversary.

- **Required Minimum Distribution Rider**

Beginning in the first policy year, any withdrawal charges or MVA will be waived for required minimum distributions attributed to this policy calculated as prescribed under the Internal Revenue Code.

- **Accumulated Interest Rider**

Beginning in the first policy year, the interest credited to the policy may be withdrawn without any withdrawal charges or MVA being applied. The withdrawal amount must be \$100 or greater.

WITHDRAWAL CHARGES

A withdrawal that exceeds the free withdrawal will incur a withdrawal charge according to the following table.

2 Year Guaranteed Period

Policy Year	1	2
Withdrawal Charge	9%	8%

3 Year Guaranteed Period

Policy Year	1	2	3
Withdrawal Charge	9%	8%	7%

5 Year Guaranteed Period

Policy Year	1	2	3	4	5
Withdrawal Charge	9%	8%	7%	6%	5%

In part, Withdrawal Charges allow the company to invest your money on a long-term basis and generally credit higher yields than possible with a similar annuity of a shorter term.

MARKET VALUE ADJUSTMENT (MVA)

An MVA applies to a full or partial withdrawal to which a withdrawal charge applies. An MVA can either decrease or increase the amount you'll receive from a surrender or excess withdrawal. It does not apply during the 30-day window at the end of a Guarantee Period. The amount of this increase or decrease is determined by the relationship between the Constant Maturity Treasury (CMT) rate at the time of issue, the CMT rate on the date before the date of withdrawal, and the time remaining to the end of the Guarantee Period. In general, as CMT rates increase, cash values decrease; as CMT rates fall, cash values increase.

If you are replacing an existing Policy, carefully compare the benefits of the proposed Policy with your existing Policy to ensure your decision is in your best interest.

OTHER INFORMATION

- This annuity is designed for people who are willing to let their assets build for at least the Guarantee Period.
- We may change your Policy from time to time to follow federal or state laws and regulations.
- Like any annuity issuer, SILAC® incurs expenses to sell and issue its Policies, including the payment of a commission to its agents, and these expenses are taken into consideration when interest rates are established and reset. You will receive all benefits as set forth in the Policy.
- If you decide during the 30-day free look period that you don't want this annuity, you can return it and get all your money back

APPLICANT'S STATEMENT

My agent has explained that Withdrawal Charges and MVA will be deducted from my Account Value as described above and that the interest rates are guaranteed for the Guarantee Period I have selected.

I understand at the end of the initial Guarantee Period I will be able to choose another period.

By signing below, the Owner acknowledges the statements mentioned above and agrees to the following:

1. I understand that I may return my contract within the free-look period if I am dissatisfied for any reason.
2. I believe this product is suitable for my financial goals.
3. I understand that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue until the Issue Date.

Owner's Signature

Date

Joint Owner's Signature

Date

AGENTS STATEMENT

I certify that I have provided a copy of this document to the applicant and I have made no promises or assurances regarding future value of the contract, nor have I made statements differing from the disclosure.

Agent's Signature

Date

ANNUITY CONTRACTS ARE PRODUCTS OF THE INSURANCE INDUSTRY AND ARE NOT GUARANTEED BY ANY BANK OR INSURED BY THE FDIC.



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**Important Notice:
Replacement of Life Insurance or Annuities**

This document must be signed by the Owner and the agent, if there is one, and a copy left with the Owner.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. **You may pay acquisition costs and there may be surrender costs deducted from your policy or contract.** You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacement before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form:

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?..... Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contracts?..... Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the contract number if available), and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract/Policy Number	Insured/Annuitant	Replace (R)/Finance (F)

Make sure you know the facts. Contact your existing company or its agent for information about the policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify by signing below that the responses herein are, to the best of my knowledge, accurate:

Owner's Signature

Owner's Printed Name

Date

Joint Owner's Signature

Joint Owner's Printed Name

Date

Agent Certification - I certify that I used only insurer-approved sales material with this application, that I left an original or copy of all sales materials with the Applicant, and that I provided a printed copy of any electronically presented sales material to the Applicant.

Agent's Signature

Agent's Printed Name

Date

I do not want this notice read aloud to me. _____ (Owner must initial only if they do not want this notice read aloud.)

NOTE IMPORTANT STATEMENT ON REVERSE SIDE
ORIGINAL TO HOME OFFICE - COPY TO APPLICANT - COPY FOR AGENT'S RECORDS

A replacement may or may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or producer that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your producer to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?
Could they change?
You're older - are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the older policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid; you will incur cost for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?
Is this a tax-free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered treatment" of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

NOTICE:

In the case of a replacement, you have the right to return the policy or contract within 30 days of its delivery and receive a full refund of all premiums or considerations paid, including any policy fee or charges.

