GUGGENHEIM LIFE AND ANNUITY COMPANY
PO Box 80509
INDIANAPOLIS, INDIANA 46280
GUGGENHEIMLIFE.COM

ANNUITY CUSTOMER PROFILE AND IDENTIFICATION WORKSHEET

Thank you for your interest in purchasing an annuity offered by Guggenheim Life and Annuity Company, doing business in California as Guggenheim Life and Annuity Insurance Company ("Guggenheim 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 Guggenheim Life will not be able to issue the annuity contract for which you are applying.

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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	☐ Yes ☐ No	☐ Yes ☐ No
C. Age		
D. Occupation		
Is a POA completing this form on behalf of the Owner?	☐ **Yes** ☐ No If **Yes**, please provide a copy of the POA documentation	☐ **Yes** ☐ No If **Yes**, 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	☐ Single Premium Immediate Annuity ☐ Multi-year Guaranteed Annuity ☐ Fixed Indexed Annuity
B. Product name	
C. Product term	☐ 3 Yrs ☐ 4 Yrs ☐ 5 Yrs ☐ 6 Yrs ☐ 7 Yrs ☐ 8 Yrs ☐ 9 Yrs ☐ 10 Yrs ☐ Other:
D. Initial Premium	
E. Qualified Plan	☐ Qualified ☐ Non Qualified
Are you applying for other contracts or products with Guggenheim Life?	☐ Yes ☐ No
	If **Yes,** please explain:

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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.	**Total Liquid Assets (Add lines 1 – 8)**	
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.	**Total Non-liquid Assets (Add lines 10 – 17)**	

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Section 3B. Household Assets (Continued)

Total Assets and Net Worth		
19.	**Total Assets (Liquid + Non Liquid) (Add lines 9 + 18)**	
20.	**Total Net Worth (Total Assets – Total Debt)**	

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.	☐ Conservative (E.g. Preservation of principal with guaranteed returns.) ☐ Moderate (E.g. Comfortable exposing some assets to volatility and variation in returns.) ☐ 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 **Yes**, please explain.	☐ Yes ☐ No If **Yes,** 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 **No**, please explain.	☐ Yes ☐ No If **No**, please explain:

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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?	☐ Less than one year ☐ Between 1 – 5 years ☐ Between 5 – 10 years ☐ 10+ years ☐ None anticipated at this time
D. How do you plan to access the money in this annuity?	☐ Annuitization or immediate income ☐ Free withdrawals ☐ Systematic withdrawals ☐ Income rider (if purchased) ☐ Required Minimum Distributions (RMDs) ☐ I do not anticipate taking any distributions ☐ 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?	☐ Yes ☐ No ☐ Not applicable
	If **No**, please explain: ☐
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 **Yes**, please provide additional information.	☐ Yes ☐ No
	If **Yes**, please provide the following information: Who resides in a nursing home? ☐ Applicant ☐ Spouse Admission date:
	Is the living arrangement ☐ permanent or ☐ temporary? Are your current income/assets sufficient to cover the ongoing expenses related to the care facility? ☐ Yes ☐ No

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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 **Yes**, please explain.	☐ Yes ☐ No If **Yes**, please explain:
For California residents and applications signed in California ONLY	
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 Yes, please explain.	☐ Yes ☐ No ☐ Not a California resident If **Yes**, 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? ***Note: If the product applied for is a replacement the agent must complete the Replacement Comparison Table in Section 9C.***	☐ Replacement ☐ Not a Replacement
Regardless of whether this a replacement, please indicate the **source of premium** (identify contract/product type where applicable):	
B. Is the source of premium from Qualified Funds?	☐ Yes ☐ No
C. Are there any surrender or withdrawal charges, penalties or settlement fees of any kind associated with the source of premium? If **Yes**, please provide the amount and percentage of such charges, penalties or settlement fees without taking into account any potential Market Value Adjustment (MVA).	Charges ☐ Yes ☐ No If **Yes**, 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.	☐ Yes ☐ No ☐ Not applicable

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

E. Do you currently have a Reverse Mortgage? If Yes, pleaseprovide the requested information.	☐ Yes ☐ No If **Yes**, please explain whether the source of funds for this annuity is from the Reverse Mortgage:
F. Have you replaced any other existing insurance policies or annuities in the past 5 years? If **Yes**, 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.	☐ Yes ☐ No If **Yes**, please explain:
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?	☐ Yes ☐ No ☐ Not a Replacement

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

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Section 8. Customer Identification

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

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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 Guggenheim 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	1st Contract Replaced	2nd Contract Replaced (*if applicable*)
1. Company	Guggenheim Life and Annuity Company		
2. Contract Number	**N/A**		

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Section 9C - Replacement Comparison Table (Continued)

	Product Applied For	1st Contract Replaced	2nd Contract Replaced (*if applicable*)
3. Contract/ Product Type (e.g. immediate, multi-year guaranteed, variable, life etc.)			
4. Surrender Type	**N/A**	☐ Full ☐ Partial	☐ Full ☐ Partial
5. Qualified Contract	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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[1]			
12. Current Cash Surrender Value[2]			
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).			

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

[2] 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.

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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 Guggenheim 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 Guggenheim Life and Annuity Insurance Company in California