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## ANNUITY CUSTOMER PROFILE AND IDENTIFICATION WORKSHEET

Thank you for your interest in purchasing an annuity offered by Clear Spring Life and Annuity Company, doing business in California as Clear Spring Life and Annuity Insurance Company (“Clear Spring Life”). Completion of this worksheet is an essential part of the application process and is required in all states except Florida. It helps you and your agent assess your insurance needs and financial objectives and also aids in ensuring compliance with applicable anti-money laundering and sanctions laws.

**Non-Natural Owners:** For a non-natural owner, such as a trust, the information provided in this worksheet should be representative of the individual or entity actually providing the funds for the transaction. For Section 8 below, the Customer Identification information should be provided by the person(s) authorized to act on behalf of the entity. **Please provide a copy of the trust documentation and complete the KYC Questionnaire and Certification for Contract Applicants, Owners, Payees and Beneficiaries.**

**Power of Attorney (“POA”):** If a POA is completing and/or signing this form on behalf of the owner(s), a copy of the applicable POA document is required.

This Customer Profile and Identification Worksheet contains the following sections. Please complete all sections where applicable.

***Section 1. Owner(s) Information***

***Section 2. Product Information***

***Section 3. Current Financial Situation and Experience***

***Section 4. Current Financial and Insurance Needs and Objectives***

***Section 5. Other Required Information***

***Section 6. Source of Funds and Replacement Information***

***Section 7. Immediate Annuity Acknowledgement – For Completion with Immediate Annuities Only***

***Section 8. Customer Identification***

***Section 9. Agent’s Sections – For Completion by the Agent***

***Section 10. Confirmation Section***

***NOTE: If you elect not to provide all the information requested, please be advised that Clear Spring Life will not be able to issue the annuity contract for which you are applying.***

**Section 1. Owner(s) Information**

Provide all applicable information. Where you are specifying a non-natural owner, include the legal name of the non-natural entity or trust. If there is a POA associated with this purchase, a full copy of the POA document(s) must accompany this form. Spouses listed as joint owners will not be eligible for spousal continuation unless the surviving spouse is also the sole primary beneficiary of this policy.

	Primary Owner	Joint Owner (if applicable)
A. Full Name		
Place of Birth (City, State and Country)		
B. U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Age		
D. Occupation		
Is a POA completing this form on behalf of the Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please provide a copy of the POA documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please provide a copy of the POA documentation

**Section 2. Product Information**

Provide the applicable information for the product for which you are applying. Attach additional pages as needed.

A. Annuity type	<input type="checkbox"/> Single Premium Immediate Annuity <input type="checkbox"/> Multi-year Guaranteed Annuity <input type="checkbox"/> Fixed Indexed Annuity
B. Product name	
C. Product term	<input type="checkbox"/> 3 Yrs <input type="checkbox"/> 4 Yrs <input type="checkbox"/> 5 Yrs <input type="checkbox"/> 6 Yrs <input type="checkbox"/> 7 Yrs <input type="checkbox"/> 8 Yrs <input type="checkbox"/> 9 Yrs <input type="checkbox"/> 10 Yrs <input type="checkbox"/> Other:
D. Initial Premium	
E. Qualified Plan	<input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified
Are you applying for other contracts or products with Clear Spring Life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <b>Yes</b> , please explain:

**Section 3. Current Financial Situation and Experience**

Provide all information requested for the household and include **pre-purchase** values. Where there is a non-natural owner include the financial information relevant to the non-natural owner.

**A. Household Income**

1.	Annual household income		2.	Annual household expenses	
3.	Source(s) of income		4.	Combined state and federal tax bracket	

**B. Household Assets**

Liquid Assets	
1.	Cash/Checking/Savings/Money Market
2.	Mutual funds (except Class B funds subject to deferred sales charges)
3.	Certificates of Deposit
4.	Life insurance cash value not subject to surrender penalties
5.	Annuities not subject to surrender penalties
6.	IRAs/Qualified Plans (if over 59 1/2 and no surrender charge)
7.	Stocks/Bonds
8.	Other liquid assets not otherwise listed
9.	<b>Total Liquid Assets (Add lines 1 – 8)</b>
Non-Liquid Assets	
10.	Home value
11.	Other real estate value
12.	Valuable personal property (e.g. gold, collectibles or other personal property)
13.	Life insurance cash value subject to surrender penalties
14.	Annuities subject to surrender penalties
15.	IRAs/Qualified Plans (if under 59 1/2 or subject to surrender charges)
16.	Class B Mutual Funds (if subject to deferred sales charges)
17.	Other non-liquid assets not otherwise listed
18.	<b>Total Non-liquid Assets (Add lines 10 – 17)</b>