Suitability Acknowledgement



INSURANCE COMPANY
 PO BOX 30245, SALT LAKE CITY, UTAH 84130-0245
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Thank you for your interest in a SILAC Insurance Company® annuity. This form is provided to ensure compliance with the NAIC Suitability in Annuity Transactions model regulation or other state suitability regulation. **This entire form must be completed and submitted with the application.** The information you provide will be treated with the highest degree of confidentiality.

Owner's Name:	Are you still working? Yes No Retired	Owner's Occupation: (If not working or retired, list most recent. If self-employed, please include line of work.)	
	Date of Birth:	Social Security Number:	
Type of government issued photo ID: Drivers License Other _____ State or country of issue _____ Passport Number _____			
Joint Owner's Name:	Are you still working? Yes No Retired	Joint Owner's Occupation: (If not working or retired, list most recent. If self-employed, please include line of work.)	
	Date of Birth:	Social Security Number:	
Type of government issued photo ID: Drivers License Other _____ State or country of issue _____ Passport Number _____			
Proposed Product Premium:		Surrender Charge Term:	
Liquid Assets		Non-Liquid Assets	
Asset Type	Current Value	Asset Type	Current Value
Checking Account		Annuities in Surrender Period	
Savings Account		Retirement Plan (401K, Pension, etc)	
Certificate of Deposit		Stocks/Bonds/Mutual Funds	
Annuities that are surrender free		Real Estate (Other than primary residence)	
Stocks/Bonds/Mutual Funds		Life Insurance Cash Value	
Other:		Other:	
Other:		Other:	
Other:		Other:	
Total:		Total:	
Assets: The total assets listed in the above table (liquid and non-liquid) should equal the Total Net Worth listed below.			
Gross Monthly Household Income \$: _____ (Include all household income, i.e. spouse)	Monthly Expenses: \$: _____ (Total of ALL household expenses, including rent/mortgage, bills, debt payments and food)	Approximate Total Net Worth: \$: _____ (Do not include primary residence, personal belongings, or personal property such as jewelry, furnishings, and vehicle)	Liquid Assets after Annuity Purchase: \$: _____ (Checking, savings, money market funds, and securities that can be sold without penalties)

1. Sources of Income (Please check all that apply) Salary (W-2) Pension Plans Investments Reverse Mortgage
Social Security Other _____

2. Financial Time Horizon

If you are currently employed or working, when do you plan to retire? _____
If you are not currently receiving Social Security Benefits, when do you plan to begin taking Social Security Benefits?

3. Financial Situation/Needs (Including debts and other obligations)

Do you have outstanding mortgage debt? Yes No
Do you have other outstanding loans (e.g., student loans)? Yes No
Do you have significant and/or atypical financial obligations? Yes No
If yes, please explain: _____

4. Liquid Net Worth

After the purchase of this annuity, will your income and liquid net worth be enough to cover living expenses, including medical expenses and emergencies? Yes No
After the purchase of this annuity, how many months of living expenses can your current Liquid Net Worth cover?
1-3 Months 4-6 Months 7-12 Months 13+ Months

5. Do you anticipate a significant **decrease** in your future income or **increase** in your future expenses during the Guarantee Period? Yes No
If Yes, please explain _____

6. Financial Experience

Have you had experience with any of the following investment and/or insurance products? If yes, for how long?

Mutual Funds _____ Years	401(K) Plans _____ Years	Stocks _____ Years
Bonds _____ Years	CDs _____ Years	Savings Accounts _____ Years
Life Insurance _____ Years	Annuities _____ Years	Other _____ / _____ Years

7. Federal Income Tax Bracket: (Check one)

10% 12% 22% 24% 32% 35% 37% Other _____

Tax Status _____ (e.g., single, married filing jointly, etc.)

