

The Manhattan Life Insurance Company

Since 1850, one of the early pioneers in the life insurance business.



THE MANHATTAN LIFE
INSURANCE COMPANY SM

New Business Administration Application Instructions

- ◆ **Interest Rate Change Requirements** - This document explains our policy regarding the requirements when interest rates change.
- ◆ **Single Premium Deferred Annuity Individual Application** (*becomes part of the Contract*)
- ◆ **Beneficiary Designation** (*becomes part of the Contract*) - Use this form if you have more beneficiaries than will fit on the application. If you do use this form, please add a note in Additional Notes on the Application.
- ◆ **Annuity Suitability Analysis** - This form is designed to fit the requirements of the NAIC Suitability in Annuity Transactions Model Regulation by requesting specific information relating to your client's personal financial situation. This will also help you guide them to the best products to meet their financial needs and goals.
- ◆ **Deferred Annuity Disclosure** - This Disclosure is a brief summary of the Contract provisions. The Disclosure is required to be read and signed by all parties. A copy needs to be left with the client and the original submitted with the application to the Annuity Operations Office.
- ◆ **Buyer's Guide to Fixed Deferred Annuities** - This publication is required to be left with the applicant.
- ◆ **Annuity Income Payment Request** - If the applicant chooses to receive income payments, or continue them from an internally transferred contract, appropriately complete and return this form with the application.
- ◆ **Request for Non-Qualified Fund Transfer/1035 Exchange** - This form is only required if requesting Non-Qualified funds for this application.
- ◆ **Request for Qualified Transfer/Rollover/Conversion** - This form is only required if requesting Qualified funds for this application.
- ◆ **Notice to Applicants Regarding Replacement of Annuity/Life Insurance** - If this transaction is changing or replacing another annuity contract or life insurance policy, an applicable state replacement form is required for residents in those states to complete the transaction.

IMPORTANT REMINDERS:

- We **DO NOT** accept any electronically submitted application paperwork.
- All forms must be fully completed, including all required signatures.
- Changes and/or corrections to any form must be initialed by the applicant.
- Incomplete paperwork and/or missing requirements may delay processing and/or commissions.

The Manhattan Life Insurance Company

Annuity Operations Office

Direct Mail:
PO Box 2290
Spokane WA 99210-2217

Overnight/FedEx:
929 W Sprague Ave
Spokane WA 99201

Toll Free: 800.247.2045
Phone: 509.835.2500
Fax: 509.835.3191
E-mail:
AnnuityServices@wula.com
Website: www.wula.com

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New Business Administration Interest Rate Change Requirements

↓ INTEREST RATE DECREASE

If the Company declares an Initial Interest Rate less than the previously declared rate, the following requirements must be met in order to hold the higher rate. **NOTE: If all requirements are not met, the contract will be issued with the new, lower rate.**

- ◆ **Applications Received With All Funds (check)** - and all required application paperwork is fully *completed, signed*, and received by the Annuity Operations Office according to the ***Post Mark Requirements**.
- ◆ **Applications Requiring Exchange/Transfer/Rollover Funds** -
 - ◇ **60 Day Hold** - The higher rate will be held for 60 days from the date the application is received at the Annuity Operations Office if all of the following requirements are met:
 - All required Application paperwork - must be fully *completed, signed*, and meet the ***Post Mark Requirements**.
 - Expected funds from transfer/exchange - The Company must request the expected funds from the other company. This requires **completed** and **signed** Non-Qualified/Qualified transfer and applicable replacement forms to accompany the annuity application.
 - Expected funds from a qualified retirement plan - The Company must receive copies of all of the required paperwork from the retirement plan administrator with the annuity application.
 - Funds must be received at the Company's Annuity Operations Office 60 days from the application received date.
- ◆ **Applications Received Without Expected Funds** -
 - ◇ **30 Day Hold** - The higher rate will be held for 30 days from the date the application is received at the Annuity Operations Office if all of the following requirements are met:
 - All required Application paperwork - must be fully *completed, signed*, and meet the ***Post Mark Requirements**.
 - The paperwork must indicate where funds will be coming from and an approximate time of when they will be received.
 - Funds must be received at the Company's Annuity Operations Office 30 days from the application received date.

*POST MARK REQUIREMENTS -

1. Application paperwork received within 5 business days after the New Rate Effective Date, with an envelope clearly showing a post mark prior to the New Rate Effective Date will hold the higher rate.
2. Application paperwork received more than 1 business day after the New Rate Effective Date with no post mark or otherwise overwritten post mark will not hold the higher rate.
3. **Completed** and **signed** application paperwork will only be accepted by fax or email if received before the New Rate Effective Date, and the originals are overnighted and received no later than 3 business days after the New Rate Effective Date.
 - α. **NOTE:** Electronically submitted application paperwork will not be set up on the system until the original paperwork has been received in the Annuity Operations Office. Please mark this paperwork as Original.

↑ INTEREST RATE INCREASE

If The Company declares an Initial Interest Rate higher than the rate you had written an annuity application for, The Company will allow your client to receive the newly declared higher rate if the following requirements are met: **NOTE: If these requirements are not met, the contract will be issued with the rate in effect at the time the funds were received.**

- ◆ The contract has not been issued for more than 30 days.
- ◆ No withdrawal has occurred during the 30 days after issue.
- ◆ Client acknowledges, in writing, that they understand there will be a loss of interest between the date we received the funds and the effective date of the newly declared higher rate.
- ◆ All required paperwork is fully *completed and signed* and in the Annuity Operations Office on the effective date of the newly declared rate.

The Manhattan Life
Insurance Company

Annuity Operations Office
Direct Mail:
PO Box 2290
Spokane WA 99210-2217

Overnight/FedEx:
929 W Sprague Ave
Spokane WA 99201

Toll Free: 800.247.2045
Phone: 509.835.2500
Fax: 509.835.3191
E-mail:
AnnuityServices@wula.com
Website: www.wula.com



1. PRODUCT NAME AND FORM NUMBER

Preferred Choice 3 – ICC14-MLPRF3
 Preferred Choice 6 – ICC14-MLPRF6
 Principal Preferred 5 – ICC15-MLPRN5
 Preferred Choice 5 – ICC14-MLPRF5
 Preferred Choice 7 – ICC14-MLPRF7
 Principal Preferred 7 – ICC15-MLPRN7

2. CONTRACT QUALIFIER

Non-Qualified Other Qualified _____
 IRA Roth IRA SEP IRA Simple IRA Contribution Tax Year _____

3. PREMIUMS (MIN \$3K/ MAX 1MM)

Attached with Application	Expected Exchange/Transfer/Rollover	Total Amount
<input type="checkbox"/> New Money	<input type="checkbox"/> Fund Transfer/1035 Exchange (attach NQA Transfer form)	<input type="checkbox"/> Transfer/Rollover/Conversion (attach QA Transfer form)

4. ANNUITANT (SINGLE ANNUITANT, UNLESS 1035 EXCHANGE WHERE JOINT-ANNUITANTS ARE IN PLACE.)

Annuitant Full Name	SSN/Tax ID	Date of Birth	Actual Age
Address	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Postal Code	Email	Area + Phone No	

5. OWNERSHIP (THE ANNUITANT IS CONSIDERED THE PRIMARY OWNER UNLESS OTHERWISE DESIGNATED HERE.)

Owner Full Name	<input type="checkbox"/> Primary Owner (if not the Annuitant), or <input type="checkbox"/> Joint Owner (Annuitant is Primary Owner)		
Address	SSN/Tax ID	Birth/Trust Date	Gender <input type="checkbox"/> N/A <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Postal Code	Email	Area + Phone No	
<input type="checkbox"/> Contingent Owner (if applicable)	SSN/Tax ID	Birth/Trust Date	Gender <input type="checkbox"/> N/A <input type="checkbox"/> Male <input type="checkbox"/> Female

6. ANNUITANT'S BENEFICIARY DESIGNATION (REQUIRED INFORMATION AS SET FORTH IN THE USA PATRIOT ACT)

Primary Beneficiary(ies) If more room is needed, attach a Beneficiary Designation Form and note it in #7.

Full Legal Name (Include Title if Applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent
Address	City, State, Postal Code			
Full Legal Name (Include Title if Applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent
Address	City, State, Postal Code			

Contingent Beneficiary(ies)

Full Legal Name (Include Title if Applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent
Address	City, State, Postal Code			
Full Legal Name (Include Title if Applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent
Address	City, State, Postal Code			

7. ADDITIONAL NOTES (ANY ADDITIONAL PAPERWORK ADDED MUST BE SIGNED AND DATED.)

8. NOTICES AND DISCLOSURES

IMPORTANT REMINDERS:

- ◆ The Company only accepts original applications in paper form. Electronic or telephonic versions are not acceptable.
- ◆ Completion of all forms including all signatures is required.
- ◆ The applicants must initial any changes and/or corrections.
- ◆ Incomplete paperwork and/or missing requirements may delay processing and/or commissions.

DEFINITIONS – I understand:

- ◆ **The Company** – refers to The Manhattan Life Insurance Company.
- ◆ **I/we, me/my** – refers to all of the Owner(s) of the annuity contract being applied for; except in #12 where they refer to the Insurance Producer(s).
- ◆ **The Contract** – refers to this application, any application supplements, all attachments, including any amendments, riders or endorsements, and the annuity contract being applied for as the entire Contract between the parties. The Company deems that all statements made by the Annuitant, or on his or her behalf, are representations and not warranties. A copy of this application is part of the Contract. Only an officer of the Company may modify the Contract or waive any of the Company’s rights or requirements. Any modification or waiver must be in writing.

