



Sentinel Security Life Insurance Company

Sentinel Plan® Personal Choice Annuity

An a la carte solution for a custom annuity

Annuities:

Sentinel Plan® Personal Choice 5 Year Annuity

Sentinel Plan® Personal Choice 7 Year Annuity

Sentinel Plan® Personal Choice 10 Year Annuity

Optional Riders: *(available on annuities)*

- *Death Benefit Feature*
- *Terminal Illness / Nursing Home Care*
- *Preferred 10% Free Withdrawal*
- *Accumulated Interest Withdrawal*
- *72(t) Free Withdrawal*
- *Required Minimum Distribution*

SENTINEL SECURITY LIFE INSURANCE COMPANY
PO BOX 27248 SALT LAKE CITY, UTAH 84127-0248
STATE OF DOMICILE: UTAH

Agent checklist for completing the Personal Choice Annuity Application

This packet contains the following forms for a Personal Choice Annuity application. Please review the information carefully and complete all applicable forms:

- Annuity Application (SSLANAP11-TX)** – Complete all applicable sections and sign where indicated.
- Annuity Suitability Questionnaire (SSLAN-SQ-OT 01/21)** – This form is required with all applications. It must be completed by the agent and signed by the agent and owner(s). Return this form to the Home Office with the application. Note: Always complete the information for the owner, and joint owner if applicable. All pages of this Suitability Questionnaire need to be signed or initialed by the owner(s), and page 2 of 3 must be signed by the agent.
- Client Suitability Letter (SSLAN-SLTR-OT 3/2019)** – This form is required only if the owner(s) check “I **REFUSE** to provide this information at this time” or “I have chosen to provide **LIMITED** information at this time” on the Annuity Suitability Questionnaire and has an issue age of 80 or older. This form must be completed and signed by the owner(s). Return this form to the Home Office with the application.
- Agent Disclosure (SSLAN-AGDISCL-OT)** – This form is required with all applications and must be completed and signed by the owner(s) and the agent and returned to the Home Office with the application.
- Policy Owner Identification Verification (SSLAN-PIV-OT Rev 3/2019)** – This form is required with all applications and must be completed and signed by the agent. Return this form to the Home Office with the application.
- Community Property States Spousal Existence/Beneficiary Designation Consent Form (SSLAN-COMMPROPST-OT 3/2019)** – Spousal consent and signature on this form is required with the application if the client’s spouse is not the sole primary beneficiary and the owner resides in a community property state (**AZ, CA, ID, LA, NV, NM, TX, WA, WI**).
- Required Minimum Distribution Disclosure (SSLAN-RMDDISC-OT 02/2020)** – This form is required only if the owner reached age 70 1/2 before January 1, 2020 or will reach age 72 during the guarantee period and has not elected to add the Required Minimum Distribution Rider. It must be signed by the owner and returned to the Home Office with the application.
- IRA Rollover Certification Form (SSLAN-RO-OT 02/2020)** – Complete this form if the annuity will be rolled over from another tax qualified retirement plan. This form must be signed by the owner and returned to the Home Office with the application.
- 1035 Exchange Request Form/Direct Custodial Transfer Request (SSLAN1035-OT Rev 02/20)** – Complete the applicable section of this form if the annuity will be funded with a transfer or 1035 Exchange. The 1035 Exchange section is used for non-qualified funds that are currently in an annuity or life insurance policy. The Direct Custodial Transfer side is used for all other transfers including all qualified transfers and non-qualified funds coming from a policy that is not an annuity or life insurance. This form must be signed by the owner(s) and returned to the Home Office with the application. If the application is faxed the original signed Transfer Request form must be mailed to the Home Office separately.
- Important Notice: Replacement of Life Insurance or Annuities (REP Rev 03/08)** – If there is a replacement involved with the application, both copies of the Replacement Notice must be signed by the owner(s) and agent. One copy should be left with the applicant and the other returned to the Home Office with the application.
- Non-Resident Verification Form (SSLAN-NRV-OT Rev 10/2/2019)** – This form is required only if the application is signed in a state other than the owner(s) Resident State. This form must be completed by the owner(s) and signed by the owner(s) and agent. Return this form to the Home Office with the application.
- Trustee Certification of Trust (SSLAN-CERTTRUST-OT 3/2019)** – This form is required only if the contract owner will be a trust. This form must be completed and signed by all trustees and returned to the Home Office with the application.
- Trust and Other Non-Natural Owner 72(u) Tax Deferred Treatment Certification Form (SSLAN-72(u) 3/2021)** – This form is required only if the owner(s) is a non-natural owner and entitled to the tax-deferral exception, as defined on the form. It must be signed by the trustee(s) or corporate officer(s), whichever is applicable, and returned to the Home Office with the application in order to qualify for tax deferred status.
- Inherited IRA (SSLANIIE 0221)** - If the owner is an Inherited IRA this form will be required to be completed and returned the home office. This form is to be signed by the client who has Inherited the IRA
- Applicants Statement Qualified Retirement Plans (SSLAN-APP-STMT-OT 3/2019)** – This form is required if the annuity contract will be issued in connection with a retirement plan. It must be signed by the trustee(s) and agent and returned to the Home Office.
- Accumulated Interest Withdrawal Form (SSLAN-INTDIST-OT Rev 3/2019)** – This form is required in order to begin Accumulated Interest Withdrawal distributions with the Accumulated Interest Withdrawal Rider. This form must be completed and signed by the owner. Return this form to the Home Office.
- IRA Required Minimum Distribution Election (SSLAN-RMD 021820)** – This form is required in order to begin Required Minimum Distribution (RMD) payments with the Required Minimum Distribution Rider or the Preferred 10% Free Withdrawal Rider. RMD payments may begin in year one with the Required Minimum Distribution Rider and year two with the 10% Free Withdrawal Rider. This form must be completed and signed by owner. Return this form to the Home Office.
- Annuity Disclosure Statement (SSLAN-DISC-TX Rev 060917)** – The information in the Disclosure statement must be covered with the owner(s) by the agent and a copy must be left with the owner(s).

Mailing Address

Sentinel Security Life Insurance Company
PO Box 27248
Salt Lake City, UT 84127-0248

Fax/Email

Attn: New Business, 888-433-4795
newbusiness@sslco.com
Original check and transfer form must be mailed.

Federal Express/UPS

Sentinel Security Life Insurance Company
1405 West 2200 South
Salt Lake City, UT 84119