

Axonic **Waypoint** Multi-Year Guaranteed Annuity

Individual Single Premium Deferred Annuity Application

Contract issued by:
AmFirst Insurance Company

Products are marketed and serviced by
Axonic Insurance Services LLC

Mailing Address:
Axonic Insurance Services
P.O. Box 3289
Jackson, MS 39207-3289

**Overnight Delivery from
Courier Services Only:**
Trustmark National Bank
FBO: Axonic Insurance Services
248 East Capitol St
Lockbox Department, 7th Floor – Suite 786
Jackson, MS 39201

Service Desk:
(833) 948-2581
newbusiness@axonicservices.com
Fax Number:
(866) 860-7101

TYPE OF APPLICATION: Individual Joint Custodial (UGMA/UTMA) Non-Natural Person (Trust/Corp/Non-Corp Entity)
Is the Annuitant the same as the Owner? Yes No

SECTION 1. OWNER (if Natural Person)

First Name Middle Name Last Name

Residence Address (cannot be a P.O. Box) City State Zip

Mailing Address (If different than residence address)

Phone Number Email Address

Date of Birth (MM/DD/YYYY) Gender at Birth Marital Status Social Security #
Male Female Single Married

I am a U.S. person (U.S. Citizen or Resident alien) and the Taxpayer Identification Number provided is my correct number and the Internal Revenue service has NOT notified me that I am subject to backup withholding. I am NOT a U.S. person. I am a resident of: Complete Form W-8BEN

Are you considered a Politically Exposed Person (PEP): No Yes If Yes, please provide details:

If Custodian, please provide the following information for Individual or Entity

First Name Last Name (or name of Entity)

SECTION 2. JOINT OWNER INFORMATION (Must be a legal spouse)

First Name Middle Name Last Name

Residence Address (cannot be a P.O. Box) City State Zip

Mailing Address (If different than residence address) City State Zip

Phone Number Email Address

Date of Birth (MM/DD/YYYY) Gender at Birth Social Security #
Male Female

I am a U.S. person (U.S. Citizen or Resident alien) and the Taxpayer Identification Number provided is my correct number and the Internal Revenue service has NOT notified me that I am subject to backup withholding. I am NOT a U.S. person. I am a resident of: Complete Form W-8BEN

Are you considered a Politically Exposed Person (PEP): No Yes If Yes, please provide details:

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SECTION 3. TRUST/CORPORATE/NON-CORPORATE ENTITY

A Trust Certification Form is required if a Trust is named as Owner or Beneficiary

Trust/Corp Name Tax ID

Contact Name State

Contact Email Address Contact Phone Number

SECTION 4. ANNUITANT (If different than the Owner)

Relationship to Owner: Spouse Non-Spouse, please specify:

First Name Middle Name Last Name

Residence Address (cannot be a P.O. Box) City State Zip

Mailing Address (If different than residence address) City State Zip

Phone Number Email Address

Date of Birth (MM/DD/YYYY) Gender at Birth Marital Status Social Security #

Male Female Single Married

I am a U.S. person (U.S. Citizen or Resident alien) and the Taxpayer Identification Number provided is my correct number and the Internal Revenue service has NOT notified me that I am subject to backup withholding.

I am NOT a U.S. person. I am a resident of:

Complete Form W-8BEN

Are you considered a Politically Exposed Person (PEP): No Yes If Yes, please provide details:

SECTION 5. JOINT ANNUITANT (If different than the Owner)

Relationship to Owner: Spouse Non-Spouse, please specify:

First Name Middle Name Last Name

Residence Address (cannot be a P.O. Box) City State Zip

Mailing Address (If different than residence address) City State Zip

Phone Number Email Address

Date of Birth (MM/DD/YYYY) Gender at Birth Marital Status Social Security #

Male Female Single Married

I am a U.S. person (U.S. Citizen or Resident alien) and the Taxpayer Identification Number provided is my correct number and the Internal Revenue service has NOT notified me that I am subject to backup withholding.

I am NOT a U.S. person. I am a resident of:

Complete Form W-8BEN

Are you considered a Politically Exposed Person (PEP): No Yes If Yes, please provide details:

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SECTION 6. BENEFICIARY DESIGNATION (Include additional beneficiaries on an additional page attached to this application)

Primary and Contingent Beneficiaries must each equal 100%.

		First Name (or Trust Name)	Middle Initial	Last Name		
Beneficiary 1						
<input checked="" type="checkbox"/> Primary	Relationship	Date of Birth (or Trust Date)	Gender at Birth	SSN or TIN		
			Male Female			
%	Address	City	State	Zip		
	Email	Phone Number				
		First Name (or Trust Name)	Middle Initial	Last Name		
Beneficiary 2						
<input type="checkbox"/> Primary	Relationship	Date of Birth (or Trust Date)	Gender at Birth	SSN or TIN		
<input type="checkbox"/> Contingent			Male Female			
%	Address	City	State	Zip		
	Email	Phone Number				
		First Name (or Trust Name)	Middle Initial	Last Name		
Beneficiary 3						
<input type="checkbox"/> Primary	Relationship	Date of Birth (or Trust Date)	Gender at Birth	SSN or TIN		
<input type="checkbox"/> Contingent			Male Female			
%	Address	City	State	Zip		
	Email	Phone Number				
		First Name (or Trust Name)	Middle Initial	Last Name		
Beneficiary 4						
<input type="checkbox"/> Primary	Relationship	Date of Birth (or Trust Date)	Gender at Birth	SSN or TIN		
<input type="checkbox"/> Contingent			Male Female			
%	Address	City	State	Zip		
	Email	Phone Number				
		First Name (or Trust Name)	Middle Initial	Last Name		
Beneficiary 5						
<input type="checkbox"/> Primary	Relationship	Date of Birth (or Trust Date)	Gender at Birth	SSN or TIN		
<input type="checkbox"/> Contingent			Male Female			
%	Address	City	State	Zip		
	Email	Phone Number				

SECTION 7. POLICY & PREMIUM DETAILS

Initial Premium: Amount \$

Funds Are:

