

American Life

SINGLE PREMIUM DEFERRED INDIVIDUAL ANNUITY

Please note:

American Life is currently licensed to write business in the following states:

Alabama	Alaska
Arizona	Colorado
District of Columbia	Florida
Georgia	Hawaii
Idaho	Illinois
Indiana	Iowa
Kansas	Kentucky
Louisiana	Michigan
Mississippi	Missouri
Montana	Nebraska
Nevada	New Hampshire
New Mexico	North Dakota
Ohio	Oklahoma
Oregon	South Dakota
Texas	Utah
Washington	

MYGAHDR 0426

**American Life &
Security Corp.**

**2900 S. 70th St Ste 400
Lincoln, NE 68506**

**T: 402-489-8266
dataentry@american-life.com**

**F: 402-402-6356
www.american-life.com**

American Life

AMERICAN CLASSIC APPLICATION INSTRUCTIONS

- Complete **ICC25 MYGAAPP** – Single Premium Deferred Individual Annuity Application. Note these additional instructions:
 - **Section 1. Guarantee Period:** Select one option.
 - **Section 3. Plan Type:** Select Plan Type. If Roth IRA is chosen and this is a Roth conversion, please complete **1045 RCONV** Roth IRA Conversion Request Form.
 - **Section 4 Owner.** Choose owner type. If applicant is a Trust, complete **1016 CERTTRST 001** – Certificate of Trustee Powers form. Please include a copy of the **entire trust document**. If Joint Owners, Owners must be Spouses and Plan Type must be Non-Qualified. If non-US citizen, please provide a front and back copy of the owner(s) Green Card or Permanent Visa.
 - **Section 5. Annuitant.** Complete only if Annuitant(s) is different than owner(s).
 - **Section 6. Beneficiary.** Date of birth is required for individual, natural beneficiaries.
 - **Section 7. Replacement Information** If the answer to the first question is Yes (the Proposed Owner does have existing life insurance or annuity contracts), complete 1010 REPL 001-Replacement of Life Insurance or Annuities Form, EVEN IF replacement is not occurring UNLESS the application is signed in GA, ID, IL, IN, KS, MI, ND, NV, OK, SD, or TX.
 - **Section 8. Premium Details.** If 1035 Exchange is selected, check Rollover/Transfer, and enter amount total of all exchanges, rollovers, and transfers to be used for funding this contract.
 - **Section 9: Additional Information.** Complete if necessary.
- **MYGA Disclosure Statement:** Complete and return for New Hampshire applicants.
- Complete **1010 REPL 001** – Replacement of Life Insurance or Annuities Form, ONLY IF the Applicant has indicated he/she has existing life insurance or annuity contracts in Section 7. Replacement Information on ICC25 MYGAAPP, unless the application is signed in GA, ID, IL, IN, KS, MI, ND, NV, OK, SD, or TX. In those states, if the applicant has answered Yes to **both** questions, complete either the **1010 REPL 001** – Replacement of Life Insurance or Annuities Form or state specific replacement form provided.
- Complete **1029 ANNSUIT 001** – Deferred Annuity Suitability Form. **Please include a copy of the most recent statement if replacing another annuity or life insurance contract.**
- Complete **2150 NAICDISC** – Insurance Agent (Producer) Disclosure for Annuities if the application is signed in **AL, AK, AZ, CO, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MI, MS, MO, MT, NE, NV, NH, NM, ND, OK, OH, OR, SD, TX, UT, and WA.**
- Complete **W-9** – Request for Taxpayer Identification Number and Certification: Complete for the Owner. If Joint Owners, complete a W-9 for each. Not required for Annuitants who are not Owners.
- Complete **1011 EFTMYGA 001** – Electronic Funds Transfer (EFT) Authorization form, ONLY IF Applicant is paying premium via EFT/ACH. Note that funds will be drafted within 24-48 hours of receipt of the application.
- Complete **ACORD 951** – 1035 Exchange / Rollover / Transfer Form, ONLY IF Applicant is exchanging, rolling over, or transferring funds from an existing policy/contract/account.
- Complete **1016 CERTTRST 001** – Certificate of Trustee Powers, ONLY IF Owner is a Trust.
- Complete **1021 TRUSTEESUPP 001** – Supplemental Trustee form, ONLY IF additional trustees need to be listed from form 1016 CERTTRST 001.
- Complete **1020 BENESUPP 001** – Supplemental Beneficiaries, ONLY IF additional beneficiaries need to be listed from ICC25 MYGAAPP, Section 6. Beneficiary Designation.
- Complete **1071 SPCNST** - Spousal Consent Form, ONLY IF you live in a community property state (residents of AZ, CA, ID, LA, NM, NV, TX, WA or WI) and your spouse is NOT listed as the sole primary beneficiary.
- Complete **1072 CBSALE** - Cross-Border Sale, complete ONLY if the owner is purchasing an American Life policy outside of their resident state. American Life does not accept cross-border sales if the owner is a resident state of AL, AR, MA, MN, MS, NY, WA, or WI.
- Complete **PTE 84-24** if the application is a qualified plan and the funding for the application is a rollover or transfer from another qualified plan. This form should be retained by you and the applicant and should not be returned to American Life.
- Complete **1045 RCONV** Roth IRA Conversion Request Form Only if the funds are the result of a Roth Conversion from an existing IRA.

