



American Century Life Insurance Company

1333 W. McDermott Dr. #200

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

Individual Single Premium Immediate Annuity Application

Owner & Annuitant	Joint Owner
Full Name: _____	Full Name: _____
Date of Birth: _____ SS#: _____	Date of Birth: _____ SS#: _____
Phone #: _____ Gender: M F	Phone #: _____ Gender: M F
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Email: _____	Email: _____
	Relationship to Annuitant: _____

Account Type & Single Premium			
Single Premium Amount: _____			
This annuity is applied for as:	Non-Qualified	Qualified IRA	Qualified ROTH IRA
Premium Payment Method			
Check – Enclosed is a check or money order			
Bank Draft – Draft from the following account			
Routing Number: _____	Draft Date: _____		
Account Number: _____	Account Type: Checking Savings		
Transfer			
Account Number: _____	Insurance Company Name: _____		
Account Balance: _____	Phone Number: _____		

Primary Beneficiaries					
Name	Date of Birth	SSN	Relationship to Owner	%	

Contingent Beneficiaries					
Name	Date of Birth	SSN	Relationship to Owner	%	

Tertiary Beneficiaries					
Name	Date of Birth	SSN	Relationship to Owner	%	



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ANNUITY SUITABILITY ANALYSIS

PERSONAL INFORMATION							
<p style="text-align: center;">Owner</p> <p>Full Name _____ Age: _____</p> <p>Government ID Type: _____ No.: _____</p> <p>Citizenship Status US Citizen Resident Alien</p> <p>Employed? Yes No Retired</p>	<p style="text-align: center;">Joint Owner/Spouse (if any)</p> <p>_____ Age: _____</p> <p>Type: _____ No.: _____</p> <p>US Citizen Resident Alien</p> <p>Yes No Retired</p>						
FINANCIAL SITUATION AND NEEDS OF OWNER(S)							
Gross annual household Income _____	Gross annual household expenses _____						
Existing assets and financial products: (include this annuity. Qualified assets over age 59½ are considered liquid)							
<p>Liquid Assets</p> <p>Annuity, surrender free _____</p> <p>Checking account _____</p> <p>Savings account/CD _____</p> <p>Stocks/bonds/mutual funds _____</p> <p>Retirement plans (IRA, 401(K), etc.) _____</p> <p>Other _____</p> <p>Less: Debt due in 12 months _____</p> <p>Total Liquid Assets (A) _____</p>	<p>Non-Liquid Assets</p> <p>Annuities, in surrender _____</p> <p>Retirement plans (IRA, 401(K), etc.) _____</p> <p>Stocks/bonds/mutual funds _____</p> <p>Real Estate (non-primary residence) _____</p> <p>Life insurance cash value _____</p> <p>Other _____</p> <p>Less: Debt due in over 12 months _____</p> <p>Total Non-Liquid Assets (B) _____</p> <p>Estimated net worth (A)+(B) _____</p>						
Financial Objectives (check all that apply):							
Asset accumulation	Tax deferred growth	Immediate income	Transfer to heirs				
Future retirement income	Safety of principal	Guaranteed interest rate	Other: _____				
Source of Funds for this Annuity Application:							
CD/Savings/Checking	Inheritance	Current income					
Death benefit proceeds	Qualified plan distribution	Cash value from existing annuity					
Liquidation of assets	Rollover/transfer from qualified account	Other: _____					
Period of Time Before Money is Needed:							
1-3 years	4-6 years	7-9 years	10-12 years	13 or more years			
Do you anticipate a significant decrease in your future income or increase in your future expenses during the Guarantee Period? Yes No. If Yes, please explain: _____							
If you plan on using funds from existing annuity or life insurance contract to fund this annuity, would there be any surrender or other charges involved with this surrender? Yes No. If Yes, what is the estimated amount? _____							
What is your general risk tolerance? (Check one)							
Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive			
Tax Situation							
Federal income tax bracket:	12%	22%	24%	32%	35%	37%	_____ %



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How do you anticipate taking distributions from this annuity? (check all that apply)			
Free/systematic withdrawals	Annuitize	Leave to beneficiary	Required minimum distribution
Income rider/income option	Lump sum	Immediate income	No distributions anticipated