Non-Qualified

Check	Amount \$	Details
Wire	Amount \$	Details
1035 Exchange	Amount \$	Company
Other Non-Qualified Transfer	Amount \$	Company

Qualified

Rollover/Transfer	Amount \$	Type of Plan	Company
Rollover/Transfer	Amount \$	Type of Plan	Company
Rollover/Transfer	Amount \$	Type of Plan	Company
Check/Wire	Amount \$		

Guarantee Period	1	2	3	4	5	6	7	8	9	10 Years	Anticipated Guaranteed Rate
(one selection allowed per application)											Subject to change

Riders

- Market Value Adjustment (MVA)
- Terminal Illness
(Rider benefit subject to Owner age qualifications)
- Nursing Home Waiver
(Rider benefit subject to Owner age qualifications)

SECTION 8. OTHER COVERAGE & ARRANGEMENTS

Does the Proposed Owner have any existing life insurance or annuity contracts? Yes No

Is this policy being purchased to replace or change any existing life insurance or annuity contract ? Yes No

If Yes, please complete the 1035 EXCHANGE / ROLLOVER / TRANSFER eFORM for each life insurance or annuity contract being replaced.

SECTION 9. STATEMENTS AND AUTHORIZATIONS

PROPOSED OWNER'S STATEMENT

I have read and understand the Application and have been presented with AmFirst Insurance Company sales materials. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. The representation in this Application is true to the best of my knowledge and belief, all of my statements and answers to the application are correct. I agree the annuity contract will not be in effect until it has been issued by AmFirst Insurance Company ("the Company") and the single premium is paid. I understand Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who purchases a financial product.

NOTE: This application asks for your name, address, date of birth and other information that will allow us to identify each customer. We may also ask to see your driver's license or other identifying documents. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract information.

FRAUD NOTICE/WARNING: Any person who knowingly submits a false statement in an Application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I have read, understand, and acknowledge the Fraud Notice.

Owner's Signature _____ **Date** (MM/DD/YYYY) _____ **City, state where signed** _____

Joint Owner's Signature _____ **Date** (MM/DD/YYYY) _____ **City, state where signed** _____

PRODUCER'S STATEMENT

To the best of my knowledge and belief, the Proposed Owner does does not have any existing annuity coverage and the insurance applied for will will not replace any existing annuity coverage. To the best of my knowledge, I have verified the personal information of the Applicant. I made reasonable efforts to obtain information concerning the consumer's financial status, tax status, investment objectives and such information used or considered to be reasonable in making the annuity recommendation and find the annuity being applied for appropriate for his/her needs. I have fully explained the Contract to the client, including Contract restrictions and charges, and I believe this transaction is suitable given the client's financial situation.

I certify that only approved sales materials provided by AmFirst Insurance Company were used during the presentation of this product to the applicant.

I am licensed to sell annuity contract in the state where the Application is written and delivered.

Producer's Signature

Producer's Printed Name

Producer Number (NPN)

Producer State License Number

Date (MM/DD/YYYY)

Email

Phone Number

PLEASE COMPLETE IF THERE IS A CO-PRODUCER:

Co-Producer's Signature

Co-Producer's Printed Name

Co-Producer Number (NPN)

Co-Producer State License Number

Date (MM/DD/YYYY)

Email

Phone Number

Split (%)

Producer's Comments

FRAUD WARNING

Individual Single Premium Deferred Annuity

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State	Warning
For residents of all states (except the following listed below)	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	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, and 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
District of Columbia	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Nebraska	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Pennsylvania	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.
Puerto Rico	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
Tennessee	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Contract issued by:

AmFirst Insurance Company

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Fixed Annuity Suitability Questionnaire Individual Single Premium Deferred Annuity Application

Mailing Address:
Axonic Insurance Services
P.O. Box 3289
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CONTRACT INFORMATION

Name of Proposed Contract Owner(s) (Provide information on annuitant if contract is owned by a non-natural person.)

Owner's Occupation (if owner is non-natural, please provide the line of business)

Owner's Current Age

Joint Owner's Occupation (if applicable)

Joint Owner's Current Age

Name of Product Being Applied For

Approximate Premium

QUESTIONNAIRE

1. Annual Income

Gross Household Income of Contract Owner(s)

\$0 – \$25,000	\$25,001 – \$50,000	\$50,001 – \$75,000	\$75,001 – \$100,000
\$100,001 – \$250,000	\$250,001 - \$500,000	Greater than \$500,000	

2. Financial Experience

Please Check One

- Limited:** The proposed contract owner has made limited financial decisions prior to this application with little experience with financial markets and/or credit transactions.
- Moderate:** The proposed owner has made previous financial decisions such as a home or automobile loan; purchased other annuity contracts or life insurance policies; made a financed purchase; invested in a retirement plan such as a 401(k) or 403(b); purchased or held mutual funds; etc.
- Advanced:** The proposed owner has made previous financial decisions including stock or bond purchases and or trades; proposed owner has participated in private placement offerings; proposed owner has participated in advanced financial transactions, etc.

3. Risk Tolerance for This Contract's Funds

Please Check One

- Conservative:** Owner has little tolerance for volatility and/or principal loss.
- Moderate:** Owner has some tolerance for short-term volatility and/or principal loss.
- Aggressive:** Owner has tolerance for and expectations of volatility and principal loss and/or gain.