8. Do you have a reverse mortgage? Yes No
If Yes, is any premium intended for this annuity from a reverse mortgage? Yes No N/A

9. Have you surrendered or replaced any annuity or life insurance contract within the past five years? Yes No
If Yes, please provide the transaction dates, issue dates, and corresponding companies: _____

SOURCE OF FUNDS

Source of funds to purchase this annuity: (Check all that apply)

Variable Annuity	Indexed annuity
CDs	Inheritance
Savings/checking	Inherited IRA
Stocks/bonds/brokerage account	Death proceeds from life insurance
Fixed annuity	Life insurance
Mutual funds	Reverse mortgage
Retirement Plan: (Please select all that apply)	Money Market
401K	Spousal assumption/continuation
403b	Other _____
Traditional IRA	
Roth IRA	
SEP IRA	

FINANCIAL OBJECTIVES

1. Financial objectives in purchasing this annuity: (Check all that apply)

- Preservation of principal Income tax deferral Growth Potential Other _____
- Wealth transfer Probate avoidance Immediate income
- Provide lifetime income Growth followed by income Minimum guaranteed interest rate

2. What is your general risk tolerance? (Check one)

- Conservative - Cautious - do not like to take risk or prefer minimal risk.
- Moderate - Comfortable with exposing some assets to volatility.
- Aggressive - Attempt to achieve maximum returns - take on additional risk.

3. Some elements of an annuity used to calculate its benefits may be subject to the discretion of the issuer and are not guaranteed at issue, such as the interest crediting method. Are you willing to accept such non-guaranteed elements? Yes No N/A

FUTURE DISTRIBUTION NEEDS

1. How long do you plan to keep this annuity? (Check one)

- 1-5 Years 6-9 Years 10+ Years

2. How do you anticipate taking distributions from this annuity? (Check all that apply)

- Free/systematic withdrawals Annuitize Required Minimum Distribution
- Income rider/Income option Lump Sum Immediate Income Leave to beneficiary
- Other - Please explain: _____

3. When do you anticipate taking your first distribution from this annuity? (Choose one)

- Less than 1 year Between 1 year and 5 years Between 6 years and 9 years 10 or more years Not anticipated

ADDITIONAL INFORMATION

1. Do you have any existing annuities or life insurance policies sold to you by this agent? Yes No

2. Provide the reasons and/or additional information you've considered in making your decision to purchase this annuity contract.

CALIFORNIA ONLY Questions below required for applications signed in California

1. Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal for the Veterans Aid and Attendance benefit? Yes No

If yes, are you purchasing this annuity in order to qualify for means-tested government benefit Yes No

2. If the owner is age 65+; was any part of the sale for this annuity contract done in the owner's home? Yes No

REPLACEMENT INFORMATION

1. Are you using funds from an existing life insurance policy or annuity contract to fund this annuity? Yes No

	Replacement 1	Replacement 2	Replacement 3
Contract Number			
Company			
Issue Date (MM/DD/YY)			
Product Term			
Marketing Name			
Initial Premium	\$	\$	\$
Product Type	Variable Indexed Fixed Life Insurance	Variable Indexed Fixed Life Insurance	Variable Indexed Fixed Life Insurance
Withdrawal Type	Full Partial	Full Partial	Full Partial
Surrender Charge Percentage			
Surrender Schedule			
Current Value	\$	\$	\$
Surrender Value	\$	\$	\$
Market value adjustment (MVA)	(+/-)\$	(+/-)\$	(+/-)\$
Income Benefit/GMIB Value	\$ (If NA, enter \$0)	\$ (If NA, enter \$0)	\$ (If NA, enter \$0)
Annuitization Value	\$ (If NA, enter \$0)	\$ (If NA, enter \$0)	\$ (If NA, enter \$0)
Death Benefit	\$	\$	\$
Type of withdrawals taken during contract term?	None Penalty Free Income RMD Other _____	None Penalty Free Income RMD Other _____	None Penalty Free Income RMD Other _____
Potential Loss of Bonus if exchanged?	Yes \$ _____ No	Yes \$ _____ No	Yes \$ _____ No
Reason(s) for Replacing Check all that apply	Reduction of fees Remove funds from market risk Other _____	Reduction of fees Remove funds from market risk Other _____	Reduction of fees Remove funds from market risk Other _____
Are you the original writing agent?	Yes No	Yes No	Yes No

For Fixed or Fixed Indexed Annuity Replacement Only

Components of all available crediting method(s)	Existing contract		
	Replacement 1	Replacement 2	Replacement 3
Index Examples: S&P 500, Dow Jones, Nasdaq etc.			
Crediting method Examples: annual point to point, monthly point to point, annual average, etc.			
Caps			
Participation rates			
Spreads			
Fees			
Current interest rate			

For Variable Annuity Replacement Only

Components	Existing Contracts	
Fixed account option available?	Yes	No
If "yes", what is the interest rate?	%	
Fees/Charges		

