

APPLICATION SINGLE PREMIUM INDIVIDUAL DEFERRED ANNUITY (MYGA) Print – Use Blue or Black Ink	UPSTREAM LIFE INSURANCE COMPANY Administrative Office P. O. Box 813, Brownwood, TX 76804 P: 877-346-1607 F: 888-272-9502	<i>Home Office Use Only</i>			
Annuity Applied For	Single Premium: \$				
	<input type="checkbox"/> Upstream Life Secure Foundation MYGA (<i>Simple Interest</i>) – I understand that interest will be calculated daily on the Single Premium, less withdrawals that exceed the cumulative amount of interest credited. For subsequent guarantee periods interest will be calculated daily on the Contract Value at the date of renewal, less future withdrawals that exceed the cumulative amount of interest credited. Guarantee Period: <input type="checkbox"/> 3-Year <input type="checkbox"/> 5-Year <input type="checkbox"/> 7-Year <input type="checkbox"/> 10-Year <input type="checkbox"/> 15-Year Riders: <input type="checkbox"/> Death Benefit Rider <input type="checkbox"/> 10% Free Withdrawal Rider Initial: _____				
	<input type="checkbox"/> Upstream Life Secure Legacy MYGA (<i>Compound Interest</i>) – I understand that interest will be calculated daily on the prior days Contract Value for the initial and subsequent guarantee issue periods. Guarantee Period: <input type="checkbox"/> 3-Year <input type="checkbox"/> 5-Year <input type="checkbox"/> 7-Year <input type="checkbox"/> 10-Year <input type="checkbox"/> 15-Year Riders: <input type="checkbox"/> Death Benefit Rider <input type="checkbox"/> 10% Free Withdrawal Rider Initial: _____				
	Annuitant				
Annuitant	Last Name _____ First Name _____ Middle Name _____				
	Street Address _____ City _____ State _____ Zip _____				
	Date of Birth (MM/DD/YYYY)	Age _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
	SSN _____	Telephone _____ Email Address _____			
Joint Annuitant (if applicable)	Last Name _____ First Name _____ Middle Name _____				
	Street Address _____ City _____ State _____ Zip _____				
	Date of Birth (MM/DD/YYYY)	Age _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
	SSN _____	Telephone _____ Email Address _____			
Owner (if other than annuitant)	Last Name _____ First Name _____ Middle Name _____				
	Street Address _____ City _____ State _____ Zip _____				
	Date of Birth (MM/DD/YYYY)	Age _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
	SSN _____	Telephone _____ Email Address _____			
Joint Owner (if other than joint annuitant)	Last Name _____ First Name _____ Middle Name _____				
	Street Address _____ City _____ State _____ Zip _____				
	Date of Birth (MM/DD/YYYY)	Age _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
	SSN _____	Telephone _____ Email Address _____			
Beneficiary (Attach signed & dated sheet if multiple)	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	% share _____	Date of Birth _____	SSN _____	Relationship to Owner _____
	Last Name _____ First Name _____ Middle Name _____				
	Street Address _____ City _____ State _____ Zip _____				
	Email Address _____	Telephone _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

Beneficiary (Attach signed & dated sheet if multiple)	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	% share	Date of Birth	SSN	Relationship to Owner
	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Email Address		Telephone		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Beneficiary (Attach signed & dated sheet if multiple)	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	% share	Date of Birth	SSN	Relationship to Owner
	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Email Address		Telephone		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Beneficiary (Attach signed & dated sheet if multiple)	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	% share	Date of Birth	SSN	Relationship to Owner
	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Email Address		Telephone		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Owner(s) Verification (Attach signed & dated sheet if multiple)	<input type="checkbox"/> Driver's License State of Issue: _____ Number: _____ Expiration Date: _____		<input type="checkbox"/> Passport Country of Issue: _____ Number: _____ Expiration Date: _____		<input type="checkbox"/> Other _____ State/Country of Issue: _____ Number: _____ Expiration Date: _____

Check One: <input type="checkbox"/> Non-Qualified <input type="checkbox"/> *Tax Qualified Plan *If Tax Qualified Plan, this section must be completed. Check One: <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Simple IRA <input type="checkbox"/> Other	Source of Funds: <input type="checkbox"/> New Money <i>If other than New Money, complete applicable form.</i> <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Qualified / Non-Qualified Transfer <input type="checkbox"/> Rollover
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Producer Notes	List producer notes here
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OWNER(S) ACKNOWLEDGEMENT

Owners Signature – (All appropriate boxes must be checked or application will be deemed incomplete.)