4. Federal Income Tax Bracket

0%	10% or 12%	22% or 24%	32%, 35% or 37%
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5. Financial Objectives for this Contract

Check Most Important Objective(s)

Income	Growth (Long Term)	Guaranteed Interest Rate	Principal Protection	Tax Benefits
Pass Assets to Beneficiary (s) at death	Accumulation	Other:		



6. Funding of This Annuity

Check All That Apply

- | | | |
|--|-----------------------------------|------|
| Mutual Fund/Stock/Bond Redemption | Death Benefit Proceeds | CD |
| Retirement Fund/Rollover | Reverse Mortgage/Home Equity Loan | Gift |
| Cash Value from Life Insurance/Annuity | Savings/Checking Account | |

7. Initial Surrender Charge Period

Years

8. Financial Time Horizon

- | | | | | |
|------------------|-----------|-----------|------------|--------------------|
| Less than 1 Year | 1-3 Years | 4-6 Years | 7-10 Years | More than 10 Years |
|------------------|-----------|-----------|------------|--------------------|

9. Liquid Net Worth (Excluding this Annuity)

- | | | | |
|----------------|--------------------|---------------------|---------------------|
| Under \$50,000 | \$50,001-\$100,000 | \$100,001-\$250,000 | More than \$250,000 |
|----------------|--------------------|---------------------|---------------------|

10. Percentage of Liquid Net Worth Represented by this Contract

- | | | | |
|---------------|---------|---------|---------------|
| Less than 10% | 10%-25% | 26%-50% | More than 50% |
|---------------|---------|---------|---------------|

11. Other than the premium in this annuity, will the owner have sufficient funds or other assets available to access, without penalty, for living expenses, out of pocket medical expenses, and in case of emergencies?

- No Yes

12. Are any of the following changes anticipated during the surrender charge period of the proposed annuity?

- | | | |
|---|--|-----------------------|
| a. Significant increase in living expenses | Significant decrease in living expenses | No significant change |
| If Applicable, explain: | | |
| b. Significant increase in medical expenses | Significant decrease in medical expenses | No significant change |
| If Applicable, explain: | | |
| c. Significant increase in income | Significant decrease in income | No significant change |
| If Applicable, explain: | | |
| d. Significant increase in net worth or liquid assets | Significant decrease in net worth or liquid assets | No significant change |
| If Applicable, explain: | | |

13. Will this transaction trigger any charges or fees to any existing account, annuity or life insurance policy used to fund the proposed contract?

- No Yes

If yes, please provide amount or percentage of charges or expenses to be incurred:

14. Has the proposed owner replaced or exchanged another life insurance or annuity contract within the past 5 years?

- No Yes

PRODUCER STATEMENT

THIS SECTION MUST BE COMPLETED BY THE PRODUCER: The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

NOTE: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the producer or insurer must indicate that.

OWNER'S CERTIFICATION: STATEMENT OF UNDERSTANDING

I attest to this Statement of Understanding. I have completed or reviewed this form and to the best of my knowledge the information provided on the Fixed Annuity Suitability Questionnaire is accurate. I understand the insurer may contact me to verify information provided or to seek further information. My financial professional has reviewed the features and benefits of this purchase as well as any applicable fees and charges associated with this purchase. I acknowledge that my financial professional does not provide legal or tax advice. I believe that the purchase of this annuity contract is suitable for my financial needs and objectives.

Owner Name _____ Owner Signature _____ Date (MM/DD/YYYY) _____

OWNER CONTACT INFORMATION

Home Phone Number _____ Cell Phone Number _____ Email Address _____

Joint Owner Name (if applicable) _____ Joint Owner Signature (if applicable) _____ Date (MM/DD/YYYY) _____

JOINT OWNER CONTACT INFORMATION (if applicable)

Home Phone Number _____ Cell Phone Number _____ Email Address _____

PRODUCER'S CERTIFICATION

I have made a reasonable effort to obtain information from the proposed owner(s) concerning his/her financial status, objectives and other pertinent information. I have delivered information to the applicant concerning the costs and benefits of the annuity. Based on the facts disclosed by the proposed owner(s), and all information known to me at this time, I have reasonable grounds to believe that the recommendation to purchase or exchange this annuity contract is suitable and that certain features of the annuity will provide benefit. Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any additional needs analysis forms, and other information used as the basis for this annuity contract recommendation for the number of years required by state laws or regulations. I understand the insurer may contact the proposed owner for additional information.

Producer Name _____ Producer Signature _____ Date (MM/DD/YYYY) _____

PRODUCER CONTACT INFORMATION (AT LEAST ONE IS REQUIRED)

Home Phone Number _____ Cell Phone Number _____ Email Address _____

PLEASE COMPLETE IF THERE IS A CO-PRODUCER:

Co-Producer Name _____ Co-Producer Signature _____ Date (MM/DD/YYYY) _____

PRODUCER CONTACT INFORMATION (AT LEAST ONE IS REQUIRED)

Co-Producer Home Phone Number _____ Co-Producer Cell Phone Number _____ Co-Producer Email Address _____

Contract issued by:

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Comparison of Annuity Products Form Individual Single Premium Deferred Annuity Application

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Fax Number:
(866) 860-7101

Name of Owner

Name of Joint Owner (if Applicable)

INSTRUCTIONS

This form is required for all annuity contracts to be replaced. If multiple annuity contracts are proposed to be replaced, complete a separate form for each. A replacement must demonstrate a substantial benefit over the life of the new, proposed contract and the whole transaction should be considered in making this recommendation to replace.

Do not leave any sections blank. Any questions that are not applicable, please write "N/A" as this form requires it be completed in its entirety.

EXISTING AND PROPOSED CONTRACT COMPARISON

	Existing Contract			Proposed Contract	
Issuing Company Name					
Product Name					
Product State					
Contract Number				N/A	
Type of Contract	Fixed	Fixed Index	Variable	Fixed	Fixed Index
Purchase or Issue Date				N/A	
Current Cash Surrender Value	\$			N/A	
Surrender Charge Period			years	years	
Current Accumulation Value	\$			N/A	
Current Death Benefit Amount	\$			\$	
Total Funds Transferred	\$			\$	
Income Rider Value	\$			\$	
Penalty Free Withdrawal Available?	Yes	No		Yes	No
Interest Crediting Rate					
Index Strategy/Allocations					
Caps					
Participation Rates					
Fees					
Initial Bonus Amount					
Limitations (describe)					
Riders (describe)					

Additional information for consideration (to be completed by the Producer, if applicable)



CONTRACT OWNER DECLARATION

I have had the opportunity to review my existing annuity contract provisions and have compared them to the proposed annuity contract provisions, taking into account the whole transaction. I believe the proposed replacement provides a substantial financial benefit and will effectively address my financial situation, insurance needs and financial objectives over the life of the annuity.