Please include with the application a copy of all sales materials that were used during the sale of the American Classic annuity product.

MYGAINST 04/26

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application

American Classic MYGA
Individual Single Premium Deferred Annuity

American Life & Security Corp. ("Company") P.O. Box 5577 Lincoln, NE 68506 / 800-715-1458, Fax 402-489-8295

1. Guarantee Period 5 Years 3 Years

2. Riders Enhanced Death Benefit Rider Enhanced Liquidity Rider Enhanced Interest Credit Rider
(check all that apply)

3. Plan Type Nonqualified Qualified: Traditional IRA Roth IRA Sep IRA

4. Owner Individual Joint Trust (*Individual or Family Trust*)
 Partnership Corporation – State or County of Incorporation: _____

First Name _____ MI ____ Last Name _____ Suffix ____

Name of Owner (*if not an Individual*) _____

Residence Address _____
(cannot be PO Box)

City _____ State ____ Zip _____

Mailing Address _____
(if different than residence Address)

City _____ State ____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ OR Date of Trust _____

U.S. Citizen Yes No Gender: Male Female SSN EIN _____

Marital Status Single Married

Joint Owner (*optional, must be legal spouse; do not complete if qualified*)

First Name _____ MI ____ Last Name _____ Suffix ____

Residence Address (*if different than Owner's*) _____

City _____ State ____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ OR Date of Trust _____

U.S. Citizen Yes No Gender: Male Female SSN _____

5. Annuitant *Complete only if different from Owner.*

First Name _____ MI ____ Last Name _____ Suffix ____

Residence Address _____

City _____ State ____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____

U.S. Citizen Yes No Gender: Male Female SSN _____

Marital Status Single Married

Joint Annuitant (*optional, must be legal spouse; do not complete if qualified*)

First Name _____ MI ____ Last Name _____ Suffix ____

Residence Address _____

City _____ State ____ Zip _____

Phone Number _____ Email Address _____

Date of Birth _____

U.S. Citizen Yes No Gender: Male Female SSN _____

6. Beneficiary If left blank, the primary beneficiary will be the surviving joint owner, if any, otherwise the estate of the owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. Percentages are required, must be in whole numbers and proceeds must total 100% in each category (Primary, Contingent).

Primary Full Name(s)	%	Relationship to Owner	Date of Birth or Date of Trust	SSN/EIN
<input type="checkbox"/> Per Stirpes				
<input type="checkbox"/> Per Stirpes				
<input type="checkbox"/> Per Stirpes				
<input type="checkbox"/> Per Stirpes				

Contingent Full Name(s)	%	Relationship to Owner	Date of Birth or Date of Trust	SSN/EIN
<input type="checkbox"/> Per Stirpes				
<input type="checkbox"/> Per Stirpes				
<input type="checkbox"/> Per Stirpes				
<input type="checkbox"/> Per Stirpes				

7. Replacement Information

a. Do you have any existing life insurance policies or annuity contracts with us or any other company?
If yes, complete Replacement Notice if required by state law. Yes No

b. Will this annuity partially or completely replace or change any existing life insurance policies or annuity contracts you have in force with us or any other company? Yes No

8. Premium Important. All premium checks must be payable to American Life & Security Corp. *Do not make check payable to the agent/producer or leave the payee blank.*

Total Purchase Payment \$ _____ (Include premium from all sources. Include estimates of Transfers/Rollovers/Exchanges.)