OWNER/JOINT OWNER'S STATEMENT

By signing below, I acknowledge that:

- I reviewed the Customer Identification Notice (form SIC-PAN) and agree with the terms of the notice.
- The information provided herein is true and accurate to the best of my knowledge and SILAC® and my agent may rely on this information.
- I believe the annuity recommended by this agent meets my long-term financial objectives.
- I acknowledge that my agent has fully explained the Surrender Charges/Withdrawal Charges and Surrender Charge/Withdrawal period and I have reviewed the applicable disclosure statement with my agent in determining if this annuity product is suitable for my financial situation.
- I understand if I am replacing an existing annuity, I may incur a Surrender Charge/Withdrawal Charge penalty or lose existing features, and I may not be able to reinstate the replaced contract(s).
- I believe this new annuity contract will provide additional or new benefits over the replaced life or annuity contract.
- I further acknowledge that SILAC® does not offer legal or tax advice, and I have been advised to consult with my own legal or tax advisor.
- I have received a copy of the Buyer's Guide for Deferred Annuities.

Owner's Signature

Date

Joint Owner's Signature

Date

AGENT'S STATEMENT & ATTESTATION

1. Prior to the sale of the contract, I obtained a consumer profile based on the information available and provided by the client, reviewed the client's financial circumstances, insurance needs, objectives, and communicated the basis for the recommended product and how this is within the client's best interest. Yes No
2. I met with the client prior to making the recommendation and sale of the contract and provided the client a completed Insurance Agent Disclosure for Annuities or a substantially similar form disclosing the products I am licensed to sell, the companies I am authorized to sell for and the compensation I will receive for the sale of this annuity product. Yes No
3. I discussed and disclosed in writing all possible conflicts of interest if any with the client. Yes No
4. I made a written report of the analysis process used to determine the recommendations of the product considered, why, and how this meets the client's needs and objectives, and have retained signed copies of the Insurance Agent Disclosure for Annuities form and written disclosure of conflicts of interest, if any. Yes No
5. I will maintain these records and will make such records available for review upon request by SILAC Insurance Company®. Yes No
6. If qualified funds are used to purchase this contract, I have complied with all applicable federal requirements related to these funds, including the use of disclosures and other documents under available prohibited transactions exemptions and have retained signed copies of these disclosures and documents. Yes No N/A
7. I have provided the customer a copy of the Buyer's Guide for Deferred Annuities and I am making the recommendation to purchase the annuity based on the information gathered. Yes No

I have made the recommendation to purchase this annuity based on the information gathered. The product meets the customer's financial needs and objectives based on the information the customer provided. Further, if my recommendation includes the replacement of an existing life insurance policy or annuity contract, I believe this new annuity provides additional or new benefits over the replaced policy or contract based on the information provided by the customer. I have not made any representations or promises about the future value of this contract that differ from the company provided materials.

Agent's Signature

Date

CUSTOMER IDENTIFICATION NOTICE



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

USA PATRIOT ACT Anti-Money Laundering Customer Identification Program Notice

PLEASE READ BEFORE COMPLETING THE APPLICATION

IMPORTANT INFORMATION YOU NEED TO KNOW ABOUT APPLYING FOR A POLICY/CONTRACT WITH
SILAC INSURANCE COMPANY.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all insurance companies to obtain, verify, and record information that identifies each person who applies for a policy/contract.

What types of information will I need to provide?

For Individuals

You will be required to provide:

- Your name
- Date of Birth
- Physical Address (no PO Box)
- Identification Number
 - US Citizen
 - Taxpayer Identification Number
 - Social Security Number
 - Employer Identification Number
- Driver's license or other identifying documents. If these documents are not available, your agent will explain other verification options to you.

For Legal Entities

A trust, Power of Attorney or other legal entity will be required to provide:

- Its Principal Place of Business
- Local Office
- Employer Identification Number
- Certified Articles of Incorporation
- Government-issued Business License
- Partnership Agreement
- Trust Agreement

What happens if requested information is not provided or my identity can't be verified?

SILAC may not be able to approve the application for a policy/contract or carry out transactions for you. If a policy/contract is issued during the verification process, it may have to be canceled.

We thank you for your patience and your confidence in our company. We hope you will support the insurance industry's efforts to deny terrorists and money launderers access to America's financial system.