Owner Name **Owner's Signature** **Date (MM/DD/YYYY)** **City, State (Where signed)**

Joint Owner Name **Joint Owner's Signature** **Date (MM/DD/YYYY)** **City, State (Where signed)**

PRODUCER ACKNOWLEDGEMENT

I have had the opportunity to review the Applicant's existing annuity contract provisions and have compared them to the proposed annuity contract provisions, taking into account the whole transaction. I believe the proposed replacement provides a substantial financial benefit and will effectively address the Applicant's financial situation, insurance needs and financial objectives over the life of the annuity.

Producer's Signature **Producer's Printed Name** **Date (MM/DD/YYYY)**

Contract issued by:

AmFirst Insurance Company

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Axonic Insurance Services LLC

IMPORTANT NOTICE: Replacement of Life Insurance or Annuities Individual Single Premium Deferred Annuity

Mailing Address:
Axonic Insurance Services
P.O. Box 3289
Jackson, MS 39207-3289

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INSTRUCTIONS

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 purchases 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 the 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 financial purchase. A financed purchase occurs when the purchase of a new life insurance policy involves 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 or contract 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 interests. 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 individual.

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 page 2 of this form.

A. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy or contract? Yes No

B. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

C. If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include 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/Policy Number	Name of Insured or Annuitant	Replaced (R) or Financing (F)
--------------	------------------------	------------------------------	-----------------------------------

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract.

If you request, 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.

D. The existing policy or contract is being replaced because
(reason for replacement)

OWNER ACKNOWLEDGMENT

I(We) certify that the responses herein are, to the best of my(our) knowledge, accurate.

Owner's Printed Name	Owner's Signature	Date (MM/DD/YYYY)
	<input type="text"/>	

Joint Owner's Printed Name	Joint Owner's Signature	Date (MM/DD/YYYY)
	<input type="text"/>	

I(We) do not want this notice read aloud to me(us): **INITIAL HERE. (Applicants must initial only if they do not want the notice read aloud.)**

PRODUCER'S ACKNOWLEDGMENT

I certify that (a) the responses herein are, to the best of my knowledge, accurate; (b) I have left with the owners(s) at the time of application a copy of this Important Notice and the original or a copy of all sales material.

Producer's Printed Name	Producer's Signature	Date (MM/DD/YYYY)
	<input type="text"/>	



IMPORTANT REPLACEMENT ISSUES

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 agent 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 agent to determine whether replacement or financing your purchase makes sense.

Premiums

- Are they affordable?
- Could they change?
- You are older- are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? Or 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, and you may 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 premiums?

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 exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" 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?

Contract issued by:

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Products are marketed and serviced by
Axonic Insurance Services LLC

Insurance Agent (Producer) Disclosure for Annuities Individual Single Premium Deferred Annuity

Mailing Address:
Axonic Insurance Services
P.O. Box 3289
Jackson, MS 39207-3289

**Overnight Delivery from
Courier Services Only:** Trustmark National Bank
FBO: Axonic Insurance Services
248 East Capitol St
Lockbox Department, 7th Floor – Suite 786
Jackson, MS 39201

Service Desk:
(833) 948-2581
newbusiness@axonicservices.com
Fax Number:
(866) 860-7101

Do not sign Unless You have Read and Understand the information in this Form.

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

First Name	Last Name	
Business/Agency Name	Website	Business Telephone Number
Business Mailing Address		
Email Address	National Producer Number	Agent Number

CUSTOMER INFORMATION (“You”, “Your”)

Owner's First Name	Owner's Last Name
Joint Owner's First Name	Joint Owner's 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 Certificate 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 am paid for my work. There is no charge to you. The insurance company will pay me a commission for the sale of this annuity. I may also receive non-cash compensation in the form of an incentive trip based on annual sales production.

If you have any questions about anything in this document, please ask me.

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

Signature of Owner (s) Date (MM/DD/YYYY)

Signature of Joint Owner (if applicable) Date (MM/DD/YYYY)

Agent Signature Date (MM/DD/YYYY)

ACORD® 1035 EXCHANGE / ROLLOVER / TRANSFER eFORM

Name of Receiving Company
AmFirst Insurance Company/Axonic Insurance Services

Business Address 248 East Capitol Street Lockbox Department, 7th Floor - Suite 786 Jackson MS 39201	Mailing Address Axonic Insurance Services P.O. Box 3289 Jackson MS 39207-3289	Overnight Address 248 East Capitol Street Lockbox Department, 7th Floor - Suite 786 Jackson MS 39201
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This form can be used to accomplish a **FULL** or a **PARTIAL Exchange** of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for **Transfers of Funds and Direct Rollovers**. Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application, and if applicable, prospectus and any state required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

If you are considering a replacement you have the right to receive information regarding your existing policy or contract values including, if available, an in force illustration, policy summary, premium payment amounts or the product prospectus. If the information is requested your existing company will return the requested information to you within five business days. Contact your existing carrier for additional information.

Complete one form for each surrendering company and contract. Please apply funds to:

New / Existing Contract Number: _____ **Receiving Carrier DTCC #:** _____
(for Money Settlement)

Without this contract number, the funds will be applied to a new contract.

The receiving company may not accept the exchange / rollover / transfer if the funds do not meet its minimum premium requirements.

1. SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION

Surrendering Company Name (Complete one form for each surrendering company)			Surrendering Company Account / Policy / Contract Number		
Street Address Line 1			Address Line 2		
City	State	Zip	Phone Number	Ext	Fax Number
Surrendering Plan Type (Non-Qualified, IRA, Roth IRA, etc.)		Surrendering Product Type (Life, Annuity, CD, MF, Other, etc.)		Estimated Amount of Transfer	
				\$	
Owner (First, Middle, Last) / Entity Name				Social Security Number / Tax ID #	
Joint Owner Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Company				Social Security Number	
Insured / Annuitant Name (First, Middle, Last) - if other than owner (applies to Life & Annuity products only)				Social Security Number	
Joint Insured / Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.				Social Security Number	
Contingent Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.				Social Security Number	

2. TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS

Full Partial \$ _____ or _____ %

Penalty Free Amount

(This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount)

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation:

As soon as possible after receipt of all necessary forms **On a specific date:** _____

I / We also understand it is my / our responsibility to confirm with the surrendering company their processing guidelines to selecting a specific transfer date.