Non-Qualified: Check \$ _____ EFT* \$ _____

1035 Exchange** \$ _____

NQ Direct Transfer (Non-1035 Exchange) \$ _____

Qualified: Check \$ _____ EFT* \$ _____

Transfer** \$ _____ Direct Rollover** \$ _____

Qualified Only: Check/EFT Portion that is New IRA Contribution: \$ _____ Tax Year _____
 (if no tax year is provided, the current calendar year will be used)
 (Any additional Check or EFT amount represents 60-day Rollover (Non-Direct))

Roth IRA Only: Enter Roth IRA Original Inception Date (leave blank if new) _____

* Complete EFT authorization form and voided check.
 ** If Exchange/Rollover/Transfer, please complete ACORD 951 Form

9. Additional Information:

10. Proposed Owner's Statement

I have read and understood this Application. 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 representations in this Application are true. I agree the annuity contract shall not be in effect until it has been issued by American Life & Security Corp. ("the Company") and the single premium is paid. I understand that the Producer has no authority to approve this Application, change the annuity contract, or waive any contract provisions. I understand that the annuity contract will not be effective until the date signed in the contract and all eligibility requirements are met. I hereby represent to the best of my knowledge and belief that each of the statements and answers contained above are full, complete, and true.

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.

Signed at _____ On this date _____
City State

Signature of Owner/ Trustee 1 / Officer 1

Signature of Joint Owner/ Trustee 2 / Officer 2

11. Producer's Statement Must check appropriate box.

Does the Owner (Applicant) have any existing life insurance policies or annuity contracts with us or any other company? Yes No

Do you have any knowledge or reason to believe that a partial or full replacement of existing life insurance policies or annuity contracts may be involved? Yes No

I certify that I have verified the personal information of the Owner/Applicant. I further certify that any information recorded by me on this Application is true and accurate to the best of my knowledge and that the Owner/Applicant seemed to me to be lucid and to fully understand all the questions on this Application.

Agent's Signature

Agent's Printed Name

ALSC Producer #

Date

PLEASE COMPLETE ONLY IF THERE IS A CO-PRODUCER:

Co-Producer's Printed Name

ALSC Co-Producer #

Split %

Co-Producer's Printed Name

ALSC Co-Producer #

Split%

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SUPPLEMENTAL BENEFICIARIES FOR ANNUITY CONTRACT

OWNER		
First	MI	Last

ADDITIONAL BENEFICIARY DESIGNATION <i>(Use as many "Supplemental Beneficiaries" forms as necessary)</i> Percentages must be in whole numbers. Both Primary and Contingent Beneficiary percentages must each add up to 100%.						
Primary First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Primary First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Primary First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Contingent First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Contingent First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Contingent First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						

Owner's Signature _____

Date _____

Joint Owner's Signature _____

Date _____

Please return this form by mail, email (customerservice@american-life.com), or by faxing to (402) 489-8295.

1020 BENESUPP 001 12/22

American Life

IMPORTANT NOTICE – REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the agent, 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 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 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 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 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 (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 Or Policy #	Insured Or Annuitant	Replaced (R) Or Financing (F)
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.

NOTICE OF RIGHT TO RETURN:

You have the right to return the policy or contract within thirty (30) days of the delivery of the contract and receive an unconditional full refund of all premiums or considerations paid on it, including any policy fees or charges or, in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations or imposed under such policy or contract.

1010 REPL 001 11/18

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'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 premiums?

If you are surrendering an annuity or interest sensitive life product:

- Will you pay surrender charges on you 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?

The existing policy or contract is being replaced because: _____

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

Applicant's Printed Name

Applicant's Signature

Date

Joint Applicant's Printed Name

Joint Applicant's Signature

Date

Agent's Printed Name

Agent's Printed Signature

Date

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

DEFERRED ANNUITY SUITABILITY FORM

Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality. **Please note that if this form is not completed in full, signed, and dated, we will be unable to consider your application.**

Applicant's/Owner's First Name _____ MI _____ Last Name _____

Employment Status: Employed Retired Disabled Unemployed

Joint Applicant's/Owner's First Name _____ MI _____ Last Name _____

Employment Status: Employed Retired Disabled Unemployed

If unemployed or disabled, please explain reason or provide details: _____

Does either applicant currently reside in an assisted living, nursing home or long-term care facility? Yes No

If yes, please explain: _____

A. Household Financial Information

1. Household Disposable Income:

a. Monthly Income Sources

Salary/Employment \$ _____
 Social Security/Pension \$ _____
 Disability \$ _____
 Investments \$ _____
 Other \$ _____ Define _____
 Total Monthly Household Income \$ _____

b. Monthly Household Expenses \$ _____ (i.e. Mortgage/rent, car/loan payments, insurance premiums)

c. Disposable Monthly Income \$ _____ (a. minus b)

2. Household Net Worth: Assets – Liabilities/Debts

Premiums for this and ALL applications currently pending with American Life for the HOUSEHOLD must be included in the funding sources section below.

