

Individual Single Premium Deferred 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: _____

Annuity Term & Amount
Single Premium Amount: _____ This is an inherited annuity
Guaranteed Interest Term
Guarantee Period: 3 Years 5 Years 7 Years 10 Years
Riders (see rider forms for complete rider terms)
Withdrawal riders – select up to one of the three riders: <u>Rate change</u> ☐ Free partial withdrawal: allows, after one year, annual free withdrawal of the greater of 10% or RMD (0.15%) ☐ Interest withdrawals only: allows, after 30 days, free withdrawal of interest accumulated in the past year (0.10%) ☐ Required minimum distribution: allows, after 30 days, free RMD distribution (0.10%) ☐ Death benefits equal account value: Changes death benefits to equal the account value (0.15%)
This annuity is applied for as: Non-Qualified Qualified IRA Qualified ROTH IRA Other Qualified
Replacement
1. Do you have any existing life insurance or annuity contracts? Yes No 2. Will this contract replace or change any exiting life insurance or annuity policies? Yes No

Single Premium Payment
Check – Enclosed is a check or money order for \$ _____ Bank Draft – Draft from the following account: Routing Number: _____ Draft Date: _____ Account Number: _____ Account Type: Checking Savings Roll Over/Transfer – roll over or transfer funds from another annuity or account: Account Number: _____ Insurance Company: _____ Account Balance: _____ Phone Number: _____

**Primary Beneficiaries**

Name	Date of Birth	SSN	Relationship to Owner	Percentage

Contingent Beneficiaries

Name	Date of Birth	SSN	Relationship to Owner	Percentage

Agreement

- I believe this to be a suitable purchase for my financial status. Any applicable withdrawal and market value adjustment provisions have been explained to me. I understand that there are no free withdrawals unless a specific waiver applies.
- I understand that amounts payable under the contract may be subject to a Market Value Adjustment.
- 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, 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**

Yes No

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

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 explained any applicable withdrawal charges, withdrawal and market value adjustment 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. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

Agent Name_____
Agent Signature_____
Agent Number_____
Date

**DEPARTMENT OF FINANCIAL SERVICES***Division of Agent & Agency Services - Bureau of Investigation***DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS****EXISTING ANNUITY CONTRACT**

Annuitant(s) _____
Insurer _____
Contract # _____

PROPOSED ANNUITY CONTRACT

Annuitant(s): _____
Insurer: _____
Application #: _____

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Contract Issue Date	Mo Day Yr	Mo Day Yr (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	☐ Yes ☐ No	☐ Yes ☐ No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	☐ Yes ☐ No	☐ Yes ☐ No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	☐ Yes ☐ No	☐ Yes ☐ No
Annual Free Withdrawal Percentage Rate	%	%
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)		
Investment/Insurance components (Describe)		
Waiver of Surrender Charge Benefit or Similar Benefit?	☐ Yes ☐ No	☐ Yes ☐ No
Riders, Features/Cost (Describe)		
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)		

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Living Benefits (Describe)		
Minimum Guaranteed Interest Rate	%	%
Limitations on interest returns (Describe)		
Interest Rate Cap / Term	/	/
Participation Rate / Term	/	/
Indexing Method / Term	/	/
Other Fees (Describe)		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	☐ Yes ☐ No	☐ Yes ☐ No
Limits and Exclusions for Bonuses that may be payable (Describe)		

Comments and continuation from above:

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Generic Contract Type” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Marketing Name” is the name adopted by the insurer to identify the contract form.

“Qualified Contract” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“Annuity Maturity Date” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Surrender Charge” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“Surrender Charge Period” is the number of annuity contract years a surrender charge may be applicable.

“Initial Surrender Charge Percentage Rate” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“Surrender Charge Percentage Schedule for Remaining Years” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“Minimum Guaranteed Interest Rate” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Initial Bonus Percentage or Amount” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Potential Loss of Bonus if Exchanged” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Interest Rate Cap” this is the maximum rate of interest the annuity will earn.

Owner’s Signature

Date Signed

EXPLANATION OF TERMS

(CONTINUED)

“Participation Rate” the participation rate decides how much of the increase in the index will be used to calculate index –linked interest.