**Section 3B. Household Assets (Continued)**

Total Assets and Net Worth	
<b>19.</b>	<b>Total Assets (Liquid + Non Liquid) (Add lines 9 + 18)</b>
<b>20.</b>	<b>Total Net Worth (Total Assets – Total Debt)</b>

**C. Other Financial Information Questions**

Please provide all information requested. Attach additional pages as needed.

1.	Please describe your experience with insurance and financial products including which financial products and years of experience with each.	
2.	Please provide your risk tolerance.	<input type="checkbox"/> Conservative (E.g. Preservation of principal with guaranteed returns.) <input type="checkbox"/> Moderate (E.g. Comfortable exposing some assets to volatility and variation in returns.) <input type="checkbox"/> Aggressive (E.g. Attempts to achieve maximum returns and comfortable taking on additional risk, including risk to principal.)
3.	Do you anticipate a significant increase in living expenses or a significant reduction in income or liquid assets during the term of this annuity? If you answer <b>Yes</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please explain:
4.	Do you have sufficient liquid assets or discretionary income available for monthly living expenses and emergencies, other than the money you plan to use to purchase this annuity? If you answer <b>No</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>No</b> , please explain:

**Section 4. Current Financial and Insurance Needs and Objectives**

Provide all information requested. Attach additional pages as needed.

A. Why are you purchasing, and what is your intended use for, this annuity?		
B. Explain how purchasing this annuity will result in a net tangible benefit to you.		
C. How soon do you anticipate taking money from this annuity?	<input type="checkbox"/> Less than one year <input type="checkbox"/> Between 1 – 5 years <input type="checkbox"/> Between 5 – 10 years	<input type="checkbox"/> 10+ years <input type="checkbox"/> None anticipated at this time
D. How do you plan to access the money in this annuity?	<input type="checkbox"/> Annuitization or immediate income <input type="checkbox"/> Free withdrawals <input type="checkbox"/> Systematic withdrawals <input type="checkbox"/> Income rider (if purchased) <input type="checkbox"/> Required Minimum Distributions (RMDs)	<input type="checkbox"/> I do not anticipate taking any distributions <input type="checkbox"/> Other, please explain:

**Section 5. Other Required Information**

Please provide all information requested. Attached additional pages as needed.

A. Do you understand and accept that you could possibly lose some of your principal if you surrender the applied for annuity before the end of the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
	If <b>No</b> , please explain:  <input type="checkbox"/>	
B. Are you or your spouse currently in a nursing home or do you plan to enter a nursing home in the next 6 months? If <b>Yes</b> , please provide additional information.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If <b>Yes</b> , please provide the following information: Who resides in a nursing home? <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse Admission date:	
	Is the living arrangement <input type="checkbox"/> permanent or <input type="checkbox"/> temporary? Are your current income/assets sufficient to cover the ongoing expenses related to the care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 5. Other Required Information (Continued)**

C. Have you been diagnosed with a terminal condition or advised by a physician that you have 24 months or less to live? If <b>Yes</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <b>Yes</b> , please explain:
<b>For California residents and applications signed in California ONLY</b>	
D. Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veteran's aid and attendance benefit? If <b>Yes</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not a California resident
	If <b>Yes</b> , please explain:

**Section 6. Source of Funds and Replacement**

**Information**

Please provide the requested information. Attach additional pages as needed.

