

Heartland National Life Insurance Company

Home Office Address: PO Box 11466 Winston-Salem, NC 27116

Telephone: (888) 616-0015

**1. Annuitant (Joint Annuitants are not permitted):**

Name	SSN/TIN	Date of Birth (mm/dd/yyyy)	
Address	City	State	Zip Code
E-Mail Address	Phone	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

**2. Owner (If Other Than Annuitant):**

Name		
Address		
City	State	Zip
Phone		
E-Mail Address		
SSN/TIN	Relationship to Annuitant	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

**3. Joint Spousal Owner (If Any), WROS:**

Not Available for Qualified Funds

Name		
Address		
City	State	Zip
Phone		
E-Mail Address		
SSN/TIN	Relationship to Annuitant	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

**4. Plan/Riders Applied For (Please Check One):**

<input type="checkbox"/> Secure Rate 3	<input type="checkbox"/> Secure Rate 5	<input type="checkbox"/> Secure Rate 7	<input type="checkbox"/> Secure Rate 10
<input type="checkbox"/> 5% Free Withdrawal Rider		<input type="checkbox"/> Enhanced Benefit Rider	

**5. Beneficiaries: If joint owners are named, on the death of either joint owner the surviving joint owner will become the sole primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries (unless otherwise requested in the Special Requests section).**

Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

**6. Premium and Tax Qualification Status:**

<input type="checkbox"/> NON-QUALIFIED <input type="checkbox"/> Cash with Application <input type="checkbox"/> 1035 Exchange	<input type="checkbox"/> QUALIFIED <input type="checkbox"/> Cash with Application <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover	Check the type of plan <input type="checkbox"/> IRA <input type="checkbox"/> SEP <input type="checkbox"/> Roth IRA <input type="checkbox"/> Pension Plan (Profit Sharing or Defined Benefit) <input type="checkbox"/> Other _____
Amount paid with application \$ _____ If a 1035 Exchange, Rollover or Transfer is occurring, the expected premium amount is \$ _____		

**7. Owner Replacement Questions (Required for All Applications)**

(1) Do you have any existing life insurance policies or annuity contracts with Heartland National Life Insurance Company or any other insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is this Application intended to replace or change any life insurance or annuity contract with Heartland National Life Insurance Company or any other company? Change means causing a policy or contract to lapse, surrender (in whole or part), forfeit, terminate, convert to reduce paid up or continue as extend term insurance, reduce in value by borrowing against it or change the term or coverage benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Company Name of Policy/Contract Being Replaced</u>	<u>Policy/Contract Number</u>
<b>If "Yes", please sign the Replacement form on Page 8.</b>	

**8. Application Completed At:**

City _____ State _____	
This _____ day of _____, 20____.	
Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the person(s) signing this application. It is agreed that such statements shall form the basis of an Annuity issued by the company and that such Annuity, together with this application, shall constitute the entire contract between the company and the person(s) signing this application. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½. If the Annuity for which application is being made is a Market Value Adjusted fixed annuity, the person(s) signing this application understand that withdrawals from the Annuity may be subject to a market value adjustment in addition to any applicable surrender charges.	
<b>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.</b>	
<b>X</b> _____ <i>Signature of Owner</i>	<b>X</b> _____ <i>Signature of Joint Owner (If Any)</i>

**9. Agent's Report:**

Do you have knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If "Yes", please sign the Replacement form on Page 8.</b>	
Agent Name (Please Print)	Agent Number
Signature of Agent	State License Number if Required

**Description**

**Secure Rate** is a Single Premium Deferred Annuity designed to accumulate money for retirement. It is suitable for use as an IRA or as an attractive alternative to CDs and other taxable vehicles. (Not available as 403(b) or SIMPLE IRA.) You can start your **Secure Rate** annuity with a **minimum premium of \$5,000**.

**How Interest is Credited**

Interest is credited at an initial interest rate guaranteed for the Initial Guarantee Period you select. Your interest is credited and compounded daily to yield our declared annual rate. At the end of the Initial Guarantee Period, the Owner will be allowed to withdraw their Accumulation Value. If they elect not to, a new Guarantee Period will begin automatically.

**Policy Values**

Your Accumulated Value is 100% of the premium paid and earned interest, less any partial withdrawals. The Cash Surrender Value is the Accumulated Value less any applicable surrender charges and Market Value Adjustment (MVA). The death benefit is the Accumulation Value. The Accumulated Value will be reduced for any applicable premium tax.

**Liquidity**

After the contract has been in force for thirty (30) days, you may withdraw a portion of your policy value by making a partial surrender. **All partial surrenders (including required minimum distributions from qualified retirement accounts) will be reduced by any applicable surrender charges and MVA.** The amount of a partial surrender must be at least one hundred dollars (\$100). The remaining Accumulated Value after any partial surrender must be at least two thousand dollars (\$2,000). A 10% IRS penalty may apply to all amounts withdrawn before the owner reaches age 59½.

