



BEST INTEREST ATTESTATION

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I recognize that I have an obligation to act in the best interest of consumers when making a recommendation to purchase an annuity. By executing this Attestation Form, I certify and attest to the following: (a) my recommendation to the consumer is in his/her best interest; (b) I did not place the financial interest of any person or entity ahead of the consumer; and (c) I satisfied my best interest obligations (care, disclosure, conflict of interest and documentation) as described below.

Care Obligation: Prior to making a recommendation, I used reasonable diligence, care and skill to (1) discover and understand the consumer's finances, insurance needs and financial objectives; (2) understand the recommendation options available to the consumer; and (3) have a reasonable basis to believe the recommendation made effectively addresses the consumer's finances, insurance needs and financial objectives over the life of the product, and that the consumer would benefit from the features of the product.

Actions Taken: Prior to making any recommendation, I collected and considered the consumer profile information, considered all the products I am authorized to sell that might address the consumer's finances, insurance needs and financial objectives, and I communicated the basis or bases of my recommendation to the consumer either orally or in writing. I have maintained a copy of the summary of the recommendation in my file.

Disclosure Obligation: Prior to making a recommendation, I provided the consumer a copy of the appropriate Producer Disclosure Form and explained each of the items on that form to the consumer and answered any questions. As part of the Producer Disclosure Form, I provided the notice of the consumer's right to request additional information about my compensation and provided any such requested information.

Actions Taken: Prior to making my recommendation, I provided to and reviewed with the consumer the Producer Disclosure Form and obtained the consumer's signature on the form.

Conflict of Interest Obligation: I have identified and avoided, or reasonably managed and disclosed material conflicts of interest that could influence my recommendation of the annuity to the consumer, including those material conflicts of interest that relate to an ownership or financial interest in connection with the sale of the annuity.

Actions Taken: Prior to making my recommendation, I considered any material conflicts of interest that could influence my recommendation and have either identified and avoided them or reasonably managed and disclosed them to the consumer.

Documentation Obligation: With respect to any recommendation or sale of an annuity, I have (1) made a written record of any recommendation and the basis or bases for that recommendation; and (2) obtained a consumer-signed statement documenting any refusal by the consumer to provide consumer profile information. I will maintain and make available upon request, records of the information I collected from the consumer, disclosures I made to the consumer and any other information I used in making a recommendation.

Actions Taken: At the time of any recommendation or sale, I have documented all recommendations that I made to the consumer and the basis or bases for those recommendations. I have retained a copy of all information collected from the consumer including the executed Producer Disclosure Form in my files.

As producer, by signing below, I acknowledge that I understand and have complied with the laws and regulations of the jurisdiction(s) in which I am licensed, including any laws and regulations applicable to the recommendation of an annuity. I understand that the requirements set forth above are my own obligations but may be reviewed by the Company.

Producer Name	Producer Signature	Date

As Applicant/Owner, by signing below, I acknowledge that my producer explained this Form with me and answered all of my questions to my satisfaction. Considering the whole transaction, I believe the proposed annuity (replacement or otherwise) provides a substantial financial benefit and will effectively address my financial situation, insurance needs and financial objectives over the life of the annuity.

Applicant/Owner Name	Applicant/Owner Signature	Date

Joint Owner Name	Joint Owner Signature	Date