RIGHT TO EXAMINE THE CONTRACT - I/we understand that I/we have 30 days to examine this Contract. A summary of guaranteed and non-guaranteed values including settlement options based on the single premium paid will be attached with the annuity contract. I/we will review the annuity contract and the summary of values carefully. Within thirty (30) days after receipt of the annuity contract if I am not satisfied with it for any reason, I may return it with a written request to a) the Company, or b) the insurance producer who sold it to me, for a full refund of the premium paid. The Company will void the Contract and refund the full premium paid less any Partial Surrenders upon receipt of the request.

IF THE ANNUITY CONTRACT IS PURCHASED THROUGH A BANK OR CREDIT UNION – I/we understand that the Contract:

- ◆ Is not a Certificate of Deposit (CD),
- ◆ Is not insured by an agency or instrumentality of the United States, such as the Federal Deposit Insurance Corporation (FDIC),
- ◆ Is not an obligation of, or guaranteed by, a Bank or Credit Union, and
- ◆ Is not insured by the Securities Investors Protection Corporation (SIPC) as to loss of principal.

FRAUD NOTICE – I/we understand:
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.

PRIVACY STATEMENT – I/we understand that the Company may collect personal information about me and others I/we have identified in this application to process my request for an annuity contract with the Company. I/we further understand that the following Privacy Notice is given on behalf of the Company and it describes the general policy of the Company regarding the personal information of customers.

Personal Information Collected All of the information the Company collects is referred to in this Privacy Statement as “Information” and includes:

- ◆ Information from me on application, such as name, address, social security number, salary, assets, liabilities, and beneficiaries,
- ◆ Information that the Company obtains through its insurance producers and brokers,
- ◆ Information regarding my business with the Company, such as my premiums, and
- ◆ Information from consumer reporting agencies such as credit history.

Information Security The Company restricts access to Information in its possession to individuals who need it to work on my/our account. The Company maintains physical, electronic, and procedural safeguards that comply with federal regulation to guard my/our information.

Information the Company Shares Except as allowed or required by law, the Company does not disclose information about customers or former customers to third parties.

If my/our account has more than one name on it, the Company will send only one notice to the address it has on file for me. I/we may submit a written request for the Company to provide each person named on the account with a separate Privacy Notice. The request must be sent to the Company at the address below and include my/our annuity contract number, if I have it.

Manhattan Insurance Group, Attention Customer Privacy Inquiries, 10777 Northwest Freeway, Houston TX 77092

INCOMPLETE WITHOUT – ALL PAGES, OWNER INITIALED CHANGES AND ALL SIGNATURES



9. OWNER AGREEMENTS AND DECLARATIONS (EACH QUESTION REQUIRES AN ANSWER.)

- ♦ I/we have read this application and all statements and answers as they pertain to me/us, and these statements and answers are true and complete to the best of my/our knowledge and belief;
- ♦ I/we understand that the statements made in this application are the basis for any annuity contract issued by the Company, and that no information about me/us will be considered to have been given to the Company unless it is stated in this application;
- ♦ I/we understand that my/our insurance producer does not have the Company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, contract or receipt, as applicable;
- ♦ I/we understand that the Company will have no liability until:
 - The Contract is issued on this application and delivered to and accepted by the me/us, and
 - The first premium due is paid in full while each proposed owner and annuitant is alive.
- ♦ By signing this application I also declare the following:

- A. Yes No To the best of your knowledge, do you currently have any other annuity contracts or life insurance policies in force?
- B. Yes No To the best of your knowledge, will this Contract change or replace an existing annuity contract or life insurance policy currently in force?
- C. Yes No Have you read, signed, and received a copy of the applicable Product Disclosure and a Buyer's Guide to Fixed Deferred Annuities as requested?
- D. Yes No Do you understand and acknowledge that The Manhattan Life Insurance Company does not offer legal, financial, tax, investment or estate-planning advice? Have you had the opportunity to seek such advice from the proper sources before purchasing this annuity?
Do you agree that the purchase of this annuity is appropriate to your particular legal, financial, tax, investment, estate-planning goals and other circumstances?

10. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Consider this my substitute W-9 Certification. I/we understand that failure to furnish my/our correct TIN (taxpayer identification number), may result in a \$50 penalty for each failure, imposed by the Internal Revenue Service (IRS); in addition, 28% of my/our taxable distribution will be withheld and sent to the IRS.

Certification – Under penalties of perjury, I certify by signing below that:

- 1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me), and
- 2) I am not subject to backup withholding because:
 - a) I am exempt from backup withholding, or
 - b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or
 - c) The IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. person or other U.S. person.

Certification Instructions – You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

ALL SIGNATURES ARE REQUIRED INCLUDING TITLES IF APPLICABLE

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner Signature	Date	*Signed at (City, State, Country)
Joint Owner Signature (if applicable)	Date	*Signed at (City, State, Country)

Owner is signing as Self Trustee (Attach a copy of the Trust) Attorney in Fact (Attach a copy of Power of Attorney form)
 Other _____

***The Annuity Contract will be issued according to the Primary Owner's resident state.**

11. INSURANCE PRODUCER AGREEMENTS AND DECLARATIONS (EACH QUESTION REQUIRES AN ANSWER.)

I/we declare that this application was accurately completed with the information provided to me by the Owner(s). Upon completion, the application was signed and dated by the same Owner(s). By signing this application I also certify the following:

A. Yes No To the best of your knowledge, does the Applicant(s) currently have other annuity contracts or life insurance policies in force?
 If Yes, has the applicable replacement form been completed, signed and attached for Owner resident states that have adopted the NAIC Replacement Model regulation?
 Have you left copies of all sales materials used in the presentation and certify that this sale is not in conflict with the Company's policy and guidelines with respect to the acceptability of replacement?

B. Yes No To the best of your knowledge, will this Contract change or replace an existing annuity contract or life insurance policy currently in force? If Yes, and where applicable, has the state replacement form been completed, signed and attached?

NOTE: Unless otherwise noted on the applicable replacement form, the original must be left with the Owner(s) and a copy submitted with this application to the Annuity Operations Office.

C. Yes No Have you reviewed, completed with the Owner, signed and left a copy of the applicable Product Disclosure and a Buyer's Guide to Fixed Deferred Annuities as requested and/or required?

D. Yes No Have you completed the Annuity Suitability Analysis with the Owner; attached the original with this application and left copies with the client and kept copies for your records?

E. Yes No Have you verified the identity of the Owner(s), via an acceptable* form of original photo identification as required by the USA Patriot Act? (For joint ownership, have both Owner(s) been verified as required?)
 *Acceptable being a valid Driver's License, Government Issued Photo ID, or a valid Passport.

ALL SIGNATURES ARE REQUIRED

Insurance Producer Signature	Date	*Signed at (City, State, Country)
Insurance Producer Signature	Date	*Signed at (City, State, Country)

***The Annuity Contract will be issued according to the Primary Owner's resident state.**

12. INSURANCE PRODUCER INFORMATION (PLEASE PRINT OR TYPE)

1. Full Legal Name	Producer ID	State License No
Business or Institution Name	Profile #	Share %
2. Full Legal Name	Producer ID	State License No
Business or Institution Name	Profile #	Share %
3. Full Legal Name	Producer ID	State License No
Business or Institution Name	Profile #	Share %

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

SUBMIT COMPLETED FORMS TO THE ANNUITY OPERATIONS OFFICE:

929 W Sprague Ave • PO Box 2290 • Spokane WA 99210-2217
 509.835.2500 • 800.247.2045 • Fax 509.835.3192 • AnnuityServices@wula.com





APPLICATION PREMIUM RECEIPT

MAKE CHECKS PAYABLE TO:

THE MANHATTAN LIFE INSURANCE COMPANY

RECEIVED from _____ of _____

Cash in the amount of _____, same being the total first purchase payment on the application to The Manhattan Life Insurance Company (the Company) for an annuity contract applied for by

The above is received and this receipt issued subject to all of the terms and conditions of said application and if said application is not approved by the Company, the above deposit will be returned upon surrender of this receipt.

This receipt will not be valid unless countersigned by a duly authorized producer of the Company and without any change or erasure in this printed form.

Signed at (City, State) This Day of Year

Producer Signature Producer Signature *(if applicable)*



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PLEASE TYPE, OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

This form is **ONLY** to be used, as the Beneficiary Designation on a New Application.
If used, note on the Application that this form is being used and send it in with the Application.

