

Liberty Bankers Life Insurance Company • PO Box 224, Brownwood, Texas 76804-0224 • 5750 County Road 225, Brownwood, Texas 76801 (Overnight)
 800-745-4927 • 866-505-9377 (Fax) • AnnuityCSR@life-insurers.com

All Sections of this form must be fully completed.

SECTION 1: PERSONAL INFORMATION

	Owner	Spouse (if any)
Full Name		
Current Age		
Gender		
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list number of dependents 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

a. Does your income cover all of your living and medical expenses?
☐ Yes
☐ No
If no, please explain:

b. Do you expect changes in your living expenses?
☐ Yes
☐ No
If yes, please explain:

c. Do you anticipate changes in your out-of-pocket medical expenses?
☐ Yes
☐ No
If yes, please explain:

d. 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:

e. Do you have an emergency fund for unexpected expenses?
☐ Yes
☐ No
If no, please explain :

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

- ☐ Stocks
 ☐ Bonds
 ☐ Mutual Funds
 ☐ Personal Business
☐ Options
 ☐ Real Estate
 ☐ Partnerships
 ☐ Other: _____

g. Please describe your risk tolerance:

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

SECTION 4: THIS PRODUCT PURCHASE

a. 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: _____

b. Do you plan to withdraw any portion of the funds in this product during the surrender charge period?

- ☐ Yes
 ☐ No
 If yes, please explain:

c. When do you anticipate needing access to these funds other than described above?

- ☐ 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

d. 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

a. 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)

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

_____ years

c. Is there a surrender charge on the existing product?

- ☐ Yes What is the current charge? _____%
 When will it expire? _____
☐ No

d. What type is the existing product?

- ☐ Life Insurance
 Annuity:
☐ Fixed
 ☐ Variable
 ☐ Equity Indexed

e. 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.

_____ %

f. If the existing product is a tax-qualified annuity, are you taking Required Minimum Distributions from it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Required Non-Qualified <input type="checkbox"/> Not Required due to age
g. If the existing product is an annuity, are you taking any other periodic distributions from the existing annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____

SECTION 6: OTHER

a. 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
 ☐ Other (please specify): _____

Why You are being asked to complete this form:

You're buying a financial product – an annuity. To recommend a product that effectively meets your needs, objectives and situation, your agent or broker needs information about you, your financial situation, your insurance needs and your financial objectives.

b. Please choose **One** of the following:

- ☐ You are buying an annuity recommended by your agent or broker.
☐ You understand that you are buying an annuity, but the agent, broker or company did NOT recommend that you buy it. If you are buying it without a recommendation, you understand that you may lose protections under the Insurance Code of your state.

c. Please choose **One** of the following so the insurance company better understands the information you have provided herein:

- ☐ You have REFUSED to provide your agent, broker, or the company with any information needed to decide if the annuity effectively meets your needs, objectives and situation. You may lose protections under the Insurance Code of your state if you sign this form or provide inaccurate information.
☐ You have provided your agent, broker, or the company with LIMITED information needed to decide if the annuity effectively meets your needs, objectives and situation. You may lose protections under the Insurance Code of your state if you sign this form or provide inaccurate information.
☐ You have provided your agent, broker, or the company with ALL the information needed to decide if the annuity effectively meets your needs, objectives and situation.

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

SECTION 7: INSURANCE AGENT (PRODUCER) (“Me”, “I”, “My”) INFORMATION & DISCLOSURE FOR ANNUITIES

My First Name: _____ My Last Name: _____

My Business/Agency Name: _____ My Website: _____

My Business Mailing Address: _____

My Business Telephone Number: _____ My Email Address: _____

My National Producer Number in Your State: _____

What Types of Products I Can Sell to 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.**

a. I offer the following products (Choose All that Apply):

☐ Fixed or Fixed Indexed Annuities ☐ Variable Annuities ☐ Life Insurance

b. I need a separate license to provide advice about or to sell non-insurance financial products. The non-insurance financial products that I am licensed and authorized to provide advice about or to sell are as follows (Choose All that Apply):

☐ Mutual Funds ☐ Stocks/Bonds ☐ Certificates of Deposits ☐ Not Applicable

c. Whose Annuities Can I Sell to You? I am authorized to sell (Choose One):

☐ Annuities from Only One (1) Insurer ☐ Annuities from Two or More Insurers ☐ Annuities from Two or More Insurers although I primarily sell annuities from: _____.

d. 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, and how I will be paid for your transaction, please ask me. Depending on the particular annuity you buy, I will or may be paid cash compensation as follows (Choose All that Apply):

☐ 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 (You).