3. DISCLOSURES / ACKNOWLEDGMENTS

- I. I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. Neither the receiving company nor the surrendering company is liable or responsible for changes in market value that may occur after the surrendering company has processed the transaction and before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.
- II. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to effect a partial 1035 exchange of an annuity contract. However, I acknowledge that Revenue Procedure 2011-38 states that withdrawals from annuitization, taxable owner or annuitant changes, or surrenders, other than an amount received as an annuity for a period of 10 years or more or during one or more lives, of either the original contract or the new contract during the 180 day period following the partial exchange, may affect the tax free status of the partial exchange.

Note: Other exceptions may apply and a subsequent direct transfer of all or a portion of either contract involved in the exchange could have tax and tax reporting consequences. Please consult your tax advisor. Please confirm with the carrier if they will support partial 1035 exchanges.

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I authorize the receiving company and the surrendering institution to share information necessary to maintain accurate records of the annuity cost basis and to ensure proper withholding and tax reporting. I have been directed to consult my tax or legal advisor before proceeding.

- III. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.
- IV. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.
- V. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT - Does not apply to partial 1035 exchanges on annuity contracts. Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.
- VI. MAXIMUM ISSUE AGE DISCLOSURE - An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.
- VII. NON-QUALIFIED TRANSFER OF FUNDS (NON 1035 EXCHANGE) - The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order. For index annuities, fixed account interest under the annuity contract will begin to accrue on the next Issue Day.
- VIII. TRANSFER / EXCHANGE OF FUNDS INTO A TSA/403(B) - The TSA/403(b) owner / participant's employer or employer's third-party administrator must authorize and sign this transfer request in Section 5.

Authorization for a TSA/403(b) transfer / exchange to a TSA/403(b): This request is for the direct transfer / exchange of non-ERISA funds from the TSA/403(b) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a TSA/403(b) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company to take whatever action necessary to effect this transfer / exchange. I acknowledge that the transferred / exchanged funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer / exchange of funds pursuant to IRC section 403(b) and the final regulations. The transfer / exchange is to be executed from financial institution to financial institution in such a manner that it will not place me in actual or constructive receipt of all or any part of the transferred / exchanged funds. Because this transaction constitutes a direct rollover / transfer / exchange of funds and not a distribution, withholding does not apply. (Provide the receiving company with any records or documents they may request with respect to this transfer / exchange.)

- IX. The IRS has provided limited guidance on the tax consequences of transferring a life insurance policy with values less than the investment in the contract to a new or existing annuity contract. If the owner surrenders the newly acquired annuity contract, it's not clear whether the annuity losses are fully deductible against ordinary income or deductible as a miscellaneous deduction subject to a limitation of 2% of adjusted gross income (AGI). If the IRS views the two transactions as a single integrated transaction, they could consider it a step transaction and successfully disallow the losses as a tax deduction.

4. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).
 Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

5. SIGNATURES

This transfer request also authorizes the receiving and surrendering company to request information on the status of this transfer or exchange by phone or in writing. By signing below, I represent that the responses herein are, to the best of my knowledge, accurate and I have read the DISCLOSURES / ACKNOWLEDGMENTS section on page 2 the ACORD 1035 Exchange / Rollover / Transfer Form.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature Guarantee (if applicable)

Signature of Owner / Plan Administrator / Trustee / Custodian

Date (mm/dd/yyyy)

Signature of Joint Owner / Co-Trustee (if applicable)

Date (mm/dd/yyyy)

Signature of Insured / Annuitant (if applicable)

Date (mm/dd/yyyy)

Signature of Irrevocable Beneficiary (if applicable)

Date (mm/dd/yyyy)

Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)
(if applicable)

Date (mm/dd/yyyy)

FOR TSA/403(b) TO TSA/403(b) TRANSFERS/EXCHANGES ONLY - EMPLOYER/THIRD PARTY ADMINISTRATOR SIGNATURE

By signing below, I am acknowledging that I have reviewed this direct transfer / rollover / exchange request and that it is authorized and approved under the employer's 403(b) plan under IRC section 403(b) and the final regulations.

- a) I am authorizing this transfer / rollover request.
- b) I am confirming that there is an information sharing agreement in place with the receiving company under the IRC section 403(b) regulations.
- c) All information provided on this form is accurate.

Print Name of Employer or Third Party Administrator

Title of Employer or Third Party Administrator

Signature of Employer or Third Party Administrator

Date (mm/dd/yyyy)

6. SIGNATURES (For the receiving company's use only)

6 A. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER

By signature of an authorized officer below, the receiving company accepts assignment of all (or a portion of the assets if this is a partial exchange) to the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue payment payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract or a portion if it is a partial surrender.

For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:

The receiving company will deposit funds received into a: _____

6 B. eCONSENT AND ACKNOWLEDGMENT (Applies to eSignature Transactions Only)

To the extent the receiving company has obtained electronic signatures to effectuate the transaction(s) set forth in this form, the receiving company, by the below signature of its authorized officer, hereby represents and warrants to the surrendering company that:

- a. This form has been completed using an electronic system that has an integrated e-signature capability;
- b. All consumer consents have been obtained under, and this form was signed using an e-signature process that complies with, all applicable federal and state e-signature requirements, including, but not limited to, the federal E-Sign Act, and the applicable states' versions of the Uniform Electronic Transactions Act;
- c. It shall indemnify, defend, and hold harmless the surrendering company from and against all losses, costs, liabilities, claims, threatened claims, demands, suits, obligations, expenses, judgments, and damages, including, but not limited to, reasonable attorneys' fees and witness' fees, arising from or related to: (i) the receiving company's breach of the warranties set forth in (a) and/or (b) above; (ii) a liability imposed by any municipal, state or federal governmental body relating to the receiving company's violation of an applicable e-signature law or regulation; and (iii) the receiving company's gross negligence, willful misconduct or illegal acts, including, but not limited to, claims that the e-signatures obtained on this form by the receiving company are invalid or were improperly obtained; provided, however, that (iv) the surrendering company shall provide the receiving company of prompt written notice of any claim that the surrendering company believes falls within this scope of this paragraph, and (v) the surrendering company shall not settle any claim that adversely affects any rights of the receiving company without the receiving company's prior written consent; and
- d. It shall promptly provide to the surrendering company and/or its designee(s) any and all information in the receiving company's possession (or within the receiving company's reasonable control) as may be necessary to evidence the validity of the electronic signatures that were obtained to effectuate the transaction(s) set forth in this form.

