

Rep code	
Rep Name :	

O	wner Information		
	Owner Name:	SSN/Tax ID:	DOB:
	Co-Owner Name:	SSN/Tax ID:	DOB:
	A : 37 () (TC 1:CC C C C)	00N I /III IID	DOD

	Co-Owner Name:			SSN/Tax ID:	DOB:		
	Annuitant Name (s) (If differen	ent from Owner):		SSN/Tax ID:	DOB:		
P	atriot Act Verification	(Select government-issued	docun	nent used for verification	)		
	Ow	, _		Co-Owner			
	☐ Driver's License ☐ Passp	ort Other		☐ Driver's License ☐ Passport ☐ Other			
	ID#	State Issued	ID#	‡	State Issued		
	Issue Date	Expiration		ne Date	Expiration Date		
	I IAII ( DOD )			/ /	/ /		
	Legal Address (no PO Box):		Leg	Legal Address (no PO Box):			
	C'.						
	City	State Zip	City	•	State Zip		
	Country of Citizenship:	Primary Phone:	Cot	antry of Citizenship:	Primary Phone:		
Ç,	uitability Information						
31	Annual Income	Annual Expenses		Net Worth	Liquid Net Worth		
	□ \$0 - \$50,000	□ \$0 - \$50,000	$\dashv_{\vdash}$	] \$0 - \$50,000	□ \$0 - \$50,000		
	□ \$50,001 - \$100,000	□ \$50,001 - \$100,000		] \$50,001 - \$100,000	□ \$50,001 - \$100,000		
	□ \$100,001 - \$200,000	□ \$100,001 - \$200,000		] \$100,001 - \$250,000	□ \$100,001 - \$250,000		
	□ \$200,001 - \$400,000	□ \$200,001 - \$400,000		] \$250,001 - \$500,000	□ \$250,001 - \$500,000		
	\$400,001 - \$1,000,000	□ \$400,001 - \$1,000,000		] \$500,001 - \$1,000,000	□ \$500,001 - \$1,000,000		
	□ >\$1,000,000	□ >\$1,000,000		] \$1,000,001 - \$5,000,000	☐ \$1,000,001 - \$5,000,000		
	<u> </u>	Ψ1,000,000		] > \$5,000,000	$\square > \$5,000,000$		
	Investment Experience  □ Fixed Annuities years			Tax Bracket			
				□ 0−15%			
	☐ Variable Annuities	years		☐ 15.1 − 32%			
	☐ Bonds (debt)	years		32.1 - 50%			
	☐ Bank CDs	years		• Over 50%			
	☐ Other	years		_ OVC 30/0			
		<i>y</i>					



Annuity Purchase Information (Complete for all purchases) Product Name & Issuing Company: **Purchase Amount** Tax Status Qualified Non-Qualified Annuity Rate Annuity Type: Primary Use of this Annuity Single Premium Immediate Annuity Immediate Income Asset accumulation Single Premium Deferred Annuity **Future Income** Wealth transfer **Fixed Indexed Annuity** Guarantee interest rate Reduce estate tax Flexible Premium Deferred Annuity Tax deferred growth Avoid probate costs Linked Benefit Annuity Capital preservation Long term care benefits Medicaid planning Other\_ Surrender Schedule: \_ How many years will contract be in force? Surrender Percentages (Provide Schedule) After this transaction, annuities will represent \_\_\_\_\_\_\_% of client's investable assets. If using an IMO for this transaction, please list the IMO: Fixed Indexed Annuity Purchase Selected rider name: Market Credit Index:\_ Earnings Cap/Limit \_\_\_\_\_% Participation Rate \_\_\_\_\_\_% Spread/Margin/Admin Fee % Type: Date of expected use: Benefit base: Indexing Method □ Annual Reset (Ratchet) □ Biennial □ High Water Mark □ Point to Point ☐ Other Fixed Immediate Annuity Purchase If the Life Only option is selected for this annuity, do you acknowledge that you are aware that income payments will stop upon the death of the annuitant(s)? Acknowledged Yes No Is there a period certain for this contract? Yes No If Yes, what is the number of years?



#### Source of funds

Please select the source of funding for this annuity purchase:					
Fixed Annuity	Certificate of deposit Variable Annuity Life Insurance				
Equity Indexed Annuity	Checking /	Savings	Mutual funds		
	_	_	_		
Other:		I			1 -
	W/D		Months	Surrender	Original
Liquidated Product Name	Type	Amount	remaining on	Charges	Purchase Date
			surrender	_	
	$ \Box_{\mathrm{Full}} $	\$		\$	
	Partial	"			
	Full	\$		\$	
	Partial				
				🗆 🗸	
Was the liquidated product sold to	me by the sar	ne representative s	selling me this pro	duct? Yes	∐ No
			If yes, t	olease list death benef	it amount
Does liquidated product have a dea	th benefit?	☐ Yes ☐ No			
			\$		
Does liquidated product have any 1	riders?	lame of rider:			
Yes (If yes, complete questions or	n right) B	enefit base of ride	r: \$		
	7				
☐ No	1	ype of rider:			
	12	lad rider been use	d/turned on?	Yes	No
Had rider been used/turned on? Yes No  If there is a change in benefits, please provide additional detail explaining this change.					
are there to the change in Semente, pre-	ace provide ac	on one	-w	5	
Reason(s) to sell or exchange ye	our existing i	investment(s):			
Desired features not available w	rith the existing	ig product			
Dissatisfaction with the existing	product				
Changes in life insurance needs,	financial goals	s or investment ob	jectives		
Other: (Please Explain)					
Disclosure: Selling or surrendering existing investments to purchase a fixed annuity may involve surrender charges/fees and					
have significant tax implications. This section provides important disclosure information; please read it carefully.					
Selling existing investments to provide the funds to purchase a fixed annuity may create capital gains or losses and may					
involve transaction costs or other fees. You should carefully consider such costs and the tax issues around any potential sale before the assets are liquidated. In particular, mutual funds, variable annuities and variable life insurance are products					
1				-	
	primarily designed to meet long-term investment goals and objectives and/or insurance needs, and can have significant				
expenses involved with their sale if you have owned them for only a short period of time. Only you can decide whether					
replacing your existing product is appropriate for your situation.					



#### **Owner Attestation**

By signing below, you acknowledge:

- The annuity will meet your insurance needs and objectives
- The annuity contract is a long-term financial product
- Understanding the current benefits and features of this annuity including the free withdrawal provisions, income options and applicable surrender charges.
- Discussing with your Representative ways to access the money
- Understanding without a return of premium feature, after the free look period, you can not return the annuity for a refund without penalty

**Signatures** 

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Owner Name:	Signature	Date
Co-Owner Name	Signature	Date
Rep Name	Signature	Date
OSJ Name (if applicable)	Signature	Date
PCS Managing Principal Name	Signature	Date

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