

PO Box 813, Brownwood, TX 76804 • 5750 County Road 225, Brownwood, TX 76801 • Phone (877) 346-1607 • Fax (888) 272-9502

Please complete for each life insurance and annuity contract being replaced.

Note: Attach additional pages as needed.

☐ Check here if additional pages are attached. If so, how many additional pages have been attached? _____

	Upstream Life Insurance Company Product Being Applied For	Replacement Contract # 1	Replacement Contract # 2 (if applicable)
Company	Upstream Life Insurance Company		
Contract Number	N/A		
Contract Type	Fixed		
Surrender Type	N/A	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Product Information	<input type="checkbox"/> Multi Year Guaranteed Annuity <input type="checkbox"/> Single Premium Deferred Annuity <input type="checkbox"/> Single Premium Immediate Annuity		
Qualified Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Issue Date	N/A		
Premiums Paid	\$	\$	\$
Source of Premium	N/A		
Interest Rate Detail			
Surrender Charge Detail (years remaining and amount)			
Current Account Value	N/A	\$	\$
Current Cash Surrender Value	N/A	\$	\$
Current Death Benefit	N/A	\$	\$
Applicable Fees			
Benefits, Riders, Features or Enhancements (including free withdrawal provisions and bonus features)			

OWNER(S) CONFIRMATION

By signing below, I acknowledge that the information I provided on this form, regarding my financial circumstances, 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.

Was your decision to purchase this annuity based on you agent's recommendation? ☐ Yes ☐ No

Owner's Printed Name

Owner's Signature

Date

Joint Owner's Printed Name

Joint Owner's Signature

Date

AGENT'S CONFIRMATION

By signing below, I acknowledge the following:

- A. 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.
- B. 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).
- C. 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).

Was the Owner's decision to purchase this annuity based on your recommendation? ☐ Yes ☐ No

Agent's Printed Name

Agent's Signature

Date