1035 EXCHANGE / ROLLOVER / TRANSFER eFORM

Name of Receiving Company

SILAC Insurance Company

Business Address 299 South Main, Suite 1100 Salt Lake City, UT 84111	Mailing Address PO Box 30245 Salt Lake City, UT 84130-0045	Overnight Address 299 South Main, Suite 1100 Salt Lake City, UT 84111
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This form can be used to accomplish a **FULL** or a **PARTIAL Exchange** of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for **Transfers of Funds and Direct Rollovers**. Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application, and if applicable, prospectus and any state required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

If you are considering a replacement you have the right to receive information regarding your existing policy or contract values including, if available, an in force illustration, policy summary, premium payment amounts or the product prospectus. If the information is requested your existing company will return the requested information to you within five business days. Contact your existing carrier for additional information.

Complete one form for each surrendering company and contract. Please apply funds to:

New / Existing Contract Number: _____ **Receiving Carrier DTCC #:** _____
(for Money Settlement)

Without this contract number, the funds will be applied to a new contract.

The receiving company may not accept the exchange / rollover / transfer if the funds do not meet its minimum premium requirements.

1. SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION

Surrendering Company Name (Complete one form for each surrendering company)			Surrendering Company Account / Policy / Contract Number		
Street Address Line 1			Address Line 2		
City	State	Zip	Phone Number	Ext	
Surrendering Plan Type (Non-Qualified, IRA, Roth IRA, etc.)		Surrendering Product Type (Life, Annuity, CD, MF, Other, etc.)		Estimated Amount of Transfer	
				\$	
Owner (First, Middle, Last) / Entity Name				Social Security Number / Tax ID #	
Joint Owner Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Company				Social Security Number	
Insured / Annuitant Name (First, Middle, Last) - if other than owner (applies to Life & Annuity products only)				Social Security Number	
Joint Insured / Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.				Social Security Number	
Contingent Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.				Social Security Number	

2. TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS

Full Partial \$ _____ or _____ %

Penalty Free Amount

(This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount)

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation:

As soon as possible after receipt of all necessary forms **On a specific date:** _____

I / We also understand it is my / our responsibility to confirm with the surrendering company their processing guidelines to selecting a specific transfer date.

3. DISCLOSURES / ACKNOWLEDGMENTS

- I. I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. Neither the receiving company nor the surrendering company is liable or responsible for changes in market value that may occur after the surrendering company has processed the transaction and before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.
- II. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to effect a partial 1035 exchange of an annuity contract. However, I acknowledge that Revenue Procedure 2011-38 states that withdrawals from annuitization, taxable owner or annuitant changes, or surrenders, other than an amount received as an annuity for a period of 10 years or more or during one or more lives, of either the original contract or the new contract during the 180 day period following the partial exchange, may affect the tax free status of the partial exchange.

Note: Other exceptions may apply and a subsequent direct transfer of all or a portion of either contract involved in the exchange could have tax and tax reporting consequences. Please consult your tax advisor. Please confirm with the carrier if they will support partial 1035 exchanges.

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I authorize the receiving company and the surrendering institution to share information necessary to maintain accurate records of the annuity cost basis and to ensure proper withholding and tax reporting. I have been directed to consult my tax or legal advisor before proceeding.

- III. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.
- IV. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.
- V. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT - Does not apply to partial 1035 exchanges on annuity contracts. Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.
- VI. MAXIMUM ISSUE AGE DISCLOSURE - An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.
- VII. NON-QUALIFIED TRANSFER OF FUNDS (NON 1035 EXCHANGE) - The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order. For index annuities, fixed account interest under the annuity contract will begin to accrue on the next Issue Day.
- VIII. TRANSFER / EXCHANGE OF FUNDS INTO A TSA/403(B) - The TSA/403(b) owner / participant's employer or employer's third-party administrator must authorize and sign this transfer request in Section 5.

Authorization for a TSA/403(b) transfer / exchange to a TSA/403(b): This request is for the direct transfer / exchange of non-ERISA funds from the TSA/403(b) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a TSA/403(b) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company to take whatever action necessary to effect this transfer / exchange. I acknowledge that the transferred / exchanged funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer / exchange of funds pursuant to IRC section 403(b) and the final regulations. The transfer / exchange is to be executed from financial institution to financial institution in such a manner that it will not place me in actual or constructive receipt of all or any part of the transferred / exchanged funds. Because this transaction constitutes a direct rollover / transfer / exchange of funds and not a distribution, withholding does not apply. (Provide the receiving company with any records or documents they may request with respect to this transfer / exchange.)