	Liquid Assets (Current Asset Values)	Non-Liquid Assets (Current Asset Values)
a. Stocks/Bonds/Mutual Funds	\$ _____	Do not include Primary Residence
b. Annuities Out of Surrender Period	\$ _____	
c. CDs/Money Market	\$ _____	
d. Checking/Savings	\$ _____	
e. Pension/401k (applicant over 59 1/2)	\$ _____	
f. Life Insurance Net Cash Surrender Value	\$ _____	h. Annuities in Surrender Period \$ _____
g. Total Liquid Assets (sum of a through f)	\$ _____	i. Pension/401k (applicant under 59 1/2) \$ _____
l. Total Household Assets (sum of g and k)	\$ _____	j. Other(define): _____ \$ _____
m. Household Liabilities (Other than Mortgages. Do not include any debt already included in monthly expenses above.)	\$ _____	k. Total Non-Liquid Assets \$ _____ (Sum of h through j)
n. Household Net worth (l minus m)	\$ _____	<input type="checkbox"/> Household does not have any non-liquid assets.

3. Financial Experience:

- Limited:** Limited financial decisions prior to this application, little experience with financial markets and/or credit transactions.
- Moderate:** Prior financial decisions such as home or auto loan, credit card use, purchased other annuity contracts or life insurance, invested in a retirement plan such as a 401(k) or 403(b), purchased or held mutual funds, etc.
- Advanced:** Prior financial decisions including stock or bond purchases and or trades; participated in private placement offerings; participated in advanced financial transactions, etc.

4. Federal Income Tax Bracket:

- 0% 10% or 12% 22% or 24% 32%, 35% or 37%

5. Risk tolerance for this Annuity:

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

B. Financial Objectives

1. Your financial objective for purchasing this annuity is (check all that apply):

- Liquidity Long-term Growth Guarantees Provided Transfer of Assets to Beneficiaries
- Long-Term Growth Followed by Income Preservation of Capital Guaranteed Death Benefit
- Interest Rates/Index Credit Potential Multiple Index Options Enhanced Benefit

2. Do you have sufficient funds available for monthly living expenses, medical expenses, and emergencies other than the funds planned for this annuity or any other annuities already owned? Yes No

3. Financial time horizon for this annuity: _____ Years

4. How do you anticipate taking distributions from this annuity?

- Required Minimum Distributions Penalty Free Annuitize Lump Sum
- Interest Only Withdrawals Leave to Beneficiary

5. An annuity is a long-term contract with substantial penalties for early surrenders and/or withdrawals. Do you understand that if you take money out of this annuity, in excess of the penalty-free withdrawal amount during the surrender charge period, that you will incur a Surrender Charge and Market Value Adjustment (also referred to as an Interest Adjustment in some contracts/endorsements) – if applicable? Yes No

6. Do you anticipate a significant change in your future income or expenses during the surrender charge period? Yes No If yes, please explain:

C. Funding Source

1. Excluding any exchange or replacement of life insurance or annuity contract(s) associated with this application, have you exchanged or replaced any life insurance or annuity contract within the last 60 months? Yes No

If yes, please explain:

2. Do you have a reverse mortgage? Yes No

3. Source of funds used to purchase this annuity (please check ALL that apply):

- Money Market/Checking/Savings CDs Pension/401k Stocks/Bonds Mutual Funds
- Death Claim Proceeds Inheritance Sale of Primary Residence Reverse Mortgage
- Proceeds from Replacement of a Life Contract(s): ***If checked, please provide a current statement.***
- Proceeds from the Replacement of an Annuity Contract(s): ***If checked, please provide a complete copy of the most recent annual statement(s) and complete questions 4-7.***

4. Complete for each replacement of Annuity contract transfer, exchange, or rollover:

	Contract 1	Contract 2	Contract 3
a. Company Name			
b. Product Name			
c. Contract Number			
d. Type of Annuity, i.e. Fixed, Fixed Index, Variable			
e. Issue Date			
f. Accumulated Value	\$	\$	\$
g. Surrender Value	\$	\$	\$
h. 10% Penalty Free Surrender**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Current Surrender Charge %	%	%	%
j. MVA +/-	\$	\$	\$
k. Remaining Surrender Charge Schedule			
l. Current Fixed Interest Rate	%	%	%
m. Minimum Guaranteed Renewal Interest Rate			
n. Policy and/or Rider Fees			

If an amount higher than 10% is available under the contract provisions, please annotate under Additional Information section of application, the Acord 951-e Transfer/Exchange form, or in a separate letter of instruction

5. Please explain how the benefits/features of this product better meet your current financial needs and objectives compared to the existing annuity.

