



**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	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: _____	Relationship to Annuitant: _____

Annuitant	Joint (Contingent) Annuitant
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: _____

Primary Beneficiaries					
Name	Date of Birth	SSN	Relationship to Owner	Percentage	

Contingent Beneficiaries					
Name	Date of Birth	SSN	Relationship to Owner	Percentage	

Single Premium	
Single Premium Amount: _____	
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
Roll Over – I will roll over another annuity:	
Account Number: _____	Insurance Company Name: _____
Account Balance: _____	Phone Number: _____



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**Distributions**

Payee Name: \_\_\_\_\_ Relationship to Annuitant: \_\_\_\_\_

Periodic Distribution Amount: \_\_\_\_\_ (minimum of \$100)

Distributions Term: \_\_\_\_\_ Years (between 3-30 years) or Last Distribution Date: \_\_\_\_\_

Distributions Frequency: Monthly Quarterly Semi-Annual Annual

Date of First Distribution: \_\_\_\_\_ (within one year of application date)

Make the distributions to the following bank account:

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Checking Savings

Make the distributions by check to the following address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Make premium payments on a life insurance policy (include a policy copy or statement):

**Irrevocable** instructions to make payments to the following life insurance company as long as the policy below is in force

Policy Owner: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agreement**

- I believe this to be a suitable purchase for my financial status. I understand that this **policy is irrevocable, has no cash value or surrender value, and cannot be commuted or surrendered.**
- I read, understand, and agree to all terms and conditions as shown above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.

**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.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Annuitant Signature

\_\_\_\_\_  
Joint Annuitant Signature

\_\_\_\_\_  
Date

**Agent Certification**

1. Did you personally interview the applicant and witnessed all signatures?
2. Did you and the applicant(s) review the application for correctness and any omissions?
3. Are you and the insured related?

Yes No

Send policy to Policy Owner Agent

By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have fully and accurately disclosed all of the terms and conditions of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Date



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**ANNUITY SUITABILITY ANALYSIS**

PERSONAL INFORMATION							
<p style="text-align: center;"><b>Owner</b></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;"><b>Joint Owner/Spouse (if any)</b></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><b>Liquid Assets</b></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><b>Total Liquid Assets (A)</b> _____</p>	<p><b>Non-Liquid Assets</b></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><b>Total Non-Liquid Assets (B)</b> _____</p> <p><b>Estimated net worth (A)+(B)</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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**IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchase are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on an existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involved the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  Yes  No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  Yes  No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (including the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing.

Insurer Name	Contract or policy #	Insured or Annuitant	Replaced or financing
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: \_\_\_\_\_

I do not want this notice read aloud to me (Applicants must initial only if they do not want the notice read aloud.) \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_

Owner Signature    Joint Owner Signature    Date

\_\_\_\_\_

Agent Signature    Agent Name    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



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**ACCOUNT TRANSFER INSTRUCTIONS**

Policy/Account Owner	Insurance Company/Trustee/Financial Institution
Owner Name: _____	Name: _____
Joint Owner Name: _____	_____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
SSN/Tax ID: _____	Phone #: _____
Annuitant Name: _____	Account #: _____

Transfer Instructions				
Account Type:	Annuity	Life Insurance	Certificate of Deposit	Other: _____
Please transfer/exchange my existing account and process as requested:				
All	or	Partial \$ _____		
Immediately	or	Upon maturity date of _____		
To new policy account	or	Existing policy # _____		

Non-Qualified Plans
This transfer is for a non-qualified plan or account
For IRC§1035 exchanges, I assign and transfer to American Century Life Insurance Company (ACLIC) all rights and interests in the above policy/certificate for the sole purpose of effecting a tax-free transfer/exchange of the cash surrender value. This assignment shall not be effective until ACLIC accepts it in writing. If no exchange takes place, then this assignment becomes null and void. If this is a partial IRC§1035 exchange, information is requested with respect to the basis and gain on the account and will be provided to the IRS for tax reporting purposes.

Qualified Plans			
<b>Type of Transfer or Rollover:</b>	<b>From Type of Plan:</b>		<b>To Type of Plan:</b>
Trustee-to-Trustee Transfer	IRA, SEP	403(b) TSA	IRA
Conversion to Roth IRA	Roth IRA	401(k)	Roth IRA
Direct Rollover (Eligible Rollover Distribution)	Inherited IRA		Inherited IRA
<b>Qualifying Event for Direct Rollover of Funds:</b>	<b>Required Minimum Distribution (RMD) Information:</b>		
Age 59½	Death	I am not required to make RMD or RMD already been made for the year	
Disability	Plan Termination	Distribute my RMD to me before transferring my qualified funds	
Severance of Employment	Divorce	Do NOT distribute my RMD before transferring my qualified funds.	
		RMD has been or will be made from another account.	

The Owner(s) hereby authorize the current financial institution to provide information necessary to complete the requested transfer to ACLIC
Please liquidate and transfer the funds referenced above to ACLIC. I represent that my account/policy/contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. ACLIC is not responsible for any expense, tax effect or surrender charge that may result from of this transaction. Unless required by law, please do not withhold any taxes from the proceeds.
I certify that my policy # _____ with _____ has been lost or destroyed.

Owner Name	Signature	Date	Medallion Signature Guarantee
Joint Owner Name	Signature	Date	

**To the prior Trustee:** American Century Life Insurance Company acknowledges that an application has been received from the owner referenced above and will accept the funds as requested for the credit of the owner.

Print Name	Signature	Date
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