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

Will this proposed contract replace any existing life insurance or annuity contract? Yes No N/A
(If yes to either replacement question above, please complete and sign the appropriate replacement form.)

Was your decision to purchase this annuity based on your Agent's recommendation? Yes No

By signing below:
 I acknowledge and understand that annuities purchased with qualified funds are subject to the Required Minimum Distribution ("RMD") Rules. If I turn 70 ½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds. I believe this to be a suitable purchase for my financial status. Any applicable surrender and withdrawal provisions have been explained to me.

I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract. I acknowledge that the information provided on this form, regarding my financial circumstance, investment objectives, risk tolerance, identification information and any other information requested by my agent is complete and accurate to the best of my knowledge. I further acknowledge that neither Upstream Life Insurance Company nor its representatives offer legal or tax advice and that I have been advised to consult my own personal attorney or

tax advisor on any legal or tax matters. I acknowledge that I have been informed of various features of the annuity such as the potential surrender period and surrender charges, and applicable market value adjustments, potential tax penalties upon sale, exchange, surrender or annuitization, potential charges and features of riders. I believe that the annuity for which I am applying is suitable according to my insurance needs and financial objectives. **Fraud Notice: 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.**

Annuitant Signature	Joint Annuitant Signature <i>(if applicable)</i>	Date
Owner Signature	Joint Owner Signature <i>(if applicable)</i>	Date
Signed At (City)	(State)	(Zip)

PRODUCER(S) ACKNOWLEDGEMENT

Producer Signature – (All appropriate boxes must be checked or application will be deemed incomplete)

Does the proposed client have any existing life insurance or annuity contracts? Yes No

Will the proposed contract replace any existing life insurance or annuity contract? Yes No N/A

(If yes to either replacement question above, please complete and sign the appropriate replacement form.)

Was the decision to purchase this annuity based on your recommendation? Yes No

By signing below, I hereby certify and acknowledge the following:

- A. To the best of my knowledge and belief, that all information in this application is true and accurate.**
- B. I further certify that I have explained any applicable surrender charges and withdrawal provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant.**
- C. I have made reasonable effort to obtain, and have obtained, information from the Owner(s) concerning the Owner(s) financial circumstances, investment objectives, risk tolerance and other information relevant to my recommendation.**
- D. It is my belief that based on the information the Owner(s) provided and based on all the circumstances known to me at the time the recommendation was made, the annuity being applied for is suitable for the Owner(s).**
- E. My recommendation to purchase the annuity applied for adheres to any standard of care required by applicable law, including – in the case the source of premium is from Qualified Funds – the Department of Labor’s Fiduciary Rule (the ”Rule”), in which case I have determined that the annuity being applied for is in the best interest of the Owner(s) and that my recommendation for the purchase of such annuity satisfies the requirements of an applicable exemption under the Rule. I further acknowledge that Upstream Life Insurance Company is not, where applicable, serving as a Financial Institution (as defined within the Rule).**
- F. I have verified the identity of the Owner(s) and believe the information each Owner provided to me regarding his or her identity is true and accurate.**

Producer Name (Printed)	Producer Number	State Number <i>(if applicable)</i>
Telephone	Email	Agency Name <i>(if applicable)</i>
Producer Signature	Split %	Date

IF JOINT CASE

Producer Name (Printed)	Producer Number	State Number <i>(if applicable)</i>
Telephone	Email	Agency Name <i>(if applicable)</i>
Producer Signature	Split %	Date