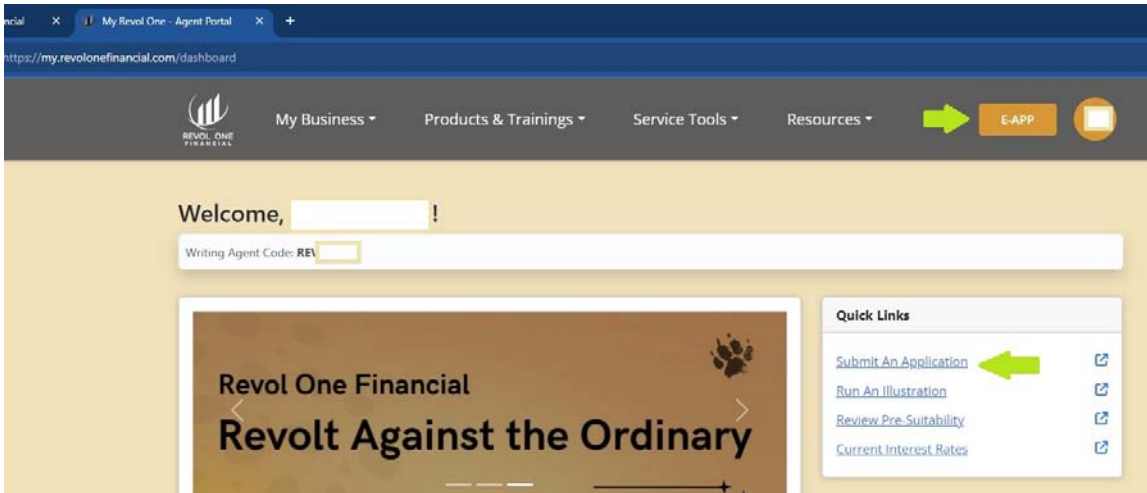


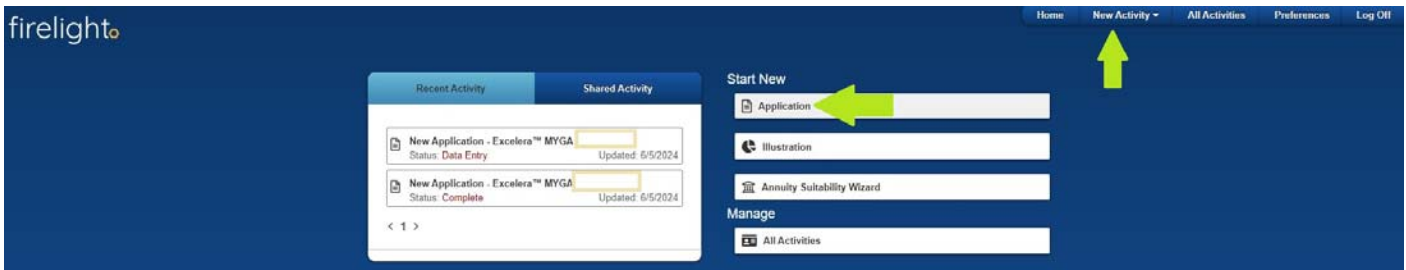
Instructions to Complete a Paper Signed Application on Revol One Financials' e-App System.

To Start Application: Login in on <https://revolonefinancial.com/>
Agent Number is Required to Register and be able to Login.

