

[Redacted]

Producer Notes 	List producer notes here
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PRODUCER SIGNATURE - (ALL APPROPRIATE BOXES MUST BE CHECKED OR APPLICATION WILL BE DEEMED INCOMPLETE)

Advertising: Did you use any sales materials? If yes, did you use any Company approved sales materials? If yes, did you leave a copy with the client?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A
Replacement: Does the proposed client have any existing life insurance or annuity contracts? Will the proposed contract replace any existing life insurance or annuity contract? <i>(If yes, please complete and sign the appropriate replacement form for your state.)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> N/A

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 surrender 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.

Producer's Name (Printed) [Redacted]	Producer Number [Redacted]	State Number (if applicable)
Telephone [Redacted]	Agency Name (if applicable) [Redacted] Split 50%	
Producer's Signature [Redacted]	Date 12/28/2023	

If Joint Case

Producer's Name (Printed) [Redacted]	Producer Number [Redacted]	State Number (if applicable)
Telephone [Redacted]	Agency Name (if applicable) [Redacted] Split % 50%	
Producer's Signature [Redacted]	Date 12/28/2023	

Fraud Notice: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance on 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.