*****BENEFICIARY NAME, ADDRESS, RELATIONSHIP AND BIRTH/TRUST DATE ARE REQUIRED*****

ANNUITANT INFORMATION					
Annuitant Name		Applicant/Owner Name		Application Date	
PRIMARY BENEFICIARY INFORMATION (IF A TRUST, THE DATE OF THE TRUST IS REQUIRED) Do NOT NAME TRUSTEES					
1. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent	%
Address		City, State, Zip Code			
2. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent	%
Address		City, State, Zip Code			
3. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent	%
Address		City, State, Zip Code			
4. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent	%
Address		City, State, Zip Code			
CONTINGENT BENEFICIARY INFORMATION (IF A TRUST, THE DATE OF THE TRUST IS REQUIRED) Do NOT NAME TRUSTEES					
1. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent	%
Address		City, State, Zip Code			
2. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent	%
Address		City, State, Zip Code			
3. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent	%
Address		City, State, Zip Code			
4. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent	%
Address		City, State, Zip Code			
REQUIRED SIGNATURES					
Applicant/Owner Signature				Date	
Joint Applicant/Owner Signature (if applicable)				Date	
Signature of Spouse (if community property state)				Date	

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

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PLEASE TYPE, OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

Thank you for looking to our Company for your annuity needs. It's important to us that you are reasonably satisfied that the annuity product you are choosing meets your financial needs and goals. By completing this form with your producer and submitting it with the rest of the application paperwork, we hope that you will have a clear picture of the annuity product you have chosen and that it will fit your financial objectives.

A. APPLICATION INFORMATION (MUST MATCH THE ATTACHED ANNUITY APPLICATION)	
Product Name	Total Premium Amount
B. OWNER INFORMATION	
Owner's Full Name	Joint Owner's Full Name (if applicable)
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired <input type="checkbox"/> N/A	Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired <input type="checkbox"/> N/A
<ul style="list-style-type: none"> "Household" means the Owner and spouse/partner, if a member of the Owner's household. If Joint Owners are not part of the same household, a separate Suitability Analysis form is needed for each. For non-individually owned contracts, complete this form using the entity's information. (If either Owner is a Trust, we will also need a copy of the Trust.) 	
C. NEW AND EXISTING ACCOUNT INFORMATION	
1. If the new annuity product selected is a single premium immediate annuity with a life contingency and a guaranteed period certain, do the break-even years exceed the guaranteed period certain? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No a) If Yes, the following statement must be acknowledged: I understand that if the Annuitant dies before the break-even years, the total single premium paid will not be fully recovered. (NOTE: A contract summary can be requested.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What is the source of this annuity's purchase premium? (check all that apply) <input type="checkbox"/> Another Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Death benefit proceeds from annuity / life insurance <input type="checkbox"/> Checking/Savings <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Stocks/Bonds/Mutual Funds <input type="checkbox"/> Reverse Mortgage/Home Equity Loan <input type="checkbox"/> Other: _____	
3. Excluding this transaction, have you replaced any other annuity contracts within the last 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If Yes, explain (excluding this transaction) including reason for replacement, whether it was a full or partial surrender, and the amount of any surrender charges (Add additional pages if necessary): b) Is the producer assisting you with this transaction the same one who replaced other annuity contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Does the source of this annuity's purchase premium change or replace a current annuity contract or life insurance policy ? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If Yes, the Replacement Information is required to be completed for each contract/policy being replaced.	

ALL PAGES ARE REQUIRED

ANNUITY SUITABILITY ANALYSIS

You may duplicate this page as needed.

REPLACEMENT INFORMATION (COMPLETE AS OF THE TIME OF REPLACEMENT)		
	Existing Policy/Contract #1	Existing Policy/Contract #2
5. Company Name		
6. Product Type (<i>Annuity / Life</i>)	<input type="checkbox"/> Fixed <input type="checkbox"/> Life <input type="checkbox"/> Variable <input type="checkbox"/> Indexed	<input type="checkbox"/> Fixed <input type="checkbox"/> Life <input type="checkbox"/> Variable <input type="checkbox"/> Indexed
7. How long in force?		
8. Rate of Return/Interest Rate		
9. Is the existing interest rate the same or higher than the proposed annuity contract rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If Yes, explain:		
10. Surrender Type	<input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> Partial <input type="checkbox"/> Full
11. Surrender Value Amount (+/- MVA** if applicable)	\$	\$
<i>**Market Value Adjustments can fluctuate during the time it takes to process an application and may impact the Surrender Value Amount.</i>		
12. Charges or other fees	\$	\$
13. Amount of Death Benefit	\$	\$
14. If this annuity is changing or replacing a VARIABLE annuity contract or life insurance policy, will the Death Benefit Amount shown above be lost?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Will this cause a taxable event?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, taxable amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, taxable amount _____
16. Additional Replacement Notes:		
17. I/we have reviewed all elements of the replacement(s) or exchange(s) with my/our insurance producer, including surrender charges, and the potential loss of other benefits. I/we, believe this transaction is suitable for my/our financial needs and goals and more advantageous than my/our existing product(s).		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

ALL PAGES ARE REQUIRED

ANNUITY SUITABILITY ANALYSIS

IMPORTANT NOTICE TO OWNER(S):

Financial information is necessary for your producer to help you make the most informed suitability decisions. Please complete the following financial sections as completely as possible.

Your privacy is extremely important to us. The information you provide is confidential. It will not be shared and will only be used to confirm the suitability of your annuity purchase.

D. FINANCIAL EXPERIENCE (PAST AND/OR PRESENT)

1. How many years of investment experience do you have?

0 – 3 years

4 – 6 years

7 – 10 years

More than 10 years

2. What is your general risk tolerance; ie, willingness to accept volatility with the funds?

Conservative

Moderate

Aggressive

3. What financial products do you own or have you previously owned? (check all that apply)

Fixed Annuities

Life Insurance

Stocks/Bonds/Mutual Funds

Variable Annuities

Certificate of Deposit (CD)

Other: _____

4. Why are you considering purchasing this annuity? (check all that apply)

Immediate Income

Lifetime Income

Safety

Death Benefits

Tax-deferred Growth

Growth Potential

Other: _____

5. Do you have a reverse mortgage on your primary residence?..... Yes No

E. FINANCIAL OBJECTIVES

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

2. Do you anticipate needing income from this annuity greater than the amounts that can be accessed without surrender charges during the surrender charge period?..... Yes No

3. Do you anticipate taking distributions from this annuity?..... Yes No

a) **If Yes, check all that apply:**

Annuitization

Interest Only

Partial Surrender (incl. "Free" amount available)

Single Sum

Required Minimum Distribution (RMD) (Qualified Only)

Other: _____

ALL PAGES ARE REQUIRED

ANNUITY SUITABILITY ANALYSIS

F. FINANCIAL INFORMATION

Income and Expenses

1. What is your combined State and Federal household income tax bracket?
 Under 15% 15% - 28% Over 28%

2. Gross monthly household income Approximately \$ _____
 - **DO NOT INCLUDE** – income currently earned on the money that will be used to purchase this annuity
 - **INCLUDE** – but not limited to salary, Social Security payments, pension/retirement benefits, investment and/or rental income.

3. Monthly household living expenses Approximately \$ _____
 - **INCLUDE** – but not limited to housing, transportation, insurance, food, healthcare, and taxes (include property, income, and FICA taxes)

4. Disposable monthly income **(#2 minus #3)** \$ _____

5. After the purchase of this annuity, will you have enough income to meet or exceed your monthly expenses? Yes No
 a) **If No, explain:**

6. Do you anticipate any significant increase in living expenses or decrease in your household's monthly income during the surrender charge period? Yes No
 a) **If Yes, explain:**

Net Worth and Liquid Assets

(Do not include primary residence, personal belongings, or personal property such as jewelry, furnishings, vehicles, etc.)

7. Total value of household assets Approximately \$ _____
 - **INCLUDE** – but not limited to checking/savings and/or money accounts, bank CDs, securities, annuities, retirement account balances, real estate (exclude primary residence), value of business ownership, etc.

8. Household debt Approximately \$ _____
 - Total debt does not include mortgage(s) or debt owned on the primary residence

9. Household net worth **(#7 minus #8)** \$ _____

10. Total value of household ***LIQUID ASSETS** Approximately \$ _____
*LIQUID ASSETS are those that can be easily converted to cash without penalty.
 - **DO NOT INCLUDE** – liquid assets used to fund this annuity
 - **INCLUDE** – checking/savings accounts, securities (including mutual funds without deferred sales charges and money market accounts), current-year free withdrawals from annuities (other than this one being purchased), etc.

11. Do you anticipate any significant changes in household liquid assets or net worth during the surrender charge period? Yes No
 a) **If Yes, please explain the anticipated changes. If possible, include when you anticipate the changes to occur and the approximate amount of the changes in income, living expenses or liquid assets:**

ALL PAGES ARE REQUIRED

ANNUITY SUITABILITY ANALYSIS

G. OWNER(S) ACKNOWLEDGMENTS AND DECLARATIONS *(I, WE, MY, OUR)*

By signing below, I hereby acknowledge that I have reviewed the applicable Product Disclosure with my producer, I understand the costs and features of the annuity product I am purchasing, and I have signed, and received a copy of it. I further acknowledge that neither the Company, nor its insurance producers, provide legal or tax advice. I have been advised to consult my personal tax advisor or attorney with any specific questions or concerns.

(Check only one option)

- I have reviewed and completed this entire Suitability Analysis form to the best of my knowledge, with my producer, and we have determined that the purchase of this annuity product is suitable to meet my financial needs and objectives.
- I have chosen not to answer some or all of "**Section F – Financial Information**" of this form; however, I feel this annuity product is suitable to meet my financial needs. I understand that by not disclosing this information my producer may not be able to determine proper suitability and the Company may decline my application for annuity. I further understand that I will receive a letter of verification from the Company to make sure I have chosen to continue with this application for annuity purchase without my producer's recommendation.