A. Replacement means any transaction where, in connection with the purchase of a new annuity, you lapse, surrender, partially surrender, convert to paid-up insurance, place on extended term, withdraw or borrow all or any portion of the premium used to purchase the applied for annuity from an existing insurance policy or annuity. Is this transaction a replacement?	<input type="checkbox"/> Replacement <input type="checkbox"/> Not a Replacement
<b>Note: If the product applied for is a replacement the agent must complete the Replacement Comparison Table in Section 9C.</b>	
<b>Regardless</b> of whether this a replacement, please indicate the <b>source of premium</b> (identify contract/product type where applicable):	
B. Is the source of premium from Qualified Funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are there any surrender or withdrawal charges, penalties or settlement fees of any kind associated with the source of premium? If <b>Yes</b> , please provide the amount and percentage of such charges, penalties or settlement fees without taking into account any potential Market Value Adjustment (MVA).	Charges <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please provide the amount and percentage before any MVA adjustment:  _____ Amount _____ Percentage
D. Do you understand and accept that if you are replacing an existing insurance policy or annuity and relying on an MVA to recoup surrender or withdrawal charges, penalties or settlement fees, the value of the MVA is not guaranteed and may change daily (and therefore may increase or decrease your surrender value) until the date of the surrender or withdrawal is processed by your current carrier.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

**Section 6. Source of Funds and Replacement Information (Continued)**

<p>E. Do you currently have a Reverse Mortgage? If Yes, please provide the requested information.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>Yes</b>, please explain whether the source of funds for this annuity is from the Reverse Mortgage:</p>
<p>F. Have you replaced any other existing insurance policies or annuities in the past 5 years? If <b>Yes</b>, please provide an explanation for each replacement transaction, including reason for replacement, whether a full or partial surrender was made, and the amount of surrender charges or penalties incurred.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>Yes</b>, please explain:</p>
<p>G. If this is a replacement, is the agent assisting you with this purchase the same agent on the insurance policy or annuity being replaced?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not a Replacement</p>

**Section 7. Immediate Annuity Acknowledgement  
For Completion with Immediate Annuities Only**

**Immediate Annuity Acknowledgement:** The Life Only or Joint Life settlement option was selected for this immediate annuity contract.  Yes  No If **No**, skip to Section 8. If **Yes**, please read and initial the following:

**Life Only and Joint Life Disclaimer Statement** - The Life Only and Joint Life settlement options will cause payments to be made only during the life of the Annuitant or Joint Annuitant(s). After the last Annuitant's death, no further payments will be made to the Owner. No payments will be made to the Owners' or Joint Owner's estate, beneficiaries or any other person. By initialing, I acknowledge that I fully understand the selected payout option and agree to its terms:

\_\_\_\_\_ Owner Initials      \_\_\_\_\_ Joint Owner Initials

**Section 8. Customer Identification**

OWNER'S VERIFICATION (TYPE OF GOVERNMENT -ISSUED PHOTO ID)			
<input type="checkbox"/> Driver's License	State of Issue	Number	Expiration Date
<input type="checkbox"/> Passport	Country of Issue	Number	Expiration Date
<input type="checkbox"/> Other	State/Country of Issue	Number	Expiration Date
<input type="checkbox"/> An unexpired government -issued photo ID	If unavailable, please provide detailed explanation why:		
JOINT OWNER'S VERIFICATION (TYPE OF GOVERNMENT-ISSUED PHOTO ID)			
<input type="checkbox"/> Driver's License	State of Issue	Number	Expiration Date
<input type="checkbox"/> Passport	Country of Issue	Number	Expiration Date
<input type="checkbox"/> Other	State/Country of Issue	Number	Expiration Date
<input type="checkbox"/> An unexpired government -issued photo ID	If unavailable, please provide detailed explanation why:		

**Section 9. Agent's Sections – For Completion by the Agent**

**A. Agent's Basis for the Recommendation – Required for ALL Sales**

**Please provide a detailed explanation of the basis for the recommendation. If the recommendation is a replacement, explain how there will be a substantial benefit over the life of the new annuity contract. If there are surrender or withdrawal charges, penalties or other settlement fees, including but not limited to a bonus recapture, associated with any replacement, include details of how such charges, penalties or settlement fees will be offset by the new annuity contract. If there is a Market Value Adjustment (MVA) please provide details and assumed impact to the surrender value. Attach additional pages as needed.**



**Section 9. Agent's Sections – For Completion by the Agent (Continued)**

**B. Prior Related Sales and Agent's Confirmation – To be completed by the Agent.**

1. Have you sold this owner any other existing (active) policies or contracts?  Yes  No
2. If Yes, please provide the following information:

Type and Amount of Coverage	Issuing Company	Issue Date

**C. Replacement Comparison Table and Confirmation Section - To be completed by the Agent.**

Completion of this Replacement Comparison Table and Confirmation is an essential part of the application process. This section is required for all replacements where the source of funds are in whole or in part from a life insurance or annuity contract. If you elect not to provide the requested information, please be advised that Clear Spring Life will not be able to issue the annuity contract for which you are applying.