☐ Salary / incentive agreement from my employer that is paid through their payroll system. My employer receives a commission from the annuity company.

☐ Other(Describe): _____

e. Indirect Compensation (Choose One):

☐ I do not receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation).

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

f. My Material Conflict of Interest in Your Transaction:

"Material conflict of interest" means I have a financial interest in the sale of Your annuity that a reasonable person would expect to influence the impartiality of my recommendation that I have not already disclosed to you above. (Choose One)

☐ I do **Not** have a material conflict of interest in your transaction.

☐ I **Do** have a material conflict of interest in your transaction as follows: _____

SECTION 8: OWNER'S ACKNOWLEDGMENT

Do Not Sign Unless All Sections of this Form Are Answered and You Have Read and Understand the Information in this Form.

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

- a. You 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 Signature

Date

Print Name

Spouse Signature, if Joint Owner

Date

Print Name**SECTION 9: AGENT'S (PRODUCER'S) ACKNOWLEDGMENT**

I certify that I have complied with my duty of care and disclosure regarding the proposed purchase. 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 six (6) years and make it available upon request to the Company or the insurance commissioner.

- a. 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.

If the application is for a qualified contract, for example an IRA, then I have attached a completed 84-24 PTE Form.

I certify that I have met the annuity training and continuing education requirements for the owner's state of residence listed on the application.

Agent (Producer's) Signature

Date

Print Name

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PTE 84-24 Compensation Disclosure and Acknowledgment Form

Agent Name: _____

Name of Owner: _____

Insurance Company Name and Product: _____

This disclosure form provides important information for the Fiduciary or IRA owner to consider prior to making the purchase of or adding additional payments to a tax-qualified insurance or annuity policy (“Policy”) issued by an insurance company. In that regard, the information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24 (“PTE 84-24”).

This form will describe the following:

- The relationship between the Agent and the insurance company;
- The compensation (commissions) the Agent will receive as a result of Your purchasing this Policy;
- A description of any charges, fees, discounts, penalties or adjustments that may be imposed in connection with the purchase, holding, exchange or sale of the Policy, and,
- A notice on certain conflicts of interest.

The Relationship Between the Agent and the Insurance Company

You will be purchasing the Policy through the Agent who is independent of the insurance company listed above and is under no contractual obligation to offer the above insurance company’s Policies. The Agent is licensed and appointed with a number of insurance companies and Policies of which he/she can represent. The Agent may not make any representations or accept any responsibilities on behalf of the insurance company that are not expressly contained in the Insurance Company’s Policy or Policies. The Agent may not waive or modify any terms of your Policy or Policies. The fact that the Agent may receive a commission for the sale can create a conflict of interest.

Compensation

The insurance company will pay commissions directly to the agent or an entity affiliated with the agent for the sale of this Policy to you. In addition, the insurance company may pay additional amounts to other third parties that are involved in the marketing, training, administration, wholesaling, supervision of the Agent, or issuance of the Policy. These parties may also allocate a portion of such amounts to the Agent. The commissions are paid by the insurance company and one-hundred percent of your premium payment will be credited to the accumulation value of your Policy.

The commission the Insurance Company pays for the sale of this Policy is _____ percentage of gross annual premium in the first year and _____ in subsequent years the Policy is active.

Acknowledgment/Approval

I acknowledge receipt of the information contained in this disclosure for the qualified purchase referenced above. I approve the purchase of the policy as well as the compensation and other charges disclosed for that contract.

Contract Owner: _____

Date: _____