“Indexing Method” means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated. “Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

Owner’s Signature

Date Signed



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Investigation

ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last _____ First _____ Middle _____
Date of Birth ____ / ____ / ____ Age ____ Sex ____
Entity: _____
Tax Status _____ Relationship to Annuitant(s): _____
Form of Ownership: _____
Supporting documents (list): _____

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	☐ Yes ☐ No
Do you currently own life insurance? Please list:	☐ Yes ☐ No
Does your income cover all your living expenses including medical?	☐ Yes ☐ No
Do you expect changes to your living expenses?	☐ Yes ☐ No
Do you anticipate changes in your out-of-pocket medical expenses?	☐ Yes ☐ No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	☐ Yes ☐ No
Do you have an emergency fund for unexpected expenses?	☐ Yes ☐ No

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- ☐ Income ☐ Growth (long term) ☐ Safety of Principal and Income
☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death
☐ Other: _____

Owner's Signature

Date Signed

Describe your risk tolerance: (Check all that apply)

☐ Conservative ☐ Moderately conservative ☐ Moderate ☐ Moderately aggressive

☐ Aggressive ☐ Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? _____

☐ Yes ☐ No

If yes, will you pay a penalty or other charge to obtain these funds? _____

☐ Yes ☐ No

If yes, the amount of the charge or penalty _____

\$ _____

Additional Information:

Owner's Signature

Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- ☐ I **REFUSE** to provide this information at this time.
- ☐ I have chosen to provide **LIMITED** information at this time.
- ☐ My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- ☐ My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

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.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner’s Signature

Date Signed

APPENDIX B

CONSUMER REFUSAL TO PROVIDE INFORMATION

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

Why are You being given this form?

You're 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.

If You sign this form, 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 Insurance Code of [this state] if You sign this form or provide inaccurate information.

Statement of Purchaser:

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

Customer Signature

Date

APPENDIX C

Consumer Decision to Purchase an Annuity NOT Based on a Recommendation

Do Not Sign This Form Unless You Have Read and Understand It.

Why are You being given this form? 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 has the responsibility to learn about You, your financial situation, insurance needs and financial objectives.

If You sign this form, it means You know that you're buying an annuity that was not recommended.

Statement of Purchaser:

I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it **without a recommendation**, I understand I may lose protections under the Insurance Code of [this state].

Customer Signature

Date

Agent/Producer Signature

Date

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 same 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

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?

APPENDIX A

INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES Do Not Sign Unless You Have Read and Understand the Information in this Form

Date: _____

INSURANCE AGENT (PRODUCER) INFORMATION (“Me”, “I”, “My”)

First Name: _____ Last Name: _____

Business\Agency Name: _____ Website: _____

Business Mailing Address: _____

Business Telephone Number: _____

Email Address: _____

National Producer Number in [state]: _____

CUSTOMER INFORMATION (“You”, “Your”)

First Name: _____ Last Name: _____

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:

- ☐ 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?

I am authorized to sell:

☐ 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, describe:
_____.
- ☐ Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.
- ☐ Other (Describe):_____.

<i>If You have questions about the above compensation I will be paid for this transaction, please ask me.</i>
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I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

***Drafting Note:** This disclosure may be adapted to fit the particular business model of the producer. As an example, if the producer only receives commission or only receives a fee from the consumer, the disclosure may be refined to fit that particular situation. This form is intended to provide an example of how to communicate producer compensation, but compliance with the regulation may also be achieved with more precise disclosure, including a written consulting, advising or financial planning agreement.*

***Drafting Note:** The acknowledgement and signature should be in immediate proximity to the disclosure language.*

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

Customer Signature

Date

Agent (Producer) Signature

Date

**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									
Type of Transfer or Rollover: Trustee-to-Trustee Transfer Conversion to Roth IRA Direct Rollover (Eligible Rollover Distribution)	<table border="1"><thead><tr><th>From Type of Plan:</th><th>To Type of Plan:</th></tr></thead><tbody><tr><td>IRA or SEP</td><td>403(b) TSA IRA</td></tr><tr><td>Roth IRA</td><td>401(k) Roth IRA</td></tr><tr><td>Inherited IRA</td><td>Inherited IRA</td></tr></tbody></table>	From Type of Plan:	To Type of Plan:	IRA or SEP	403(b) TSA IRA	Roth IRA	401(k) Roth IRA	Inherited IRA	Inherited IRA
From Type of Plan:	To Type of Plan:								
IRA or SEP	403(b) TSA IRA								
Roth IRA	401(k) Roth IRA								
Inherited IRA	Inherited IRA								
Qualifying Event for Direct Rollover of Funds: Age 59½ Death Disability Plan Termination Severance of Employment Divorce	Required Minimum Distribution (RMD) Information: I am not required to make RMD or RMD already been made for the year Distribute my RMD to me before transferring my qualified funds 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
Joint Owner/Spouse Name	Signature	Date

Medallion Signature Guarantee

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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