**Market Value Adjustment (MVA)**

The Market Value Adjustment is an amount by which we adjust the Accumulation Value. An MVA will apply to a full surrender or to a partial withdrawal during the Guarantee Period. The MVA may increase or decrease your Accumulation Value, depending on whether interest rates\* have fallen or risen from the time of purchase. If interest rates have declined, your Accumulated Value could be higher. If interest rates have increased, your Accumulated Value could be lower. Assets subject to MVA are not held in a separate account.

\* The Treasury Constant Maturity Series, published by the Federal Reserve, is used to measure changes in interest rates.

**Payout Options**

There is a wide range of annuity settlement options from which you may choose, including: life only, life with 10 years certain, and fixed period payments. A customized payout option may be tailored to meet your specific needs.

If you elect to annuitize non-qualified money, generally only a portion of each payment is taxable because a part of each payment is a return of your premium.

**Secure Rate Advantages**

**Tax Deferred - Your annuity grows much faster than alternative vehicles because:**

- You earn interest on your principal.
- You earn interest on your interest.
- You earn interest on the money you would otherwise pay in taxes.
- You don't pay tax on interest until you take it out.

**Other Important Features** - Your money is never subject to stock market risk. You pay no front-end sales charges or annual maintenance fees. 100% of your money is always earning interest for you (state premium taxes may be deducted, if applicable).

**Please Select and Sign Below**

I am applying for a **Secure Rate** annuity with the Initial Guarantee Period indicated below:

- Secure Rate 3 \_\_\_\_\_% for 3 yr
- Secure Rate 5 \_\_\_\_\_% for 5 yrs
- Secure Rate 7 \_\_\_\_\_% for 7 yrs
- Secure Rate 10 \_\_\_\_\_% for 10 yrs

X \_\_\_\_\_  
Owner's Signature

X \_\_\_\_\_  
Joint Owner's Signature (if any)

X \_\_\_\_\_  
Owner's Name

X \_\_\_\_\_  
Joint Owner's Name (if any)

X \_\_\_\_\_  
Agent's Signature

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Agent's Name (please print)

IMPORTANT: SURRENDER CHARGES										
Year	1	2	3	4	5	6	7	8	9	10
<b>Secure Rate 3</b>	9.0%	8.0%	7.0%							
<b>Secure Rate 5</b>	9.0%	8.0%	7.0%	6.0%	5.0%					
<b>Secure Rate 7</b>	9.0%	8.0%	7.0%	6.0%	5.0%	4.0%	3.0%			
<b>Secure Rate 10</b>	9.0%	8.0%	7.0%	6.0%	5.0%	4.0%	3.0%	2.5%	1.5%	0.9%

Surrender Charges apply during each Interest Rate Guarantee Period and vary based on the amount of time that has elapsed since the beginning of the current Interest Rate Guarantee Period.

**All Sections of this form must be fully completed.**

**SECTION 1: PERSONAL INFORMATION**

	<b>Owner</b>	<b>Spouse (if any)</b>
Full Name		
Current Age		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Work Full-Time <input type="checkbox"/> Work Part-Time	<input type="checkbox"/> Retired <input type="checkbox"/> Work Full-Time <input type="checkbox"/> Work Part-Time
Current Occupation		
Dependents (number and ages)		

**SECTION 2: FINANCIAL INFORMATION OF OWNER**

Annual Household Income	\$
Source of Income	
Income Tax Bracket (Federal & State)	%
Total Assets (Total Liquid and Non-Liquid Assets prior to purchase of this annuity)	\$
Total Liquid Assets (All assets that are readily convertible to cash after the purchase of this annuity)	\$
Total Outstanding Debt	\$

**SECTION 3: FINANCIAL SITUATION AND NEEDS OF OWNER**

Does your income cover all of your living and medical expenses?  Yes  No

If no, please explain:

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Do you expect changes in your living expenses?  Yes  No

If yes, please explain:

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Do you anticipate changes in your out-of-pocket medical expenses?  Yes  No

If yes, please explain:

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Is your income sufficient to cover future changes in your living and out-of-pocket medical expenses during the surrender charge period?  Yes  No

If no, please explain:

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Do you have an emergency fund for unexpected expenses?  Yes  No

If no, please explain:

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What other investments do you currently own? (Check all that apply)

- Stocks
- Bonds
- Mutual Funds
- Personal Business
- Options
- Real Estate
- Partnerships
- Other: \_\_\_\_\_

Please describe your risk tolerance:

- Conservative
- Moderately Conservative
- Moderate
- Moderately Aggressive
- Aggressive

**SECTION 4: THIS PRODUCT PURCHASE**

Reason(s) for purchasing this product: (Check all that apply)

- Asset accumulation
- Tax deferred growth
- Immediate income
- Future retirement income
- Guaranteed interest rate
- Transfer to heirs
- Safety of principal
- Other: \_\_\_\_\_

Do you plan to withdraw any portion of the funds in this product during the surrender charge period?  Yes  No

If yes, please explain:

When do you anticipate needing access to these funds?