Print Name of Authorized Officer	Title of Authorized Officer
Signature of Authorized Officer (if applicable - may not be required if LOA is used)	Date (mm/dd/yyyy)

AmFirst Insurance Company Multi-Year Guaranteed Annuity Disclosure

This document reviews important points to think about before you buy this AmFirst Insurance Company ("AmFirst" or "Company") annuity. The Multi-Year Guaranteed Annuity ("MYGA") is a single premium annuity which means you buy it with one premium payment. No further payments will be required or accepted after the contract is issued.

This annuity is **fixed**, which means it earns a specified and guaranteed interest rate during the **Guarantee Period**. This annuity is **tax-deferred**, which means you don't pay taxes on the interest it earns until the proceeds are paid to you.

You can use an annuity to save money for retirement and to receive retirement income for life. It is **not** meant to be used to meet short-term goals.

AmFirst annuities are marketed and serviced by Axonic Insurance Services, LLC ("Axonic"). **If you have questions about this annuity, please ask your agent, broker, or contact an Axonic representative at 833-948-2581.**

Agent License Number: _____
(Only if required by state)

THE ANNUITY CONTRACT

How will the value of my annuity grow?

Your annuity earns **tax-deferred interest** at a **guaranteed minimum rate** for a **Guarantee Period**. When you buy an annuity, you choose a guarantee period that we offer at that time. We may offer guarantee periods between one and ten years. The guaranteed minimum rate depends on the guarantee period you choose and the current interest rate environment. In your contract, interest rates are shown as annual rates, that compound annually and credit interest daily.

When the initial Interest Guarantee Period ends, you will be notified of your right to make certain choices, including but not limited to, renew your contract for the same Guarantee Period or Withdraw funds from the Contract without charges. If you elect to renew, a new interest rate will become the Guaranteed Minimum Interest Rate and a new Surrender Charge Period will begin.

The Contract Value of your annuity cannot go down, except by operation of the Surrender Charge or Market Value Adjustment, if applicable.

BENEFITS

Tax-deferred interest crediting is a benefit of a fixed annuity contract.

How do I get income (payout) from my annuity?

When your annuity contract is issued, it will have a **Maturity Date**. This is the last date on which you may start receiving income from your annuity if your contract is still in force (active and all the premiums have been paid). You may choose an earlier payout date any time after the first Contract Anniversary.

When you choose to begin receiving annuity payments, you can also choose how to receive the income – the **Settlement Option**. You will be able to choose among the options then made available by the Company.

How much will my payment be?

Your income payments will be based on the greater of the **Contract Value** or the **Minimum Surrender Value**. Annuity Payments will be applied to purchase the Settlement Option of your choice.

What happens after I die?

If you are the **Owner** and **Annuitant** and you die before we start to pay you income from your annuity, we pay the value of your annuity to the beneficiary you have chosen and on file with the Company.

If you die after the payouts have begun, the remaining payments, if any, will be made to your beneficiary based on the payout option chosen.

What other benefits can I choose?

This annuity has a **Free Withdrawal** option after the first Contract Anniversary. The Free Withdrawal Percentage will be on the Schedule Page of your Contract. You may withdraw that percentage of your Contract Value per Contract Year without any Cash Surrender Charge or Market Value Adjustment.

This annuity also offers a **Market Value Adjustment (MVA) Rider** at no added cost. The MVA Rider has a Market Value Adjustment feature which will decrease or increase the amount you receive when you make a Withdrawal or elect to begin taking annuity payments during the Guarantee Period. MVA does not apply to Free Withdrawals taken during the Guarantee Period.

This annuity also offers a **Nursing Home Confinement Rider** at no added cost. We will waive the surrender charges and the market value adjustment will not apply, subject to the free withdrawal provisions, if the contract owner is:

- (1) confined to an eligible Nursing Home for a period of at least 90 consecutive days prior to becoming eligible for this benefit, and if the owner was not confined to an eligible Nursing Home during the first contract year; and,
- (2) if there is no amount available for free withdrawal under the free withdrawal provision; and,
- (3) if you have been the owner continuously since the contract date; and,
- (4) you were less than 80 years old on the contract date.

Proof of confinement must be provided and must be accompanied by a written statement. Any written request for a withdrawal under this provision must be given to Axonic Insurance Services within 90 days of the last day of confinement in an eligible nursing home, except in the absence of legal incapacity, for which it must be provided as soon as reasonably possible.

This annuity also offers a **Terminal Illness** at no added cost. If you become terminally ill, which shall mean, if any medical conditions, which a physician certifies in a written statement, has reduced your expected life span to 12 months or less, you may request by written notice to make a full surrender or partial withdrawals (\$1,000 minimum) and the Company will waive the surrender charges and the market value adjustment will not apply in accordance with the conditions set out in this rider, if

- (1) you have been the owner continuously since the contract date; and,
- (2) you were less than 80 years old on the contract date.

Surrender charges and product features may vary by state.

FEES, EXPENSES & OTHER CHARGES

What happens if I take out some or all the money from my annuity?

During the period before annuity payments commence, you can withdraw all of your Contract Value or make a Partial Withdrawal. Withdrawals above the Free Withdrawal amount will be subject to Surrender Charges and MVA (if applicable).

Once you begin taking payouts, you cannot take out any additional withdrawals from your Annuity.

Do I pay any other fees or charges?

