

NOTICE TO RESIDENTS OF AZ: On written request you may ask us to provide you within ten business days, or 30 calendar days if you are 65 or older, additional factual information regarding the benefits and provisions of this Contract. If for any reason you are not satisfied, you may cancel the Contract within that period by returning the Contract to our office, or the agent who sold it with a written request for cancellation. Return of this Contract by mail is effective on receipt by us. The returned Contract will be treated as if we had never issued it. We will promptly return your Purchase Payment.

NOTICE TO RESIDENTS OF CA (AGE 60 AND OLDER): YOU HAVE PURCHASED AN ANNUITY CONTRACT. REVIEW IT CAREFULLY FOR LIMITATIONS. YOU MAY CANCEL THE CONTRACT WITHIN 30 DAYS OF THE DATE YOU RECEIVE IT BY RETURNING IT TO THE INSURANCE COMPANY OR THE AGENT WHO SOLD YOU THE CONTRACT. WE WILL REFUND YOUR PREMIUM. AFTER 30 DAYS, CANCELLATION OF THE CONTRACT MAY RESULT IN A SUBSTANTIAL PENALTY, KNOWN AS A SURRENDER CHARGE.

NOTICE TO RESIDENTS OF CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

NOTICE TO RESIDENTS OF FL: Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO RESIDENTS OF NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO RESIDENTS OF AR, DC, KY, LA, ME, NM, OH, OK, PA AND TN: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SPECIAL REMARKS:

NOT INSURED BY ANY GOVERNMENT AGENCY · NO BANK GUARANTEE · NOT A DEPOSIT

I understand this application will become part of the annuity contract. The information I provided is true and correct to the best of my knowledge and belief. The company deems my statements as representations and not warranties. The Company may accept instructions from any Owner/Participant on behalf of every Owner/Participant.

Application signed at: _____ on _____.
(City and State) (Application Date)

Owner/Participant 1: _____ Owner/Participant 2: _____

Any Owner/Participant daytime phone #: _____ Annuitant: _____
(If not an Owner/Participant.)

Federal law requires the following notice: We may request or obtain additional information to establish or verify your identity.

Producer Report

To the best of your knowledge and belief, does this annuity purchase change or replace any existing annuity or life insurance? Yes No

Did you verify the applicant's identity using a government issued photo I.D? Yes No

Did you determine the suitability of this annuity product to the senior applicant's financial objectives and situation by inquiring into:

* The applicant's financial status? Yes No

* The applicant's tax status? Yes No

* The applicant's investment objectives? Yes No

* Other relevant information? Yes No

* *Comments* _____

Sign Producer Name: _____

Print Producer Name: _____

Producer #: _____

Agency /Brokerage: _____

Producer Phone #: _____

FL Lic. # (if applicable) _____