IF MORE THAN ONE APPLICANT/OWNER, ALL SIGNATURES ARE REQUIRED

Applicant/Owner Signature	Applicant/Owner Printed Name	Date
Joint Applicant/Owner Signature <i>(if applicable)</i>	Joint Applicant/Owner Printed Name	Date
Owner is signing as: <input type="checkbox"/> Self <input type="checkbox"/> Attorney in Fact <i>(Attach a copy of Power of Attorney form)</i> <input type="checkbox"/> Trustee <i>(Attach a copy of the Trust)</i> <input type="checkbox"/> Other: _____		

H. INSURANCE PRODUCER(S) ACKNOWLEDGMENTS AND DECLARATIONS *(I, WE, MY, OUR)*

I acknowledge that I have made a reasonable effort to obtain the information from the Owner(s) to complete this Suitability Analysis form.

I agree to maintain and make available upon request to the Company or other regulatory authority, my records of the information collected and/or other documentation used as the basis for this annuity product recommendation or non-recommendation for as long as required by either the Company or longer if required by applicable law.

(Check only one option)

- It is my belief that based on the information given to me by the Owner(s), and all the circumstances known to me at the time the recommendation was made, that the purchase/exchange and/or replacement of an existing annuity contract or life insurance policy is suitable for the Owner(s)' financial needs and objectives.
- The Owner(s) has chosen not to answer some or all of the "**Financial...**" sections of this form, but to go ahead with the purchase of this annuity product anyway. Without the financial information, I am unable to recommend that this annuity purchase/exchange and/or replacement is suitable for their financial needs and objectives. I further understand that the Company will send a letter of verification to the Owner(s) to make sure they have chosen to continue with this application for annuity purchase without my recommendation.

IF MORE THAN ONE PRODUCER, ALL SIGNATURES ARE REQUIRED

Producer Signature	Producer Printed Name	Date
Producer Signature <i>(if applicable)</i>	Producer Printed Name	Date

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

SUBMIT COMPLETED FORMS TO THE ANNUITY OPERATIONS OFFICE:

929 W Sprague Ave • PO Box 2290 • Spokane WA 99210-2217
 509.835.2500 • 800.247.2045 • Fax 509.835.3192 • AnnuityServices@wula.com

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PLEASE TYPE, OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

This disclosure reviews important points to think about before you, the Owner(s) of the contract, purchase an annuity from The Manhattan Life Insurance Company (we/us/our). This summary document is not part of your Annuity Contract. You should refer to your Contract for complete details.

This is a **single premium deferred** annuity, which means you purchase it with a single premium payment. It is a **fixed deferred** annuity, which means a guaranteed interest rate is earned during the accumulation phase and annuity payments are deferred until the Maturity Date or upon Annuitization. Your annuity's earnings are not subject to income taxes until the funds are paid out.

There are no set-up charges or administrative expense charges for purchasing this annuity. 100% of the premium you pay accumulates interest from the Annuity Date, which is the date of issue.

The main purpose of a deferred annuity is to save money for retirement and to receive retirement income for life. It is not meant to be used to meet short-term financial goals. You may pay a fee if you take out money before the end of a time period specified by the contract. You may also pay a tax penalty in addition to taxes due on earnings if you withdraw money before age 59½.

You may contact your insurance producer or our Annuity Operations Office at 800.247.2045 if you have any questions.

ANNUITY CONTRACT SPECIFICATIONS

- Preferred Choice 3 – ICC14-MLPRF3
- Preferred Choice 5 – ICC14-MLPRF5
- Preferred Choice 6 – ICC14-MLPRF6
- Preferred Choice 7 – ICC14-MLPRF7

Initial Interest Rate Guarantee Period
_____ % _____ Years

I/we understand that until my/our Contract is issued, this rate is subject to change without notice.

The Guaranteed Minimum Interest Rate, after the Guarantee Period will never be less than 1%.

- Qualified or Non-Qualified Annuity

DEFINITIONS

Annuitant – The person you named on the application and shown in the Contract Specifications. Annuity Payments are paid to the Annuitant subject to the terms of the contract. The Annuitant is the measuring life of the contract.

Beneficiary - The person(s) you named on the application who will receive the benefits when the Annuitant dies, as described in Death of Annuitant in the Contract, unless changed by the Owner.

Owner - The Owner is the primary Owner and any Joint Owner. The person you listed as the primary Owner on the application is also the Annuitant of the Contract, unless otherwise stated.

HOW WILL THE VALUE OF MY ANNUITY GROW?

Your annuity earns tax-deferred interest at a guaranteed minimum rate for a guaranteed period.

When you purchase your annuity, you choose a guaranteed period of 3, 5, 6, or 7 years. The guaranteed rate depends on the guarantee period you choose and current market interest rates. Interest is credited to your Annuity Value daily. Interest accrued and unpaid is compounded annually. If you take any Partial Surrenders (withdrawals), during the contract year, it will reduce the value of your annuity and the interest earned due to an interruption of interest compounding.

All interest rates quoted in your annuity Contract are on an effective annual yield basis.

The Annuity Value of your annuity at any time is the single premium paid, plus interest, less any partial surrenders and/or expense charges, if applicable or subtracted. The Annuity Value is used to determine the annuity payout.

HOW DO I GET INCOME (PAYOUTS) FROM MY ANNUITY?

During the Annuitant's lifetime, upon the Contract Maturity Date, or when elected by the Owner, the value of your Contract may be applied towards one of the following Settlement Options:

- **Single Life Annuity:** Guarantees income for the lifetime of the Annuitant.
- **Life Annuity with Payments Certain:** Guarantees income for the greater of the Annuitant's lifetime or the "period certain" (usually 10 or 20 years). If the Annuitant dies within the period certain, it pays income to the Beneficiary for the rest of the period.
- **Life Annuity with Installment Refund:** Guarantees income for the lifetime of the Annuitant. If the Annuitant dies before receiving payments equal to the original Single Premium, the payments will continue to the Beneficiary for the rest of the installment period.
- **Joint and Last Survivor Life:** Guarantees income throughout the lifetime of both Annuitants. If the first

ALL PAGES ARE REQUIRED

PREFERRED CHOICE SPDA DISCLOSURE

Annuitant dies, the payments will continue until the death of the last surviving Annuitant.

- **Life Expectancy:** Guarantees income for a number of years, no later than the anniversary prior to the Annuitant's 105th birthday. If the Annuitant dies prior to the designated number of years, the payments will continue to the Beneficiary for the rest of the period.
- **Payments for a Designated Period:** Guarantees income for a fixed period you select between 5 and 30 years. If the Annuitant dies prior to the designated number of years, the payments will continue to the Beneficiary for the rest of the period.
- **Interest Income:** Guarantees interest payments for a selected period not to exceed 30 years, with the single sum balance paid at the end of the selected period. If the Annuitant dies prior to the designated period, the remaining balance is paid to the Beneficiary in a single sum payout.
- **Single sum:** one single sum payout.

If, on the Maturity Date, you have not chosen a Settlement Option, we will apply the Annuity Value of your Contract to provide a Life Income with 10 years certain.

Once settlement payouts begin (Settlement Date), you cannot surrender (cancel) your annuity Contract.

WHAT HAPPENS IF I TAKE OUT SOME OR ALL OF THE MONEY FROM MY ANNUITY?

You may take money out of your annuity any time before the settlement date. You may withdraw all (Full Surrender) or part (Partial Surrender) of the annuity's value. Partial surrender requests must be at least \$250 or the Maximum Free Partial Surrender Amount (penalty free amount), and at least \$500 must remain in the annuity Contract to keep it open. You may request partial surrenders without penalty provided you do not exceed the Maximum Free Partial Surrender Amount of, a) accumulated interest or Required Minimum Distribution (RMD) for the Preferred Choice 3, or b) 15% per calendar year for the Preferred Choice 5, 6 and 7.

Partial or full surrender requests that exceed the penalty free amount are subject to Surrender Charges as follows:

Contract Year	1	2	3	4	5	6	7	8+
Preferred 3	6%	5%	4%	0	0	0	0	0
Preferred 5	8%	7%	6%	5%	4%	0	0	0
Preferred 6	8%	7%	6%	5%	4%	3%	0	0
Preferred 7	8%	7%	6%	5%	4%	3%	2%	0

Example: If you withdraw \$5,000 more than your penalty free amount from your Preferred Choice 5 annuity in the third Contract Year, your surrender charge is \$5,000 X .06 = \$300.

If you surrender your annuity Contract before the end of the Surrender Charge period, you may *not* receive your original premium back due to the surrender charges.

You may request a partial or full surrender of your annuity Contract at any time by contacting your insurance producer or our office to request a Distribution Request form be sent to you.

WHAT HAPPENS IF I DIE?

If the Annuitant dies before payments have begun under a Settlement Option, surrender charges **are** waived. The Beneficiary can choose to receive the annuity value as a single sum or under an available settlement option. If the Annuitant dies after payments have begun, the remaining value, if any, will be paid to the Beneficiary according to the Settlement Option chosen.

If the Owner dies while the Annuitant is still alive, surrender charges are **not** waived. The Annuity Value must be distributed to the Beneficiary within 5 years, or be paid out in installments as governed by the Internal Revenue Service (IRS). Therefore, if this Contract is paid out before the end of the Surrender Charge Period, your Beneficiary may *not* receive the original premium back due to the surrender charges.

If this is a non-qualified annuity contract, and the sole Beneficiary is the Owner's surviving spouse or civil union partner, that person may continue the contract as if they were the original Owner rather than take the proceeds.

