## Non Resident Sales Acknowledgement Form

	INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY	
	APPLICANT/CONTRACT OWNER INFORMATION	
Owner's	s Name:	
Owner's	s SSN:	
Co-Ow	ner's Name:	
Co-Ow	ner's SSN:	
City and	d State Where tion was Signed:	
Owner/ <i>i</i> Signatu	Applicant's ure:	
 Please	REASON FOR EXCEPTION TO APPLICANT APPLYING IN STATE OF RESIDENCE  consider my attached application as a request for an exception to the requirement that the state	of
	tion and delivery be the same as the Applicant's state of primary residence, due to the reason check I hereby acknowledge that I must make delivery in the state of application. (Select the applicable by	
	The Applicant/Owner has a resident address in the state where the product is being solicited and application was taken and signed. The policy will be delivered in the state where the sale occurred a the application was signed.	
	The Applicant/Owner works or has a business address in the state where the product is being solicit and the application was taken and signed. The policy will be delivered in the state where the soccurred and the application was signed.	
	The undersigned producer maintains a permanent business office in the state in which the product being solicited and the application was taken and signed. Specifically, my full permanent Busine Address in the state of application is located at (Post Office Box address does not qualify) The policy will be delivered in the state where the security and the application was signed.	ess 

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PRODUCER SIGNATURE (REQUIRED)				

I hereby represent and warrant to the Company that the representations set forth herein are true and correct to the best of my knowledge. I also understand that any intentionally false statement made to the Company on this form or any other document related to the issuance of insurance products constitutes fraud and may subject me to criminal and/or civil liability.

→ Producer Signature(s)		
→ Permanent Business Address → City & State	→ Date	