AGENT’S EXPLANATIONS & ACKNOWLEDGMENT

Reasons for recommending this product to the client (check all that apply):

Higher interest rate No fees on transfer from current annuity Free interest withdrawal, RMD

Free death benefits Other: _____

Possible disadvantages of purchasing the proposed annuity: _____

I have made the recommendation to purchase this annuity based on the information gathered. The product meets the customer’s financial needs and objectives based on the information the customer provided. Further, if my recommendation includes the replacement of an existing life insurance policy or annuity contract, I believe this new annuity provides additional or new benefits over the replaced policy or contract based on the information provided by the customer. I have not made any representations or promises about the future value of this contract that differ from the company provided materials.

I understand and acknowledge that some annuity recommendations, such as those related to “rollovers” or transfers from certain retirement plans or IRAs, could be “fiduciary” investment advice recommendations as that term is defined by ERISA and the Internal Revenue Code. If I make such a fiduciary recommendation, I acknowledge that I am responsible for complying with the requirements of an applicable U.S. Department of Labor prohibited transaction exemption covering any receipt of sales-related compensation. I understand and acknowledge that if I choose to rely on PTE 84-24, an 84-24 disclosure form must be completed, signed by the applicant and me, and a copy left with the applicant. I understand that the 84-24 disclosure form should not be sent to American Century.

_____ Agent Signature _____ Agent Name _____ Date

OWNER(S)’S ACKNOWLEDGMENT

You are buying a financial product - an annuity. To recommend a product that effectively meets Your needs, objectives and situation, the agent, broker or company needs information about you, Your financial situation, insurance needs and financial objectives.

(1) If you check either box below, it means you have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets Your needs, objectives and situation. You may lose protections under the State’s Insurance Code if You select either of these options.

I REFUSE to provide this information at this time.

I have chosen to provide **LIMITED** information at this time.

(2) If you check “My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer” below, it means You know that you are buying an annuity that agent, broker or company did not recommend that I buy. If You buy without a recommendation, You understand you may lose protections under the State’s Insurance Code.

My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND UNDERSTAND IT.

_____ Owner Signature _____ Joint Owner Signature _____ Date



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A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agents that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agents to determine whether replacement or financing your purchase makes sense.

PREMIUMS

Are they affordable?

Could they change?

You're older – are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES

New policies usually take longer to build cash values and to pay dividends

Acquisition costs for the old policy may have been paid, you will incur costs for the new one

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down

You may need a medical exam for a new policy

Claims on most new policies for up to the first two years can be denied based on inaccurate statements

Suicide limitations may begin anew on the new coverage

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay expenses?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS

What are the tax consequences of buying the new policy?

Is this a tax free exchanges? (See your tax advisor.)

Is there a benefit from favorable "grandfathering" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?



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INSURANCE AGENT DISCLOSURE FOR ANNUITIES

Do Not Sign Unless You Have Read and Understand the Information in this form

Client(s) ("You", "Your") and Insurance Agent ("Me", "I", "My") Information		
Client(s) name(s):	_____	
Agent Name:	_____	Business\Agency Name: _____
Business Mailing Address:	_____	
Business Telephone Number:	_____	Email Address: _____
National Producer Number:	State _____ No. _____	Website: _____

What Types of Products Can I Sell You?		
I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.		
I offer the following products (check all that apply):		
Fixed or Fixed Indexed Annuities	Variable Annuities	Life Insurance
I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.		
Mutual Funds	Stocks/Bonds	Certificates of Deposits
Whose annuities can I sell to you?		
Annuities from only one (1) insurer	Annuities from two or more insurers	
Annuities from two or more insurers although I primarily sell annuities from: _____		

How I'm Paid for My Work:		
It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.		
Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:		
Commission, which is usually paid by the insurance company or other sources. If "other sources", please describe below		
Fees (such as a fixed amount, hourly rate, or percentage of your payment), which are usually paid directly by the customer		
Other (Describe): _____		

If You have questions about the above compensation, I will be paid for this transaction, please ask me.

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), or other incentives from the insurance company or other sources

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

_____	_____	_____
Owner signature	Joint Owner signature	Agent signature
_____	_____	_____
Date	Date	Date