Please refer to the Death Benefits section of your annuity Contract for more information.

HOW WILL PAYOUTS AND WITHDRAWALS FROM MY ANNUITY BE TAXED?

This annuity is tax-deferred, meaning you don't pay taxes on the interest it earns until the money is paid to you. When you take payment or make a withdrawal, you pay ordinary income taxes on the earned interest. You may also pay a 10% federal income tax penalty on earnings you withdraw before age 59½. There may be exceptions to this penalty.

There is no tax advantage to buying an annuity with qualified (pre-tax) money, as all distributions may be taxable. Choose your annuity based on its other features and benefits, as well as its risks and costs, not its tax benefits. Please consult with your accountant or tax advisor regarding any special limitations or restrictions.

It is possible to exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, you should compare the benefits, features, and costs of the two annuities and review with a tax adviser.

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WHAT ELSE DO I NEED TO KNOW?

You have thirty (30) days after receipt of your annuity Contract to review it. If you are not satisfied with it for any reason, you may return it with a written request to The Manhattan Life Insurance Company or to the insurance producer who sold it to you, for a full refund of the premium paid. Upon receipt of your request, the Contract will be void from the start, and a full premium refund will be made.

There are no additional optional benefit riders available.

We pay a commission to the producer, broker or firm for selling you the annuity.

The contract referred to in this Disclosure is an annuity offered by an insurance company and is not insured by FDIC. It is not the product of, nor is it guaranteed by, any bank.

We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we will let you know about the changes in writing.

Neither The Manhattan Life Insurance Company, nor any of its insurance producers, provide legal or tax advice. Your personal tax advisor should be consulted on any specific points that may be of importance to you.

WHAT SHOULD I KNOW ABOUT THE INSURANCE COMPANY?

From its first rented office suite in New York City to today's expansive headquarters in Houston, Texas, Manhattan Insurance Group offers life insurance, health insurance and annuity products in the United States, Puerto Rico, Latin America, the Caribbean and other countries worldwide.

Founded in 1850, Manhattan Life has stood the test of time. Manhattan Life, Central United Life, Family Life and Western United Life make up the Manhattan Insurance Group. The Manhattan Companies provide excellent products and personalized customer service. Not only do we recognize the diverse needs of our policyholders, but we recognize the importance of providing life-long solutions that meet those needs.

Most important, the Manhattan Companies are committed to providing you with excellent products and the financial stability to stand behind them. We are family owned and operated, and we promise to always treat you as family!

REQUIRED SIGNATURES *(All signatures, including titles if applicable, are required.)*

I/we hereby acknowledge that I have read, signed, and received a copy of this DISCLOSURE, and an "ANNUITY BUYERS GUIDE" as requested, or as required.

Applicant/Owner Signature

Date

Joint Applicant/Owner Signature *(if applicable)*

Date

I/we hereby certify that a record of this information will be kept for the number of years required by the statutes of the state in which the Contract is delivered or issued for delivery, and will be made available to the Company or appropriate regulators upon request.

Producer Signature

Date

Producer Signature *(if applicable)*

Date

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

SUBMIT COMPLETED FORMS TO THE ANNUITY OPERATIONS OFFICE:

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Buyer's Guide for Deferred Annuities

Fixed



Prepared by the

NAIC

National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

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NAIC Buyer's Guide for Fixed Deferred Annuities

It's important that you understand how annuities can be different from each other so you can choose the type of annuity that's best for you. The purpose of this Buyer's Guide is to help you do that. This Buyer's Guide isn't meant to offer legal, financial, or tax advice. You may want to consult independent advisors that specialize in these areas.

This Buyer's Guide is about fixed deferred annuities in general and some of their most common features. It's not about any particular annuity product. The annuity you select may have unique features this Guide doesn't describe. It's important for you to carefully read the material you're given or ask your annuity salesperson, especially if you're interested in a particular annuity or specific annuity features.

This Buyer's Guide includes questions you should ask the insurance company or the annuity salesperson (the agent, producer, broker, or advisor). Be sure you're satisfied with the answers before you buy an annuity.

Revised 2013

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What Is an Annuity?

An annuity is a contract with an insurance company. All annuities have one feature in common, and it makes annuities different from other financial products. *With an annuity, the insurance company promises to pay you income on a regular basis for a period of time you choose—including the rest of your life.*

When Annuities Start to Make Income Payments

Some annuities begin paying income to you soon after you buy it (an **immediate** annuity). Others begin at some later date you choose (a **deferred** annuity).

How Deferred Annuities Are Alike

There are ways that *most* deferred annuities are alike.

- They have an **accumulation** period and a **payout** period. During the accumulation period, the value of your annuity changes based on the type of annuity. During the payout period, the annuity makes income payments to you.
- They offer a basic death benefit. If you die during the accumulation period, a deferred annuity with a basic death benefit pays some or all of the annuity's value to your survivors (called beneficiaries) either in one payment or multiple payments over time. The amount is usually the greater of the annuity account value or the minimum guaranteed surrender value. If you die after you begin to receive income payments (**annuitize**), your chosen survivors may not receive anything *unless*: 1) your annuity guarantees to pay out at least as much as you paid into the annuity, or 2) you chose a payout option that continues to make payments after your death. For an extra cost, you may be able to choose enhanced death benefits that increase the value of the basic death benefit.

Sources of Information

Contract: *The legal document between you and the insurance company that binds both of you to the terms of the agreement.*

Disclosure: *A document that describes the key features of your annuity, including what is guaranteed and what isn't, and your annuity's fees and charges. If you buy a variable annuity, you'll receive a prospectus that includes detailed information about investment objectives, risks, charges, and expenses.*

Illustration: *A personalized document that shows how your annuity features might work. Ask what is guaranteed and what isn't and what assumptions were made to create the illustration.*

- You usually have to pay a charge (called a **surrender** or **withdrawal charge**) if you take some or all of your money out too early (usually before a set time period ends). Some annuities may not charge if you withdraw small amounts (for example, 10% or less of the account value) each year.
- Any money your annuity earns is **tax deferred**. That means you won't pay income tax on earnings until you take them out of the annuity.
- You can add features (called **riders**) to many annuities, usually at an extra cost.
- An annuity salesperson must be licensed by your state insurance department. A person selling a variable annuity also must be registered with FINRA¹ as a representative of a broker/dealer that's a FINRA member. In some states, the state securities department also must license a person selling a variable annuity.

1. FINRA (Financial Industry Regulatory Authority) regulates the companies and salespeople who sell variable annuities.

- Insurance companies sell annuities. You want to buy from an insurance company that's financially sound. There are various ways you can research an insurance company's financial strength. You can visit the insurance company's website or ask your annuity salesperson for more information. You also can review an insurance company's rating from an independent rating agency. Four main firms currently rate insurance companies. They are A.M. Best Company, Standard and Poor's Corporation, Moody's Investors Service, and Fitch Ratings. Your insurance department may have more information about insurance companies. An easy way to find contact information for your insurance department is to visit *www.naic.org* and click on "**States and Jurisdictions Map.**"
- Insurance companies usually pay the annuity salesperson after the sale, but the payment doesn't reduce the amount you pay into the annuity. You can ask your salesperson how they earn money from the sale.

How Deferred Annuities Are Different

There are differences among deferred annuities. Some of the differences are:

- Whether you pay for the annuity with one or more than one payment (called a **premium**).
- The types and amounts of the **fees, charges, and adjustments**. While almost all annuities have *some* fees and charges that could reduce your account value, the types and amounts can be different among annuities. *Read the Fees, Charges, and Adjustments section in this Buyer's Guide for more information.*
- Whether the annuity is a **fixed** annuity or a **variable** annuity. How the value of an annuity changes is different depending on whether the annuity is fixed or variable.

Fixed annuities guarantee your money will earn at least a minimum interest rate. Fixed annuities may earn interest at a rate higher than the minimum but only the minimum rate is guaranteed. The insurance company sets the rates.

Fixed indexed annuities are a type of fixed annuity that earns interest based on changes in a market index, which measures how the market or part of the market performs. The interest rate is guaranteed to never be less than zero, even if the market goes down.

Variable annuities earn investment returns based on the performance of the investment portfolios, known as "subaccounts," where you choose to put your money. The return earned in a variable annuity isn't guaranteed. The value of the subaccounts you choose could go up or down. If they go up, you could make money. But, if the value of these subaccounts goes down, you could lose money. Also, income payments to you could be less than you expected.

- Some annuities offer a **premium bonus**, which usually is a lump sum amount the insurance company adds to your annuity when you buy it or when you add money. It's usually a set percentage of the amount you put into the annuity. Other annuities offer an **interest bonus**, which is an amount the insurance company adds to your annuity when you earn interest. It's usually a set percentage of the interest earned. You may not be able to withdraw some or all of your premium bonus for a set period of time. *Also, you could lose the bonus if you take some or all of the money out of your annuity within a set period of time.*

How Does the Value of a Deferred Annuity Change?

Fixed Annuities

Money in a fixed deferred annuity earns interest at a rate the insurer sets. The rate is **fixed** (won't change) for some period, usually a year. After that rate period ends, the insurance company will set another fixed interest rate for the next rate period. *That rate could be higher or lower than the earlier rate.*

Fixed deferred annuities *do* have a guaranteed minimum interest rate—the lowest rate the annuity can earn. It's stated in your contract and disclosure and can't change as long as you own the annuity. Ask about:

- The *initial interest* rate – What is the rate? How long until it will change?
- The *renewal interest* rate – When will it be announced? How will the insurance company tell you what the new rate will be?