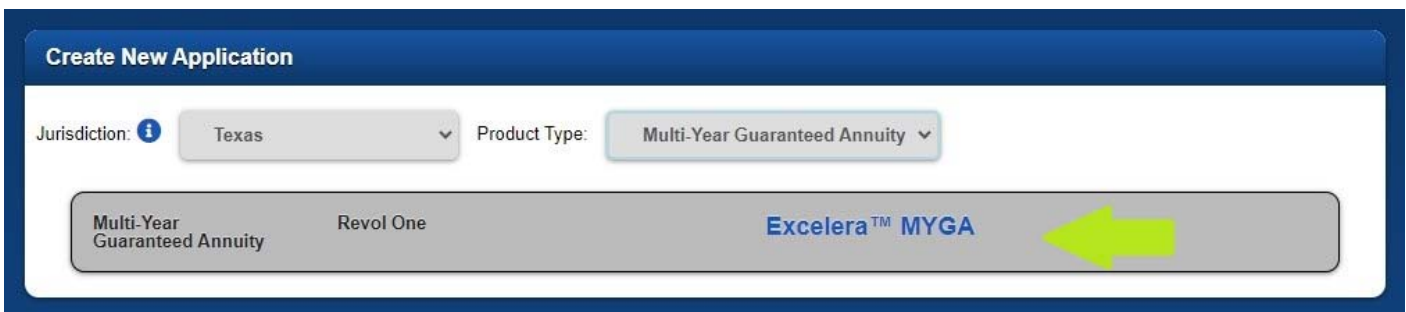
Once Logged in to the Agent Portal, Click on E-APP



Start a New Application



Select the State (Texas) and Product-Type (MYGA), click on the Product




Create :

Excelera™ MYGA

Required Forms

- Owner Information
- Beneficiary Information
- Premium Payment Information
- Direct Deposit Authorization Information
- Suitability Information
- Certification of Trust Document
- Additional Information
- Agent Information
- MYGA Application
- SPDA Disclosure
- Insurance Agent Disclosure For Annuities
- Suitability Questionnaire
- Buyer's Guide

Click 'Create' to proceed.



Name your Application, you can use the Client's Name and the Type of Transaction and Date

Create Activity

Name



The following are Data Entry Pages

1 DATA ENTRY 77% **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

Client Data **Owner Information**

Case Details

Owner Type: Individual

Plan Type: Non-Qualified IRA Roth IRA

Initial Interest Rate Guarantee Period: 7 Years

Is the annuitant the same as the owner? Yes No

Is there a joint annuitant? Yes No

Next

1 DATA ENTRY 77% **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

Owner(s) **Owner Information**

First Name: Test Middle Name: Last Name: Client Suffix: Client

Date of Birth: 01/01/1945

SSN EIN

SSN: 001-01-1234

Gender: Male

Address Lookup: Enter an address

Mailing Address 1: 1234 Main Street

Mailing Address 2:

Previous **Next**

1 DATA ENTRY 77% **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

Beneficiary **Beneficiary Information**

Number of Primary Beneficiaries: 1

Primary Beneficiary 1

Living Person: Yes Allocation %: 100 Relationship: Wife

First Name: Jane Middle Name: Last Name: Test

Date of Birth: 01/01/1946 SSN: 001-01-1234

Contingent Beneficiary

Number of Contingent Beneficiaries: 0

Previous **Next**

1 DATA ENTRY 77% **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

Premium Information **Premium Payment Information**

Purchase Payment

Electronic Funds Transfer

Check enclosed with this application Check Amount \$: 50,000.00

1035 Exchange

Direct Transfer

Premium Amount \$: 50,000.00

Do you have any existing life insurance or annuity contracts? Yes No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity contracts? Yes No

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

Message

Revol One highly encourages EFT for the most efficient and secure method of submitting funds with your application. However, if you choose to send a check, please send the funds directly to our Bank of America Lockbox, at the following address:

Revol One Insurance Company
P.O. Box 7411154
Chicago, IL 60674-1154

If you choose to send the funds via an expedited delivery service, please use the following:

Bank of America Lockbox Services
Revol One Insurance Company 11154
540 W. Madison, 4th Floor
Chicago, IL 60661
525

Previous **Next**

1 DATA ENTRY 77% **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

Suitability **Suitability Information**

Owner's Federal Tax Bracket: Under 12% 12-24% Over 24%

Financial Profile Information

Approximate Gross Monthly Household Income: \$6,000

Do you anticipate any changes in your monthly income? Yes No

Estimated Monthly Household Expenditure: \$4,000 Estimated Monthly Disposable Income: \$2,000 Existing Assets: \$600,000

Existing Liquid Net Worth: \$250,000 What percentage of your liquid net worth will the proposed annuity purchase be? 20%

Do you currently own any annuities? Yes No

Do you currently own life insurance? Yes No

Does your income cover all your living expenses including medical? Yes No

Do you expect changes to your living expenses? Yes No

Previous **Next**

1 DATA ENTRY 93% **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

Additional Information **Additional Information**

Additional Information and Acknowledgement

Is there any additional information that you feel would be pertinent about the purchase of this annuity?