- IX. The IRS has provided limited guidance on the tax consequences of transferring a life insurance policy with values less than the investment in the contract to a new or existing annuity contract. If the owner surrenders the newly acquired annuity contract, it's not clear whether the annuity losses are fully deductible against ordinary income or deductible as a miscellaneous deduction subject to a limitation of 2% of adjusted gross income (AGI). If the IRS views the two transactions as a single integrated transaction, they could consider it a step transaction and successfully disallow the losses as a tax deduction.

4. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).
 Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

5. SIGNATURES

This transfer request also authorizes the receiving and surrendering company to request information on the status of this transfer or exchange by phone or in writing. By signing below, I represent that the responses herein are, to the best of my knowledge, accurate and I have read the DISCLOSURES / ACKNOWLEDGMENTS section on page 2 the ACORD 1035 Exchange / Rollover / Transfer Form.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature Guarantee (if applicable)	<hr/>	<hr/>
	Signature of Owner / Plan Administrator / Trustee / Custodian	Date (mm/dd/yyyy)
	<hr/>	<hr/>
	Signature of Joint Owner / Co-Trustee (if applicable)	Date (mm/dd/yyyy)
	<hr/>	<hr/>
	Signature of Insured / Annuitant (if applicable)	Date (mm/dd/yyyy)
	<hr/>	<hr/>
	Signature of Irrevocable Beneficiary (if applicable)	Date (mm/dd/yyyy)
	<hr/>	<hr/>
	Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only) (if applicable)	Date (mm/dd/yyyy)

FOR TSA/403(b) TO TSA/403(b) TRANSFERS/EXCHANGES ONLY - EMPLOYER/THIRD PARTY ADMINISTRATOR SIGNATURE

By signing below, I am acknowledging that I have reviewed this direct transfer / rollover / exchange request and that it is authorized and approved under the employer's 403(b) plan under IRC section 403(b) and the final regulations.

- a) I am authorizing this transfer / rollover request.
- b) I am confirming that there is an information sharing agreement in place with the receiving company under the IRC section 403(b) regulations.
- c) All information provided on this form is accurate.

Print Name of Employer or Third Party Administrator	Title of Employer or Third Party Administrator
<hr/>	
Signature of Employer or Third Party Administrator	Date (mm/dd/yyyy)

6. SIGNATURES (For the receiving company's use only)

6 A. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER

By signature of an authorized officer below, the receiving company accepts assignment of all (or a portion of the assets if this is a partial exchange) to the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue payment payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract or a portion if it is a partial surrender.

For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:

The receiving company will deposit funds received into a: _____

6 B. eCONSENT AND ACKNOWLEDGMENT (Applies to eSignature Transactions Only)

To the extent the receiving company has obtained electronic signatures to effectuate the transaction(s) set forth in this form, the receiving company, by the below signature of its authorized officer, hereby represents and warrants to the surrendering company that:

- a. This form has been completed using an electronic system that has an integrated e-signature capability;
- b. All consumer consents have been obtained under, and this form was signed using an e-signature process that complies with, all applicable federal and state e-signature requirements, including, but not limited to, the federal E-Sign Act, and the applicable states' versions of the Uniform Electronic Transactions Act;
- c. It shall indemnify, defend, and hold harmless the surrendering company from and against all losses, costs, liabilities, claims, threatened claims, demands, suits, obligations, expenses, judgments, and damages, including, but not limited to, reasonable attorneys' fees and witness' fees, arising from or related to: (i) the receiving company's breach of the warranties set forth in (a) and/or (b) above; (ii) a liability imposed by any municipal, state or federal governmental body relating to the receiving company's violation of an applicable e-signature law or regulation; and (iii) the receiving company's gross negligence, willful misconduct or illegal acts, including, but not limited to, claims that the e-signatures obtained on this form by the receiving company are invalid or were improperly obtained; provided, however, that (x) the surrendering company shall provide the receiving company of prompt written notice of any claim that the surrendering company believes falls within this scope of this paragraph, and (y) the surrendering company shall not settle any claim that adversely affects any rights of the receiving company without the receiving company's prior written consent; and
- d. It shall promptly provide to the surrendering company and/or its designee(s) any and all information in the receiving company's possession (or within the receiving company's reasonable control) as may be necessary to evidence the validity of the electronic signatures that were obtained to effectuate the transaction(s) set forth in this form.

Print Name of Authorized Officer	Title of Authorized Officer
Signature of Authorized Officer (if applicable - may not be required if LOA is used)	Date (mm/dd/yyyy)