Fixed Indexed Annuities

Money in a fixed indexed annuity earns interest based on changes in an index. Some indexes are measures of how the overall financial markets perform (such as the S&P 500 Index or Dow Jones Industrial Average) during a set period of time (called the **index term**). Others measure how a specific financial market performs (such as the Nasdaq) during the term. The insurance company uses a formula to determine how a change in the index affects the amount of interest to add to your annuity at the *end of each index term*. Once interest is added to your annuity for an index term, those earnings usually are locked in and changes in the index in the next index term don't affect them. If you take money from an indexed annuity before an index term ends, *the annuity may not add all of the index-linked interest for that term to your account.*

Insurance companies use different formulas to calculate the interest to add to your annuity. They look at changes in the index over a period of time. See the box "*Fixed Deferred Indexed Formulas*" that describes how changes in an index are used to calculate interest.

The formulas insurance companies use often mean that interest added to your annuity is based on only *part* of a change in an index over a set period of time. **Participation rates, cap rates, and spread rates** (sometimes called margin or asset fees) all are terms that describe ways the amount of interest added to your annuity may not reflect the full change in the index. But *if the index goes down over that period, zero interest is added to your annuity.* Then your annuity value won't go down as long as you don't withdraw the money.

When you buy an indexed annuity, you aren't investing directly in the market or the index. Some indexed annuities offer you more than one index choice. Many indexed annuities also offer the choice to put part of your money in a fixed interest rate account, with a rate that won't change for a set period.

Fixed Deferred Indexed Formulas

Annual Point-to-Point – Change in index calculated using two dates one year apart.

Multi-Year Point-to-Point – Change in index calculated using two dates more than one year apart.

Monthly or Daily Averaging – Change in index calculated using multiple dates (one day of every month for monthly averaging, every day the market is open for daily averaging). The average of these values is compared with the index value at the start of the index term.

Monthly Point-to-Point – Change in index calculated for each month during the index term. Each monthly change is limited to the "cap rate" for positive changes, but not when the change is negative. At the end of the index term, all monthly changes (positive and negative) are added. If the result is positive, interest is added to the annuity. If the result is negative or zero, no interest (0%) is added.

What Other Information Should You Consider?

Fees, Charges, and Adjustments

Fees and charges reduce the value of your annuity. They help cover the insurer's costs to sell and manage the annuity and pay benefits. The insurer may subtract these costs directly from your annuity's value. Most annuities have fees and charges but they can be different for different annuities. Read the contract and disclosure or prospectus carefully and ask the annuity salesperson to describe these costs.

A **surrender or withdrawal charge** is a charge if you take part or all of the money out of your annuity during a set period of time. The charge is a percentage of the amount you take out of the annuity. The percentage usually goes down each year until the surrender charge period ends. Look at the contract and the disclosure or prospectus for details about the charge. Also look for any waivers for events (such as a death) or the right to take out a small amount (usually up to 10%) each year without paying the charge. If you take all of your money out of an annuity, you've surrendered it and no longer have any right to future income payments.

How Insurers Determine Indexed Interest

Participation Rate – *Determines how much of the increase in the index is used to calculate index-linked interest. A participation rate usually is for a set period. The period can be from one year to the entire term. Some companies guarantee the rate can never be lower (higher) than a set minimum (maximum). Participation rates are often less than 100%, particularly when there's no cap rate.*

Cap Rate – *Typically, the maximum rate of interest the annuity will earn during the index term. Some annuities guarantee that the cap rate will never be lower (higher) than a set minimum (maximum). Companies often use a cap rate, especially if the participation rate is 100%.*

Spread Rate – *A set percentage the insurer subtracts from any change in the index. Also called a "margin or asset fee." Companies may use this instead of or in addition to a participation or cap rate.*

Some annuities have a **Market Value Adjustment (MVA)**. An MVA could increase or decrease your annuity's account value, cash surrender value, and/or death benefit value if you withdraw money from your account. In general, if interest rates are *lower* when you withdraw money than they were when you bought the annuity, the MVA could *increase* the amount you could take from your annuity. If interest rates are *higher* than when you bought the annuity, the MVA could *reduce* the amount you could take from your annuity. Every MVA calculation is different. Check your contract and disclosure or prospectus for details.

How Annuities Make Payments

Annuitize

At some future time, you can choose to **annuitize** your annuity and start to receive guaranteed fixed income payments for life or a period of time you choose. After payments begin, you can't take any other money out of the annuity. You also usually can't change the amount of your payments. For more information, see "**Payout Options**" in this Buyer's Guide. If you die before the payment period ends, your survivors may not receive any payments, depending on the payout option you choose.

Full Withdrawal

You can withdraw the cash surrender value of the annuity in a lump sum payment and end your annuity. *You'll likely pay a charge to do this if it's during the surrender charge period.* If you withdraw your annuity's cash surrender value, your annuity is cancelled. Once that happens, you can't start or continue to receive regular income payments from the annuity.

Partial Withdrawal

You may be able to withdraw *some* of the money from the annuity's cash surrender value without ending the annuity. Most annuities with surrender charges let you take out a certain amount (usually up to 10%) each year without paying surrender charges on that amount. Check your contract and disclosure or prospectus. Ask your annuity salesperson about other ways you can take money from the annuity without paying charges.

Living Benefits for Fixed Annuities

Some fixed annuities, especially fixed indexed annuities, offer a **guaranteed living benefits** rider, usually at an extra cost. A common type is called a guaranteed lifetime withdrawal benefit that guarantees to make income payments you can't outlive. While you get payments, the money still in your annuity continues to earn interest. You can choose to stop and restart the payments or you might be able to take extra money from your annuity. Even if the payments reduce the annuity's value to zero at some point, you'll continue to get payments for the rest of your life. If you die while receiving payments, your survivors may get some or all of the money left in your annuity.

How Annuities Are Taxed

Ask a tax professional about your individual situation. The information below is general and should not be considered tax advice.

Current federal law gives annuities special tax treatment. Income tax on annuities is deferred. That means you aren't taxed on any interest or investment returns while your money is in the annuity. This isn't the same as tax-free. You'll pay ordinary income tax when you take a withdrawal, receive an income stream, or receive each annuity payment. When you die, your survivors will typically owe income taxes on any death benefit they receive from an annuity.

There are other ways to save that offer tax advantages, including Individual Retirement Accounts (IRAs). You can buy an annuity to fund an IRA, *but you also can fund your IRA other ways and get the same tax advantages.* When you take a withdrawal or receive payments, you'll pay ordinary income tax on all of the money you receive (not just the interest or the investment return). You also may have to pay a 10% tax penalty if you withdraw money before you're age 59½.

Annuity Fees and Charges

Contract fee – A flat dollar amount or percentage charged once or annually.

Percentage of purchase payment – A front-end sales load or other charge deducted from each premium paid. The percentage may vary over time.

Premium tax – A tax some states charge on annuities. The insurer may subtract the amount of the tax when you pay your premium, when you withdraw your contract value, when you start to receive income payments, or when it pays a death benefit to your beneficiary.

Transaction fee – A charge for certain transactions, such as transfers or withdrawals.

Payout Options

You'll have a choice about how to receive income payments. These choices usually include:

- For your lifetime
- For the longer of your lifetime or your spouse's lifetime
- For a set time period
- For the longer of your lifetime or a set time period

Finding an Annuity That's Right for You

An annuity salesperson who suggests an annuity must choose one that they think is right for you, based on information from you. They need complete information about your life and financial situation to make a suitable recommendation. Expect a salesperson to ask about your age; your financial situation (assets, debts, income, tax status, how you plan to pay for the annuity); your tolerance for risk; your financial objectives and experience; your family circumstances; and how you plan to use the annuity. If you aren't comfortable with the annuity, ask your annuity salesperson to explain why they recommended it. Don't buy an annuity you don't understand or that doesn't seem right for you.

Within each annuity, the insurer *may* guarantee some values but not others. Some guarantees may be only for a year or less while others could be longer. Ask about risks and decide if you can accept them. For example, it's possible you won't get all of your money back *or* the return on your annuity may be lower than you expected. It's also possible you won't be able to withdraw money you need from your annuity without paying fees *or* the annuity payments may not be as much as you need to reach your goals. These risks vary with the type of annuity you buy. All product guarantees depend on the insurance company's financial strength and claims-paying ability.

Questions You Should Ask

- Do I understand the risks of an annuity? Am I comfortable with them?
- How will this annuity help me meet my overall financial objectives and time horizon?
- Will I use the annuity for a long-term goal such as retirement? If so, how could I achieve that goal if the income from the annuity isn't as much as I expected it to be?
- What features and benefits in the annuity, other than tax deferral, make it appropriate for me?
- Does my annuity offer a guaranteed minimum interest rate? If so, what is it?
- If the annuity includes riders, do I understand how they work?
- Am I taking full advantage of all of my other tax-deferred opportunities, such as 401(k)s, 403(b)s, and IRAs?
- Do I understand all of the annuity's fees, charges, and adjustments?
- Is there a limit on how much I can take out of my annuity each year without paying a surrender charge? Is there a limit on the *total* amount I can withdraw during the surrender charge period?
- Do I intend to keep my money in the annuity long enough to avoid paying any surrender charges?
- Have I consulted a tax advisor and/or considered how buying an annuity will affect my tax liability?
- How do I make sure my chosen survivors (beneficiaries) will receive any payment from my annuity if I die?

