

A. PRODUCT SELECTION

Product Choices

Preserve 3-Year 4-Year 5-Year 6-Year 7-Year 8-Year 9-Year 10-Year
 ProOption 5-Year 7-Year 10-Year

B. ANNUITANT

Annuitant Information

Joint Annuitant Information (Not available for Qualified Plans)

1. COMPLETE NAME (FIRST/MIDDLE/LAST)		
2. RESIDENTIAL ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE
3. SOCIAL SECURITY #	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
5. DATE OF BIRTH	6. AGE	7. PHONE NUMBER

8. COMPLETE NAME (FIRST/MIDDLE/LAST)		
9. RESIDENTIAL ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE
3. SOCIAL SECURITY #	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
12. DATE OF BIRTH	13. AGE	14. PHONE NUMBER

C. OWNER

Owner Information

(Complete only if Owner is different from Annuitant)
(If trust, include full trust document)

Joint Owner Information

(Not available for Qualified Plans)

1. COMPLETE NAME (FIRST/MIDDLE/LAST)		
2. RESIDENTIAL ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE
3. SOCIAL SECURITY # OR TIN	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-NATURAL OWNER	
5. DATE OF BIRTH OR TRUST	6. AGE	7. PHONE NUMBER

8. COMPLETE NAME (FIRST/MIDDLE/LAST)		
9. RESIDENTIAL ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE
10. SOCIAL SECURITY #	11. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
12. DATE OF BIRTH	13. AGE	14. PHONE NUMBER

D. SPECIAL REQUESTS (Please list any special requests below)

E. TAX QUALIFICATION

Plan Type (check one)

- Non-Qualified
 Traditional IRA
 Roth IRA
 Roth IRA Conversion
 SEP IRA (include IRS Form 5305)
 Inherited Beneficiary IRA

Please complete if applicable

If Traditional IRA Contribution-Tax Year _____
 If Roth IRA Contribution-Tax Year _____
 If Roth IRA-Inception Date _____

F. PREMIUM AMOUNT

Source

Amount

Check with Application

\$ _____

Estimated 1035 Exchange Amount

\$ _____

Estimated Qualified Transfer/ Rollover Amount

\$ _____

Estimated Non-Qualified Transfer/ Rollover Amount (i.e. liquidation of mutual fund, money market)

\$ _____

G. BENEFICIARIES (If Spousal Joint Ownership, 'surviving spouse' is normally listed as primary beneficiary)

Primary Beneficiary Full Name	Date of Birth	Social Security Number or TIN	Relationship to Owner	Percentage

Contingent Beneficiary Full Name	Date of Birth	Social Security Number or TIN	Relationship to Owner	Percentage

Please check here if you are attaching additional Beneficiary information

H. EXISTING COVERAGES/REPLACEMENT

Please answer the following questions

a. Do you have any other life insurance policies or annuity contracts?

Yes No

If "Yes," and required by your state, complete the necessary Replacement Notice.

b. Is the Contract applied for replacing or likely to replace any existing life insurance or annuity contracts?

Yes No

If "Yes," and required by **YOUR** state, complete the necessary Replacement Notice.

I. OWNER AND ANNUITANT SIGNATURE(S)

I acknowledge and understand that most annuities purchased with Qualified Funds are subject to the Required Minimum Distribution ("RMD") Rules. If I am currently subject to RMDs or taking RMDs, I understand that the RMDs must be withdrawn before transferring funds.

I believe this to be a suitable purchase for my financial status. Any applicable Surrender Charge, Early Withdrawal and Market Value Adjustment provisions have been explained to me.

I agree to all terms and conditions as shown, and have read and understand all 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 understand that amounts payable under the Contract may be subject to a Market Value Adjustment.

Fraud Notice: 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.

Signed at: City, State, Zip

Date

Signature of Owner

Date

Signature of Annuitant

Date

Signature of Joint Owner

Date

Signature of Joint Annuitant

Date

J. AGENT SIGNATURE(S)

1. Will this plan replace any existing life insurance or annuity? Yes No

If "Yes," please explain: _____

For any replacement, indicate the type of coverage proposed to be replaced:

Term Life Whole Life Variable Life Fixed Annuity Variable Annuity Other: _____

2. Advertising materials:

- I certify that I used only insurer-approved sales material with this Application and that an original or a copy of all sales material was left with the Proposed Owner.
- I certify that a printed copy of any electronically presented sales material was/will be presented to the Proposed Owner no later than the date the Contract is delivered.

3. I certify that this Application is in accordance with the Clear Spring Life and Annuity Company's Business Guidelines with respect to the acceptability of replacements.

4. **By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true. I also certify that I have explained any applicable Surrender Charges, Early Withdrawal Market Value Adjustments provisions contained in this Contract, and I certify that this annuity is suitable for the Applicant, based upon the Applicant's disclosure.**

If you haven't received your agent number please indicate "PENDING"

Producer Name		Email Address	
Office Phone Number	Agent Number	Split %	

Producer Name		Email Address	
Office Phone Number	Agent Number	Split %	

Signature of Agent

Date

Signature of Agent (If Joint Case)

Date