Acknowledgement

I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.

I (We) certify that the Social Security or Employer Identification Number(s) shown above is (are) correct.

All statements and descriptions in this application are considered representations and not warranties. This application becomes part of the policy to which it is attached.

I (We) understand and acknowledge that insurance policies and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association.

Market Value Adjustment: I (We) acknowledge that I am (we are) applying for a single premium deferred annuity with a market value adjustment feature. I (We) understand that surrender values may increase or decrease based on a market value adjustment during the surrender charge period specified in the policy.

Previous **Next**

1 DATA ENTRY | **2 SIGNATURES** | **3 FINALIZE** | **CONTINUE**

Agent Information

Producer's Statement

Does the Applicant have any existing Life Insurance policies or Annuity contracts with us or any other company? Yes No

Do you have any knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? Yes No

Did you see the applicant at the time of application completion? Yes No

How many Producers are there?
1

Agent Full Name: [REDACTED] Revol One Producer Number: REV [REDACTED] Agent Commission Split %: 100

Producer Commission Options
 A B

Agent License Number: [REDACTED] NIPR Number: [REDACTED] Agent Email Address: [REDACTED]

I offer the following products:
 Fixed or Fixed Indexed Annuities Variable Annuities Life Insurance

I am licensed to sell you the following non-insurance products:
 Mutual Funds Stocks/Bonds Certificates of Deposits

Previous Next

When Data Entry is Complete: You can Print the Application Packet.

If using e-Signatures in Office or by Email you can continue using eApp.

If using Paper Forms to be signed manually, Stop at Data Entry and follow steps below to print the forms to sent to client.

Auto Save Enabled Home Other Actions ▾ Log Off

CONTINUE


- Rename/Summary
- Display/Print PDF
- History
- Documents
- Requests
- Manage Optional Forms
- Request Client to Fill App
- Request Client to Fill & Sign
- Copy Activity

You can Select the Pages to include: The Replacement Form is Not Included by the System but we include a Copy to comply with the state requirements whether there is a replacement or none.

Select Documents to Print

Check/Uncheck All

<input checked="" type="checkbox"/>	Application Form	MYGA Application	↓
<input checked="" type="checkbox"/>	Application Form	SPDA Disclosure	↑ ↓
<input checked="" type="checkbox"/>	Application Form	Insurance Agent Disclosure Fo...	↑ ↓
<input checked="" type="checkbox"/>	Application Form	Suitability Questionnaire	↑ ↓
<input type="checkbox"/>	Application Form	Buyer's Guide	↑ ↓
<input checked="" type="checkbox"/>	Optional Form	Important Notice Regarding R...	↑ ↓
<input type="checkbox"/>	Optional Form	Important Notice Regarding R...	↑ ↓
<input type="checkbox"/>	Optional Form	Important Notice Regarding R...	↑ ↓
<input type="checkbox"/>	Optional Form	1035 Exchange/Rollover/Tran...	↑ ↓
<input type="checkbox"/>	Optional Form	1035 Exchange/Rollover/Tran...	↑ ↓
<input type="checkbox"/>	Optional Form	1035 Exchange/Rollover/Tran...	↑ ↓
<input type="checkbox"/>	Optional Form	Direct Deposit Authorization	↑ ↓
<input type="checkbox"/>	Optional Form	Certification of Trust Document	↑ ↓
<input type="checkbox"/>	Optional Form	Annuity Application Affidavit an...	↑ ↓
<input type="checkbox"/>	Optional Form	Non-Resident Information Sheet	↑ ↓

Close  Print Selected Documents

You can save a copy of the Application Packet PDF before printing.

You can log off the e-App System. Your information are saved.

Mail or present to your client for Signature.