Check here if this is not a replacement. If this box is checked, completion of Section 9C, Replacement Comparison Table is not required.

**Replacement Comparison Table**

Please complete for each partial or fully replaced life insurance and annuity contract. Attach additional comparison pages as needed for additional contracts.  Check here if additional pages are attached.

	Product Applied For	1 <sup>st</sup> Contract Replaced	2 <sup>nd</sup> Contract Replaced (if applicable)
<b>1. Company</b>	Clear Spring Life and Annuity Company		
<b>2. Contract Number</b>	N/A		



**Section 9C - Replacement Comparison Table (Continued)**

	Product Applied For	1 <sup>st</sup> Contract Replaced	2 <sup>nd</sup> Contract Replaced (if applicable)
3. Contract/ Product Type (e.g. immediate, multi-year guaranteed, variable, life etc.)			
4. Surrender Type	N/A	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
5. Qualified Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Issue Date	N/A		
7. Premiums Paid			
8. Source of Premium	N/A		
9. Interest Rate of Index Option Detail			
10. Surrender Charge Detail (Please provide the complete surrender charge schedule)			
11. Current Account Value <sup>1</sup>			
12. Current Cash Surrender Value <sup>2</sup>			
13. Current Death Benefit			
14. Applicable Market Value Adjustments (MVA), Fees, Penalties, Bonus Recapture and other potential costs			
15. Benefits, Riders, Features or Enhancements (Including free withdrawal provisions and bonus features).			

<sup>1</sup> Current Account Value means the current account value without taking into consideration any surrender penalty, premium bonus recapture, other fees, or applicable MVA.

<sup>2</sup> Current Cash Surrender Value means the Current Account Value less any surrender penalty, premium bonus recapture, or other fees and adjusted for any applicable MVA.

**Section 10. Confirmation Section**

**A. Owner's Confirmation**

By signing below, I acknowledge that the information I provided on this form, regarding my financial circumstances, investment objectives, risk tolerance, identification information and any other information requested by my agent is complete and accurate to the best of my knowledge. I further acknowledge that neither Clear Spring Life nor its representatives offer legal or tax advice and that I have been advised to consult my own personal attorney or tax advisor on any legal or tax matters. I acknowledge that I have been informed of various features of the annuity such as the potential surrender period and surrender charges, any applicable market value adjustments, potential tax penalties upon sale, exchange, surrender or annuitization, and potential charges and features of riders. I believe that the annuity for which I am applying is suitable or otherwise in my best interest according to my insurance needs and financial objectives.

Owner's Signature \_\_\_\_\_ Date

Joint Owner's Signature \_\_\_\_\_ Date

**B. Agent's Confirmation**

By signing below, I acknowledge the following:

- a) I have made a reasonable effort to obtain, and have obtained, information from the Owner(s) concerning the Owner(s) financial circumstances, investment objectives, risk tolerance and other information relevant to my recommendation.
- b) It is my belief that based on the information the Owner(s) provided and based on all the circumstances known to me at the time the recommendation was made, the annuity being applied for is suitable for or otherwise in the best interest of the Owner(s).
- c) My recommendation to purchase the annuity applied for adheres to any standard of care required by applicable law, including—in the case the source of premium is from Qualified Funds (as indicated in Question 6B above)—the Department of Labor's applicable exemption, in which case I have determined that the annuity being applied for is in the best interest of the Owner(s) and that my recommendation for the purchase of such annuity satisfies the requirements of an applicable exemption. I further acknowledge that Guggenheim Life is not, where applicable, serving as a Financial Institution or acting as a fiduciary.

I have verified the identity of the Owner(s) and believe the information each Owner provided to me regarding his or her identity is true and accurate.

Agent's Signature \_\_\_\_\_ Date

**Note: Doing business as Clear Spring Life and Annuity Insurance Company in California**