- 0-2 years from now
- 3-4 years from now
- 5-6 years from now
- 7-8 years from now
- 9 or more years from now

Source of funds used to purchase this product (Check all that apply)

- CD/Savings/Checking
- Inheritance
- Current income
- Liquidation of assets
- Death benefit proceeds
- Qualified plan distribution
- Cash value from existing annuity
- Rollover/transfer from qualified account
- Other: \_\_\_\_\_

**SECTION 5: EXISTING ACCOUNT INFORMATION**

Do you plan to use funds from an existing life or annuity policy to purchase this product?

- Yes (complete the rest of section 5)
- No (go to section 6)

How long has the life insurance or annuity been in force?

\_\_\_\_\_ years

Is there a surrender charge on the existing product?

- Yes What is the current charge? \_\_\_\_\_%  
When will it expire? \_\_\_\_\_
- No

What type is the existing product?

- Life Insurance

Annuity:  Fixed  Variable  Equity Indexed  
\_\_\_\_\_ %

What interest rate is currently being credited to the existing product?

Please describe any expected change(s) to this rate in the additional information section below.

If the existing product is a tax-qualified annuity, are you taking Required Minimum Distributions from it?

- Yes
- No

Not Required due to age

If the existing product is an annuity, are you taking any other periodic distributions from the existing annuity?

- Yes Describe: \_\_\_\_\_
- No

**SECTION 6: OTHER**

Which, if any, of the following persons assisted you in your decision to purchase this product? (Check all that apply)

- None
- Accountant
- Attorney
- Family Member
- Financial Planner
- Other (please specify): \_\_\_\_\_

Please enter any additional relevant information to be considered in determining suitability of this product:

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**SECTION 7: OWNER'S ACKNOWLEDGEMENT**

To the best of my/our knowledge, the information provided in this questionnaire is accurate. I/we understand that a life insurance or annuity is a long term investment and my/our agent has reviewed the features and benefits of this product as well as any applicable fees and surrender charges with me/us. I/we believe that the purchase of this product is suitable for my/our financial needs and objectives.

I/we have been provided with and read a product disclosure statement that discloses the surrender charge period and the surrender charge percentages for this contract.  Yes  No

Owner's Signature	Date	Print Name
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Joint Owner Signature (if any)	Date	Print Name
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**SECTION 8: AGENT'S ACKNOWLEDGEMENT**

Based on the facts disclosed by the proposed owner and joint owner, I have reasonable grounds for believing that the recommendation for the purchase or exchange of the product is suitable. I agree to maintain the information collected and used as the basis for this recommendation for a period of at least five (5) years and make it available upon request to the Company or the insurance commissioner.

During the solicitation of this product, I  did  did not use any sales materials other than pre-printed product brochures and other material provided by the Company. I certify that the applicant was given a copy of the applicable product brochure and disclosure form. I have attached to this form any and all supplementary information used in the solicitation of this product.

Agent's Signature	Date	Print Name
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## Notice Regarding Replacement Replacing Your Life Insurance Policy Or Annuity?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it. You are urged not to take action to terminate, assign or alter your existing coverage until you have been issued the new policy, examined it and have found it acceptable.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

IF YOU SHOULD FAIL TO QUALIFY FOR THE COVERAGE FOR WHICH YOU HAVE APPLIED, YOU MAY FIND YOURSELF UNABLE TO PURCHASE OTHER COVERAGE OR ABLE TO PURCHASE IT ONLY AT DIFFERENT RATES.

We are required by law to notify your existing company that you may be replacing their policy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Heartland National Life Insurance Company Home Office Address: PO Box 11466 Winston-Salem, NC 27116 Telephone: (888) 616-0015

Owner's Name: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_

Annuitant/Insured (if other than owner): \_\_\_\_\_ Owner's Tax ID or Social Security Number: \_\_\_\_\_

**Current Insurance Company/Trustee/Financial Institution:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Type of Account:  Annuity  Life Insurance  Bank/Savings Account  Other: \_\_\_\_\_

My existing annuity/life contract/certificate is:  Enclosed  Not required to process this transaction  Lost or Destroyed.