Note: A copy of the client's driver's license is needed if not an in-person application.

Once your client has signed the application, scan the paperwork for upload or email to Revol One.

Use agentcare@revolonefinancial.com if by email.

Finish Up: Log back in and Select the Application you wish to complete.

1 DATA ENTRY ✓

2 SIGNATURES

3 FINALIZE

Electronic Signatures

This application will be locked upon making these choices. No changes can be made after signing.

Use E-Signature Decline E-Signature

If you choose to use E-Signature, all signatures in this application will be collected electronically. Please read the Federal Regulations and Definitions. Please make sure all parties are equipped with these system requirements:

- Internet Access
- Minimum Screen Resolution 1024 x 768
- Web browser: Internet Explorer 8+, Firefox (current version), Safari (current version), Google Chrome (current version), Chrome and Safari mobile browsers.
- 128MB of RAM; Cookies and Javascript Enabled.

If you choose to decline E-Signature, all signatures in this application will be collected manually. Your application will be completed in our system. You may print the application PDF files and deliver to your client via postal or other means. Please note that delivery of the information electronically will result in a superior customer experience.

Decline the E-signature

1 DATA ENTRY ✓

2 SIGNATURES

3 FINALIZE

Electronic Signatures Declined

You have declined to use E-Signature. All signatures for this application must be collected manually.

To upload wet signed documents, click on 'Other Actions' and select 'Documents'.

To revise your decision, click on 'Other Actions' and select 'Unlock Application'.

OK

Proceed to Upload Signed Paperwork. Make sure to click Upload after selecting the file to be uploaded.

Documents

Uploaded Documents

Total Size: 0 Bytes

Add Supplemental Document

Document Type

Signed Application Paperwork

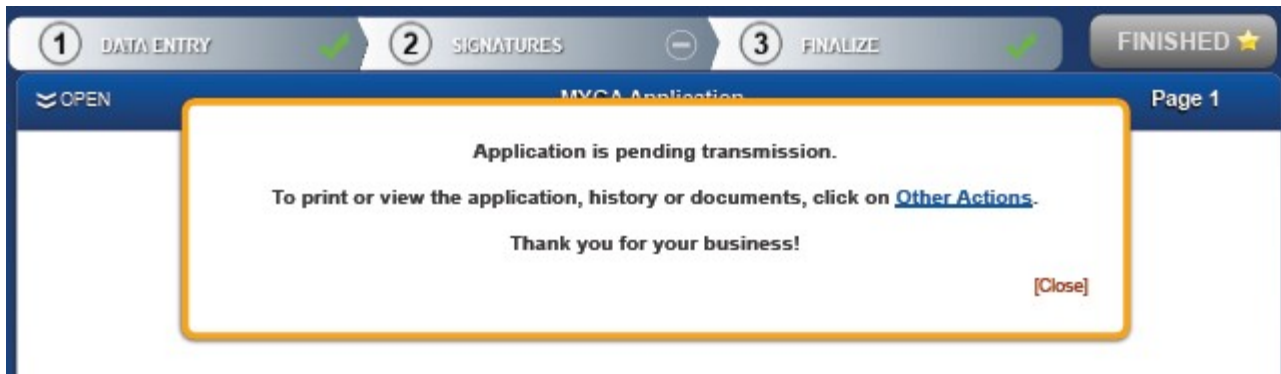
Note: • Supplemental documents must be in PDF format and no larger than 20 MB.
• Files will be compressed while uploading. There might be a variance in the actual file size and the uploaded file size displayed.

Below file is selected. Click 'Upload' to attach.

Test.pdf

Upload

Close



If a Paper Check is included, it must be sent to the Bank of America Lockbox. The application itself has already been uploaded or emailed so no need to include those.

Post Office Remittance Address:
Revol One Insurance Company
P.O. Box 7411154
Chicago, IL 60674-1154

Overnight Mail:
Bank of America Lockbox Services
Revol One Insurance Company 11154
540 W. Madison, 4th Floor
Chicago, IL 60661

If a Transfer Form was included, the uploaded files will complete the transaction. No paperwork needs to be mailed.