If you don't know the answers or have other questions, ask your annuity salesperson for help.

When You Receive Your Annuity Contract

When you receive your annuity contract, carefully review it. Be sure it matches your understanding. Also, read the disclosure or prospectus and other materials from the insurance company. Ask your annuity salesperson to explain anything you don't understand. In many states, a law gives you a set number of days (usually 10 to 30 days) to change your mind about buying an annuity after you receive it. This often is called a **free look** or **right to return** period. Your contract and disclosure or prospectus should prominently state your free look period. If you decide during that time that you don't want the annuity, you can contact the insurance company and return the contract. Depending on the state, you'll either get back all of your money or your current account value.

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1. ANNUITY CONTRACT INFORMATION

Annuitant Name(s) (First, Middle, Last)	Annuity Contract Number
---	-------------------------

2. IMPORTANT TAX INFORMATION

Receipt of any funds from a partial or full surrender of your annuity contract may generate taxable income. In addition, if you are not 59½ years of age or permanently disabled, receipt of funds may be a premature distribution, generating an additional income tax. We suggest you contact your tax advisor before completing this request.

3. INCOME OPTIONS (SUBJECT TO CONTRACT MINIMUMS; N/A FOR SPIA) MARK APPROPRIATE BOX

I wish to start a periodic payment to begin on _____ (mm/dd/yyyy) Gross or Net

Free Amount Interest or Specific amount of \$ _____

Mode of payment: Monthly Quarterly Semi-Annual Annual

I am aware that there may be an early withdrawal charge of approximately \$ _____

4. INHERITED ACCOUNT

I wish to start single life expectancy payments to beginning on _____ (mm/dd/yyyy)

Mode of payment: Monthly Quarterly Semi-Annual Annual

5. MINIMUM DISTRIBUTION (N/A FOR SPIA) MARK APPROPRIATE BOX

If beneficiary is a spouse who is more than 10 years younger, please indicate date of birth: _____

Do you want automatic distribution? Yes No If Yes, indicate start date: _____

Mode of payment: Monthly Quarterly Semi-Annual Annual

6. FINANCIAL INSTITUTION

I/we hereby authorize the Company to initiate credit entries to my/our checking account. The Financial Institution named below is hereby authorized to credit the same to my/our checking account as indicated:

Financial Institution Name:

ATTACH A VOIDED CHECK HERE

This transaction cannot be processed without the correct transit/ABA and account numbers; therefore, this request will not be processed without a voided check.

This agreement will remain in effect until the Company terminates it or until a written termination notice is received from me, and the Company has sufficient time to act upon it. If, at any time my/our Financial Institution changes, I/we will provide a new Authorization for Direct Deposit form and funds will be re-directed to my/our address of record until the new authorization is provided.

7. ADDITIONAL COMMENTS OR INSTRUCTIONS

ALL PAGES ARE REQUIRED

ANNUITY INCOME PAYMENT REQUEST

8. ELECTION FOR WITHHOLDING (SUBSTITUTE W4P FORM)

Federal and some State laws make payments subject to withholding. The law requires that you be told three things:

1. You do not have to have any money withheld from your periodic payments.
2. After you have made a choice, you can change it at any time by writing to us. Please allow 30 days for the change.
3. Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

CHECK FEDERAL AND/OR STATE (if applicable)

*If Not Checked and the Payment Amount is Sufficient, We are Required to Withhold Income Tax.
We are Required to Withhold if Your Resident Address is Outside of the United States.*

FEDERAL:

- DO NOT WITHHOLD**
federal income tax from my distribution
- WITHHOLD**
- 10% of taxable portion
- 20% of taxable portion (20% is generally required on all qualified funds except IRA's)
- Other (specify) _____

STATE: _____

- DO NOT WITHHOLD**
state income tax from my distribution
- WITHHOLD**
- % of taxable portion (specify) _____
- \$ of taxable portion (specify) _____

(SEE STATE WITHHOLDING INSTRUCTIONS)

9. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (SUBSTITUTE W-9 FORM)

Consider this my/our substitute W-9 Certification. I/we understand that failure to furnish my/our correct TIN (taxpayer identification number), may result in a \$50 penalty for each failure, imposed by the Internal Revenue Service (IRS); in addition, 28% of my/our taxable distribution will be withheld and sent to the IRS.

Owner's SSN/TIN: _____ **Joint Owner's SSN/TIN:** _____

Certification – Under penalties of perjury, I certify by signing below that:

- 1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me), and
- 2) I am not subject to backup withholding because:
 - a) I am exempt from backup withholding, or
 - b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or
 - c) The IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. person or other U.S. person.

Certification Instructions – You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

10. REQUIRED SIGNATURES I CERTIFY, UNDER PENALTIES OF PERJURY, THAT ALL INFORMATION REPORTED HEREIN IS CORRECT

Owner's Signature	Date
Joint Owner's Signature (if applicable)	Date
Financial Institution Account Holder Signature (if applicable)	Date
Witness/Producer's Signature	Agency
	Date

SIGNATURES RECEIVED ELECTRONICALLY ARE ACCEPTED AS ORIGINALS ON THIS FORM

SUBMIT COMPLETED FORMS TO THE ANNUITY OPERATIONS OFFICE:

929 W Sprague Ave • PO Box 2290 • Spokane WA 99210-2217
509.835.2500 • 800.247.2045 • Fax 509.835.3192 • AnnuityServices@wula.com



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A. CURRENT CUSTODIAN/ISSUER INFORMATION (NOTE: THIS FORM WILL BE FORWARDED TO THE SURRENDERING COMPANY)

Current Trustee, Custodian, or Insurance Company		Participant (Insured/Annuitant/Depositor)
Address		Owner(s)
City, State, Zip Code		Owner's Social Security Number(s)
Phone Number	Current Account Number(s)	Owner's Date(s) of Birth (MM/DD/YYYY)

B. DISTRIBUTION INSTRUCTIONS (CHOOSE ONLY 1 OPTION FROM EACH SECTION)

Amount: (IF PARTIAL, SEE NOTES ON BACK)	Effective:	Transaction:
<input type="checkbox"/> All	<input type="checkbox"/> Immediately	<input type="checkbox"/> Fund Transfer
<input type="checkbox"/> *Partial: \$ _____	<input type="checkbox"/> Anniversary Date: _____	<input type="checkbox"/> 1035 Exchange

C. EXISTING ACCOUNT INFORMATION (CHOOSE ONLY 1 OPTION FROM EACH SECTION)

Life Insurance
 Annuity
 Bank CD
 Other (specify) _____

Mutual Fund (name) _____ (may require signature guarantee)

Enclosed
 Lost/destroyed – I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

D. NEW ACCOUNT INFORMATION (CHOOSE ONLY 1 OPTION FROM EACH SECTION)

New Annuity Contract
 Existing Contract #: _____

E. ABSOLUTE ASSIGNMENT TO EFFECT A 1035 EXCHANGE (IF A FUND TRANSFER, DISREGARD THIS SECTION)

Upon the Company's written acceptance of this Assignment, I do hereby assign and transfer without exception, limitations, or reservations to the Company, full or partial assignable benefits, interest, property, and rights in the policy or annuity contract ("the contract") described above in exchange for a new non-qualified annuity contract as described in my application to the Company for such new contract. This Assignment shall not be effective until the Company accepts it in writing.

I expressly represent that the sole purpose of this Assignment is to affect a full or partial exchange and rollover of an insurance policy or annuity contract under Section 1035 (a) of the Internal Revenue Code. If no exchange takes place, then this Assignment shall become null and void.

If "Partial" distribution is chosen above, I hereby certify that I am not requesting this exchange to avoid the tax imposed by Section 72(e) of the Internal Revenue Code and the regulations thereunder, or any other section of the Code.

I understand that if the Company underwrites and issues a new annuity contract on the life of the same insured or annuitant named in the contract, then the Company intends to surrender or partially surrender the contract. If fully surrendered the contract will no longer be in force as of the termination date. Upon receipt of the full or partial surrender value by the Company, the proceeds will be applied to and considered part of the purchase payment for the new annuity contract. I specifically assign the contract to the Company as collateral security for the amount of its full or partial surrender value requested.

ALL PAGES ARE REQUIRED

NON-QUALIFIED REQUEST FOR FUND TRANSFER OR 1035 EXCHANGE

E. ABSOLUTE ASSIGNMENT TO EFFECT A 1035 EXCHANGE (CONTINUED)

I represent and warrant that no person, firm or corporation has an interest in the contract, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned.

Furthermore, I understand that by executing this Assignment, I irrevocably waive all rights, claims and demands under the contract.

I represent and agree that the Company and the undersigned producer have made no representations concerning my tax treatment under Internal Revenue Code Section 1035, or otherwise. The Company assumes no responsibility for the validity or effect of this assignment or the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.

F. IMPORTANT NOTICE REGARDING NON-QUALIFIED PARTIAL 1035 EXCHANGES

The Internal Revenue Code (IRC) generally permits a taxpayer to fully or partially transfer an annuity contract's cash value from one insurance company to another without recognizing a taxable event.