If this is a complete surrender and I have indicated that the existing contract/certificate is lost or destroyed, I understand that the existing contract/certificate becomes null and void and that neither I nor my heirs have any further claims against the existing financial institution with respect to the contract/certificate.

**For Non-Qualified Plans: Complete This Section**

Please Transfer/Exchange my existing account and process as requested:

- All or  Partial \$ \_\_\_\_\_  
 Immediately, or  Upton the maturity date of: \_\_\_\_\_  
 To New Policy/Account, or  Existing Policy/Account # \_\_\_\_\_

For IRC§1035 exchanges, I assign and transfer to Heartland National Life Insurance Company all rights and interests in the above policy/certificate for the sole purpose of effecting a tax-free transfer/exchange of the cash surrender value. This assignment shall not be effective until Heartland National Life Insurance Company accepts it in writing. If no exchange takes place, then this assignment becomes null and void. If this is a partial IRC§1035 exchange, information is requested with respect to the basis and gain on the account and will be provided to the IRS for tax reporting purposes.

**If this is an internal exchange of an existing Heartland National annuity,**

- A. Do you want a withdrawal prior to the exchange?  Yes  No  
 If yes, amount of withdrawal \_\_\_\_\_  
 B. Do you want to continue an existing period withdraw schedule?  Yes  No

**Note: If you request a withdrawal after the exchange is complete, any distribution in excess of any penalty-free withdrawal will be subject to the charges described in the contract.**

**For Qualified Plans: Complete This Section**

Please Transfer/Exchange my existing account and process as requested:

- All or  Partial \$ \_\_\_\_\_  
 Immediately, or  Upton the maturity date of: \_\_\_\_\_  
 To New Policy/Account, or  Existing Policy/Account # \_\_\_\_\_

**Type of Transfer or Rollover:**

- Trustee-to-Trustee Transfer  Conversion to Roth IRA  
 Direct Rollover (Eligible Rollover Distribution)

**Qualifying Event for Direct Rollover of Funds:**

- Age 59½  Disability  Plan Termination  
 Death  Internal Exchange  Severance of Employment

**Required Minimum Distribution (RMD) Information:**

- A. Have you reached age 72 or older in this calendar year?  Yes  No  
 B. Have you satisfied your RMD from the distributing plan?  Yes  No

**If A is "Yes" and B is "No," then the transferring company MUST make any RMD before transferring funds.**

**If this is an internal exchange of an existing \_\_\_\_\_ annuity,**

- C. Do you want your RMD before completing the exchange?  Yes  No  
 D. Do you want to continue your existing RMD Schedule?  Yes  No

**Note: If you request an RMD after the exchange is complete, any distribution in excess of any penalty-free withdrawal will be subject to the charges described in the contract.**

The Owner(s) hereby authorize the current financial institution to provide information necessary to complete the requested transfer to Heartland National Life Insurance Company.

Please liquidate and transfer the funds referenced above to Heartland National Life Insurance Company. I represent that my account/policy/contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. Heartland National Life Insurance Company is not responsible for any expense, tax effect or surrender charge that may result from of this transaction. I acknowledge that taxable income may arise if the Existing Contract has an outstanding loan or if any part of the cash surrender value does not become part of the New Contract. Unless required by law, please do not withhold any taxes from the proceeds.

**Certification and Signatures:** Under penalty of perjury, I certify that the Tax ID or Social Security Number furnished above is true and correct.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Joint Owner Signature (if any) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

**Acceptance by Administrative Office:** Heartland National Life Insurance Company acknowledges that an application has been received from the owner referenced above and will accept the funds as requested for the credit of the owner.

Contract Number: \_\_\_\_\_ Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_



**INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES**  
**Do Not Sign Unless You Have Read and Understand the Information in this Form**

Date: \_\_\_\_\_

**INSURANCE AGENT (PRODUCER) INFORMATION (“Me”, “I”, “My”)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business\Agency Name: \_\_\_\_\_ Website: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Producer Number in \_\_\_\_\_: \_\_\_\_\_  
(State)

**CUSTOMER INFORMATION (“You”, “Your”)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**What Types of Products Can I Sell You?**

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

- Fixed or Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non- insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificates of Deposits

**Whose Annuities Can I Sell to You?**

I am authorized to sell:

<input type="checkbox"/> Annuities from Only One (1) Insurer	<input type="checkbox"/> Annuities from Two or More Insurers
<input type="checkbox"/> Annuities from Two or More Insurers although I primarily sell annuities from: _____	

**How I'm Paid for My Work:**

It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

- Commission, which is usually paid by the insurance company or other sources. If other sources, describe: \_\_\_\_\_
- Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.
- Other (Describe): \_\_\_\_\_.

***If You have questions about the above compensation I will be paid for this transaction, please ask me.***

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Date