No. There aren't any other fees or charges on this annuity.

TAXES

How will payouts and withdrawals from my annuity be taxed?

We recommend that you consult a tax professional to answer any questions you may have about your personal tax situation and this annuity contract.

This annuity is tax-deferred, which means you don't pay taxes on the interest it earns until the money is paid to you. We may deduct from your Contract Value (i) any premium tax payable to a state or government agency, if applicable, (ii) any previous Withdrawals and related Surrender Charges or Market Value Adjustments if applicable, and (iii) any rider charges or other charges or fees, if applicable.

Generally, when you take a payout or make a Withdrawal, you pay ordinary income taxes on the earned interest as required by applicable law. You also pay a 10% federal income tax penalty on earnings you withdraw before age 59 1/2.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features, and costs of the two annuities. There may be fees and charges associated with an exchange or replacement.

Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 401(k), or other tax deferred retirement plan doesn't give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as the risks and costs, not its tax benefits.

OTHER INFORMATION

What else do I need to know?

- We may change your annuity contract from time to time to reflect changes in federal or state laws and regulations. If we do, we'll tell you about the changes in writing.
- We pay the agent, broker, or firm commissions for selling the annuity to you.
- You may return your Contract within 20 days of the purchase (30 days if your purchase is a replacement for another insurance product) and receive the Single Premium you paid, minus any Contract Value Withdrawals.

What should I know about the insurance company?

AmFirst Insurance Company offers a wide variety of Life, Retirement, and Health products. AmFirst Insurance Company is a wholly owned subsidiary of AmFirst Holdings, Inc.

AmFirst Insurance Company
Statutory Address:
201 Robert S. Kerr Avenue, Suite 600
Oklahoma City, Oklahoma 73102

AmFirst annuities are marketed and serviced by Axonic Insurance Services, LLC.

Axonic Insurance Services
P.O. Box 3289
Jackson, Mississippi 39207-3289

Customer Signature: _____

Date: _____

Agent (Producer) Signature: _____

Date: _____

Customer Identification Program Notice

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This Notice answers some questions about our Customer Identification Program.

What types of information will I need to provide?

When you open an account, we are required to collect the following information:

- Name
- Date of birth
- Address
- Identification Number
 - U.S. Citizens: taxpayer identification number (Social Security Number or Employer Identification Number)
 - Non-U.S. Citizens: taxpayer identification number; passport number and country of issuance; alien identification card number; or government-issued identification showing nationality, residence, and a photograph of you.
 - You may also need to show your driver's license or other identifying documents.

A corporation, partnership, trust, or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, or a trust agreement.

We may require you to provide additional information, such as your net worth, annual income, occupation, employment information, investment experience and objectives, and risk tolerance.

What happens if I don't provide the information requested or my identity cannot be verified?

We may not be able to open an account or carry out transactions for you. If we have already opened an account for you, we may have to close it.



PRIVACY NOTICE

At AmFirst Insurance Company, we understand the level of trust you have placed with us to protect your personal information. This notice explains how we protect your privacy and treat your personal information. This notice applies to current and former customers. “Personal information” here means anything we know about you personally.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential and tell our employees to protect it as if it were their own information. We limit access to those who need it to perform their jobs. Our outside service providers must also protect your information, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. For example, we may ask about your:

- Finances
- Creditworthiness
- Employment
- Health

We may also collect information about any business you have with us, our affiliates, or other companies. These affiliates have implemented privacy policies and procedures that comply with applicable federal and state law. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- Administer your products and services
- Process claims and other transactions
- Perform business research
- Confirm or correct your information
- Market new products to you
- Help us run our business
- Comply with applicable laws

Sharing Your Information with Others

We may share your personal information, with your consent, or as permitted or required by law. Examples of the disclosures which we are permitted by law to make include: disclosures necessary to service or administer an insurance product that you requested or authorized, disclosures made with your consent or at your direction, disclosures made to your legal representative, disclosures made in response to a subpoena or an inquiry from an insurance or other regulatory authority, disclosures made to comply with federal, state or local laws and to protect against fraud.

Other reasons we may share your information include:

- Doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- Telling another company what we know about you if we are selling or merging any part of our business
- Giving information to a governmental agency so it can decide if you are eligible for public benefits
- Giving your information to someone with a legal interest in your assets (for example, creditor with a lien on your account)
- Those listed in our “Using Your Information” section above

Additionally, your representative may change brokerage firms, and may disclose your personal information to a new firm.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside AmFirst.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:
AmFirst Insurance Company
Attn: Privacy Officer
P.O. BOX 16708
Jackson, MS 39236
Phone: 888-538-6941

We may revise this privacy notice. If we make any material changes, we will notify you as required by law.

Contract issued by:

AmFirst Insurance Company

Products are marketed and serviced by
Axonic Insurance Services LLC

Trust Certification Form

Individual Single Premium Deferred Annuity Application

Mailing Address:

Axonic Insurance Services
P.O. Box 3289
Jackson, MS 39207-3289

**Overnight Delivery from
Courier Services Only:**

Trustmark National Bank
FBO: Axonic Insurance Services
248 East Capitol St
Lockbox Department, 7th Floor – Suite 786
Jackson, MS 39201

Service Desk:

(833) 948-2581
newbusiness@axonicservices.com

Fax Number:

(866) 860-7101

For trust-owned beneficiaries, either a Trust Certification Form or a copy of the trust document is required.
For trust-owned applications, both the Trust Certification Form and a copy of the trust document are required.

Section 1. CONTRACT INFORMATION

Contract Number (if available)

Owner Name

Social Security # or Tax ID

Name of Contract Annuitant (If different from Contract Owner)

Social Security #

Street Address, City, State, Zip

Name of Joint Owner (if applicable)

Social Security # or Tax ID

Section 2. TRUST INFORMATION

Axonic Insurance Services is required by federal law to obtain from each owner or trustee, certain personal information- including name, street address and taxpayer identification number, among other information - that will be used to verify identity.