However, for partial 1035 exchanges effective after June 30, 2008, the IRS issued Internal Revenue Bulletin (I.R.B.) 2008-13, containing Revenue Procedure (Rev. Proc.) 2008-24, which modified the IRC 1035 Exchange rules for partial exchanges involving non-qualified annuity contracts.

Basically, Rev. Proc. 2008-24 states that partial and/or full annuity surrenders or annuitization requests from either contract, partially replaced or new, that occur within the 180 day period following the exchange transaction date, may cause a taxable event to occur on the amount exchanged, to the extent of interest earnings in the original contract.

G. REQUIRED SIGNATURES

Please liquidate and transfer the proceeds identified above and make the check payable to the Company checked below for the benefit of the above referenced Participant.

Signed this _____ Day of _____ Year _____ At (City, State) _____

Signature of Producer/Witness

Signature of Owner (Assignor)

Signature of Additional Producer/Witness (if applicable)

Signature of Owner's Spouse (if Community Property State)

H. ANNUITY OPERATIONS OFFICE ACCEPTANCE (TO BE COMPLETED BY THE ANNUITY OPERATIONS OFFICE ONLY)

This is to certify that the above individual has established a: **Non-Qualified Annuity Contract**. The authorized signature below certifies acceptance of the fund transfer/1035 exchange as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer and send a **check payable to:**

Western United Life Assurance Company The Manhattan Life Insurance Company

Signed this _____ Day of _____ Year _____ By _____

Authorized Signature/Title

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

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**PLEASE NOTE: THIS FORM WILL BE FORWARDED TO THE SURRENDERING COMPANY
AND TO YOUR MOST RECENT OR PREVIOUS EMPLOYER IF THIS IS A TSA 403(b) EXCHANGE/TRANSFER**

1. CURRENT CUSTODIAN/ISSUER INFORMATION		
Current Trustee, Custodian, or Insurance Company	Participant <i>(Insured/Annuitant/Depositor)</i>	
Address	Owner(s)	
City, State, Zip Code	Owner's Social Security Number(s)	
Phone Number	Current Account Number(s)	Owner's Date(s) of Birth <i>(MM/DD/YYYY)</i>
2. DISTRIBUTION INSTRUCTIONS <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
Amount:	Effective:	Transaction:
<input type="checkbox"/> All	<input type="checkbox"/> Immediately	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Roth Conversion
<input type="checkbox"/> Partial: \$ _____	<input type="checkbox"/> Anniversary Date: _____	<input type="checkbox"/> Line of Business Change
3. EXISTING ACCOUNT INFORMATION <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Bank CD <input type="checkbox"/> Other <i>(specify)</i> _____		
<input type="checkbox"/> Mutual Fund <i>(name)</i> _____ <i>(may require signature guarantee)</i>		
<input type="checkbox"/> IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIM <input type="checkbox"/> Roth <input type="checkbox"/> TSA 403(b) <input type="checkbox"/> Other <i>(specify)</i> _____		
<input type="checkbox"/> Enclosed	<input type="checkbox"/> Lost/destroyed – I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.	
4. NEW ACCOUNT INFORMATION <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
<input type="checkbox"/> New Annuity Contract		<input type="checkbox"/> Existing Contract #: _____
<input type="checkbox"/> IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIM <input type="checkbox"/> Roth <input type="checkbox"/> TSA 403(b) <input type="checkbox"/> Other <i>(specify)</i> _____		
5. RETIREMENT PLAN TO AN IRA <i>(CHOOSE ONLY IF ROLLING A RETIREMENT PLAN TO AN IRA)</i>		
This is an eligible distribution from a 403(b) or other retirement plan due to:	<input type="checkbox"/> Plan Termination <input type="checkbox"/> Disability <input type="checkbox"/> Over age 59 ½	
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Separation from Service	
6. REQUIRED MINIMUM DISTRIBUTION FOR IRA, TSA AND QUALIFIED PLANS <i>(N/A FOR ROTH IRA)</i>		
A. Have you reached age 70½ or older in this calendar year?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Have you satisfied your required minimum distribution from the distributing plan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial: \$ _____		
NOTE: RMD must be satisfied from a TSA or other qualified plan before rolling it to an IRA.		
*** IF THE ANSWER TO A IS NO, DISREGARD C / IF THE ANSWER TO A IS YES AND B IS NO, COMPLETE C ***		
C. I direct the present custodian/trustee/insurer to: <i>(select one of the following)</i>		
<input type="checkbox"/> Distribute my Required Minimum Distribution to me before transferring my qualified funds;		
<input type="checkbox"/> Retain my Required Minimum Distribution amount until otherwise notified;		
<input type="checkbox"/> Transfer the entire amount as other options have or will be made to satisfy my Required Minimum Distribution.		

ALL PAGES ARE REQUIRED

QUALIFIED REQUEST FOR TRANSFER/ROLLOVER/CONVERSION

7. TSA 403(b) EXCHANGE OR TRANSFER (SEE TREASURY REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 403(b))

Indicate which of these 2 options you are requesting:

- TSA 403(b) Exchange:** Is the exchange of an existing contract under an employer's 403(b) plan for a new contract under that same plan. The employer plan must provide that contract exchanges are permitted. In addition, other conditions may apply.
- TSA 403(b) Transfer:** Is the transfer of an existing contract under one employer's plan to a new contract with another employer's plan.

Information Sharing Agreement: The final 403(b) regulation instituted new rules governing transfer of 403(b) assets. To further the IRS requirements for plan compliance, the final regulations require that certain information be shared between employers sponsoring 403(b) plans and contract issuers/custodians. As a result, any contract exchange that takes place beginning on September 25, 2007, will require an agreement between the employer or the employer's representative and the contract issuer/custodian to share certain participant information as needed in order to properly administer the participant contract. This agreement must be in place no later than January 1, 2009, for the exchanged contract to constitute a valid 403(b) contract under the regulations. Failure to comply with this requirement may result in this transaction being treated as a taxable distribution. In addition, if a participant is under age 59½, an additional 10% early withdrawal penalty may apply.

Taxes and Withholding: A transfer transaction that meets all regulatory requirements is a non-taxable movement of funds. It does not constitute a distribution from the plan, and therefore, is not subject to federal or state income tax withholding. It does not require the participant to meet a distribution-triggering event under the employer plan. In addition, no form 1099-R will be issued as a result of this transaction.

Plan Loans: Balances under your existing contract attributable to a plan loan or loans may not be eligible for contract exchange. Contact your new custodian/issuer for details regarding its loan policy.

Current or Most Recent Employer	Phone Number(s)
Address, City, State, Zip Code	Name of Plan
Previous Employer <i>(Required if this is a TSA Transfer from one Employer's Plan to Another)</i>	Phone Number(s)
Address, City, State, Zip Code	Name of Plan

8. REQUIRED SIGNATURES

Please liquidate and transfer the proceeds identified above and make the check payable to the Company checked on the top of this form for the benefit of the above referenced Participant.

Signed this _____ Day of _____ Year _____ At *(City, State)* _____

Signature of Employer <i>(if TSA 403(b))</i>	Signature of Owner <i>(Assignor)</i>
Signature of Producer/Witness	Signature of Owner's Spouse <i>(if Community Property State)</i>

9. ANNUITY OPERATIONS OFFICE ACCEPTANCE (TO BE COMPLETED BY THE ANNUITY OPERATIONS OFFICE ONLY)

This is to certify that the above individual has established the following Annuity Contract Type:

- IRA
 Beneficiary IRA
 SEP
 SIM
 Roth
 TSA 403(b)
 Other *(specify)* _____

The authorized signature below certifies acceptance of the transfer/rollover/conversion as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer and send a check payable to the Company checked on the top of this form.

Signed this _____ Day of _____ Year _____ By _____
Authorized Signature/Title

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

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 509.835.2500 • 800.247.2045 • Fax 509.835.3192 • AnnuityServices@wula.com

Original to Client
Copies to Company
& Producer



**NAIC
REPLACEMENT
NOTICE**

PLEASE TYPE, OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

IMPORTANT NOTICE:

This document must be signed by the Applicant/Owner and the Producer, if there is one, and the Original left with the Applicant/Owner.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?..... Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

<u>Insurer Name</u>	<u>Contract or Policy #</u>	<u>Annuitant or Insured</u>	<u>Replaced (R) or Financing (F)</u>

Make sure you know the facts. Contact your existing company or its producer for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the producer in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

REQUIRED SIGNATURES / CERTIFY THAT THE RESPONSES HEREIN ARE, TO THE BEST OF MY KNOWLEDGE, ACCURATE:		
Applicant/Owner Signature	Applicant/Owner Printed Name	Date
Joint Applicant/Owner Signature (if applicable)	Joint Applicant/Owner Printed Name	Date
Producer Signature	Producer Printed Name	Date
Producer Signature (if applicable)	Producer Printed Name	Date

IF MORE THAN ONE APPLICANT/OWNER OR PRODUCER, ALL SIGNATURES ARE REQUIRED.

ALL PAGES ARE REQUIRED



NOTICE TO APPLICANTS REGARDING REPLACEMENT OF ANNUITY/LIFE INSURANCE

NOTICE TO APPLICANT OF 30-DAY RIGHT TO EXAMINE THE CONTRACT

I do not want this notice read aloud to me. _____
(Applicant/Owner must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or producer that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your producer to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

SIGNATURES RECEIVED ELECTRONICALLY ARE ACCEPTED AS ORIGINALS ON THIS FORM

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