Trust Name (Please be sure to accurately state the Trust's full name)

Registered Address of Trust

Type of Trust

Irrevocable Revocable Other

Trust Date (MM/DD/YYYY)

State that Governs the Trust

Trust Tax Identification Number

The Trust does not have a separate taxpayer identification number. Thus, the personal taxpayer identification number of the First Settlor/Grantor listed below is to be used; or

The Trust Tax Identification number is:

Name of settlors/grantors of trust (Please attach additional pages if insufficient space has been provided)

Full Name

Social Security #

Full Name

Social Security #

Name of all Current Trustee(s) (if applicable)

Regardless of percentage, please list any individual entities that are current trustee(s) of the Trust Account mentioned in Section 2. If there are no individual trustees and only entity trustees, you must provide a person with control owner of the trust. If there are more than three trustees, copy this page and attach additional pages with all the information requested on the next page for each additional trustee.

Note: For a board of trustees, list individual names of all trustees below.



Trustee Full Name	Social Security # or Tax ID
Trustee Address	Date of Birth (MM/DD/YYYY)
Trustee Full Name	Social Security # or Tax ID
Trustee Address	Date of Birth (MM/DD/YYYY)
Trustee Full Name	Social Security # or Tax ID
Trustee Address	Date of Birth (MM/DD/YYYY)

Instructions for Trustee Signature/Authentication

The Trust Agreement requires that the following must sign or otherwise authenticate forms and/or request on behalf of the Trust in connection with our products (please check appropriate box):

- Any of the Trustees, acting alone Other (please explain below)
- All of the Trustees, acting together

Trust Affiliation

Neither the Insurance Agent nor any person affiliated with the insurance agent is a beneficiary of the Trust.

- Agree Disagree (If you marked Disagree, please attach an explanation of why they are named a beneficiary of the Trust)

Note: Under the laws of most States, an agent is restricted in, or prohibited from, having a beneficial interest in a contract/policy sold by that agent, unless the agent is a family member, or has a recognized insurable interest.

The Trust is Validly Executed and in Full Force and Effect

- Yes No Note: Trust must be informed and domiciled in the United States or one of its Territories at all times.

CERTIFICATIONS BY TRUSTEE(S)

The Trustee(s) states and agrees that:

The Trust, if named owner, is authorized under the terms of the Trust to purchase and/or hold insurance on the life of any insured/annuitant. If named beneficiary, the Trust is authorized to receive proceeds as provided under the terms of the insurance policy and/or annuity contract. I/We have also determined the insurance product is appropriate for the Trust's purpose and the terms of the insurance product conforms to the income distribution requirements, if any, of the Trust.

I/We certify that AmFirst Insurance Company and/or Axonic Insurance Services (the "Company") may rely solely on this Verification and the information provided for the policy/contract administration purpose and the Company has no obligation to investigate the terms of the Trust or the authority of the Trustee(s). The Company expressly denies responsibility regarding the use and applications of any payments made to the Trust by the Trustee(s) and will hold the Company harmless from any action the Company takes at the direction of the Trustee(s).

The Trustee(s) declares that each and every Trustee and successor Trustee are bound by the certification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the Company receives a written notification at its Home Office of the change of Trustee. Furthermore, the Trustee(s) agrees to notify the Company of any changes to the Trust itself that will alter the information provided in the Trust Verification.

The signature(s) below certify the previous information provided and agreed to on this Verification is true and accurate. (If additional signature blocks are required, please photocopy this form and attach accordingly).

Trustee Signature [Signature Line]	Date (MM/DD/YYYY)	Trustee Signature [Signature Line]	Date (MM/DD/YYYY)
Trustee Signature [Signature Line]	Date (MM/DD/YYYY)	Trustee Signature [Signature Line]	Date (MM/DD/YYYY)

Contract issued by:

AmFirst Insurance Company

Products are marketed and serviced by
Axonic Insurance Services LLC

Supplemental Financial Form

Individual Single Premium Deferred Annuity Application

Mailing Address:
Axonic Insurance Services
P.O. Box 3289
Jackson, MS 39207-3289

**Overnight Delivery from
Courier Services Only:** Trustmark National Bank
FBO: Axonic Insurance Services
248 East Capitol St
Lockbox Department, 7th Floor – Suite 786
Jackson, MS 39201

Service Desk:
(833) 948-2581
newbusiness@axonicinsurance.com
Fax Number:
(866) 860-7101

Do not leave any sections blank. Any questions that are not applicable, please write "N/A" as this form requires it be completed in its entirety.

Name of Owner

Name of Joint Owner (if Applicable)

1. LIQUID ASSETS

Checking	\$
Savings	\$
Certificates of deposit	\$
Stocks/bonds/mutual funds	\$
Money market	\$
Annuity free withdrawals	\$
Cash value of life insurance	\$
Other (list)	\$

3. MONTHLY HOUSEHOLD INCOME

Salary	\$
Social security payments	\$
Retirement/pension	\$
Investment/dividend income	\$
Annuity payments	\$
Other (list)	\$

2. NON-LIQUID ASSETS

Premium to fund this annuity	\$
Other Annuities in surrender (excl. this annuity)	\$
Retirement plans (401k, pension, etc.)	\$
Real estate	\$
Other (list)	\$

4. MONTHLY HOUSEHOLD EXPENSES

Mortgage/rent	\$
Transportation	\$
Utilities	\$
Food	\$
Health care	\$
Debt repayment	\$
Dependent support	\$
Taxes	\$
Other (list)	\$

Owner Signature

Date (MM/DD/YYYY)

Joint Owner Signature

Date (MM/DD/YYYY)

Contract issued by:

AmFirst Insurance Company

Products are marketed and serviced by
Axonic Insurance Services LLC

Additional Transfer Company Information

Individual Single Premium Deferred Annuity

Mailing Address:

Axonic Insurance Services
P.O. Box 3289
Jackson, MS 39207-3289

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Service Desk:

(833) 948-2581
newbusiness@axonicservices.com

Fax Number:

(866) 860-7101

Owner Name

Social Security # or Tax ID

Contract Number if Available

NON-QUALIFIED

Company Name

Amount

QUALIFIED

Company Name

Amount