6. If applicable, are you aware you may be forfeiting waivers and/or riders, such as terminal illness and nursing home on the contract being replaced? Yes No

7. Does the existing contract have an income rider or lifetime withdrawal benefit? Yes No

7.a. Please explain why you no longer need this income or how you plan to replace the lost income.

7.b. If yes, has it been activated? Yes No

D. Applicant / Owner Signature(s) By signing below, I certify that the information provided is accurate. I acknowledge and agree that during the purchase of this insurance contract American Life & Security Corp., its employees, and any of its agents acting in their capacity as an independent agent of American Life & Security Corp. have not suggested that I liquidate securities, otherwise provided any investment advice, or made any representations regarding losses or gains in respect to my portfolio. I have been advised to discuss any liquidation of securities with a properly licensed securities advisor, and I acknowledge that anyone (including my agent if properly registered) who provided me any such advice with respect to this purchase was not doing so in his/her role as an agent of American Life & Security Corp.

If I am replacing an existing annuity, by signing below I certify, that 1) my agent has explained how the existing and new contracts compare with respect to surrender charges, interest rate, death benefits and all other benefits and features; and 2) I believe the American Life & Security Corp. contract I am purchasing is more favorable on an overall basis than the contract(s) I am replacing.

By signing below, I certify that: 1) to the best of my knowledge and belief, the information provided to my agent, and shown above is true and complete; 2) the annuity meets my financial needs and objectives; and 3) this annuity is suitable for me.

Applicant / Owner Signature

Date

Joint Applicant / Joint Owner Signature

Date

E. Agent Statement - Acknowledgement of Responsibility for Suitability Recommendations

By signing below, I certify that:

1. I have completed a suitability and needs analysis review regarding the purchase of this annuity.
2. I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the Applicant/Owner.
3. I agree to maintain records of the information provided by the Applicant/Owner and any other information used as the basis for my recommendation. I agree to make such records available for review upon request by American Life & Security Corp. or by any regulatory body as required.

F. Agent Acknowledgment PTE 84-24

THE FOLLOWING REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS APPLY WITH RESPECT TO THE PURCHASE OF AN ANNUITY WITH THE ASSETS OF A PLAN SUBJECT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (“ERISA”), INCLUDING A ROLLOVER FROM SUCH PLAN TO AN INDIVIDUAL RETIREMENT ACCOUNT DESCRIBED IN INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE “CODE”), SECTION 4975(e)(1)(B) THROUGH (F) (“IRA”) OR A ROLLOVER FROM ONE IRA TO ANOTHER IRA, PURSUANT TO THE PROVISION OF FIDUCIARY INVESTMENT ADVICE AS DEFINED IN ERISA SECTION 3(21)(A)(ii), CODE SECTION 4975(e)(3)(B), AND GUIDANCE ISSUED BY THE UNITED STATES DEPARTMENT OF LABOR.

By signing below, I represent, warrant, and certify to American Life & Security Corp. that I have complied with the United States Department of Labor’s Prohibited Transaction Exemption (PTE) 84-24, in connection with the Applicant’s purchase and my recommendation(s) in relation thereto. Without limiting the generality of the foregoing, I represent, warrant, and certify to American Life & Security Corp. that: (1) I have complied with all applicable conditions of the PTE; (2) I acted in the Applicant’s best interest with respect to any recommendation(s) I made regarding the annuity contract; (3) the combined total of all fees I receive for my services does not exceed reasonable compensation within the meaning of ERISA Section 408(b) (2) and Section 4975(d)(2) of the Code; (4) I made no materially misleading statements to the Applicant with respect to recommended transactions, fees, material conflicts of interest, or any other matters relevant to the Applicant’s purchase; and (5) I made the following written disclosures to the Applicant: (a) if I am an affiliate of American Life & Security Corp., or if my ability to make recommendations is limited by any agreement with American Life & Security Corp., the nature of the affiliation, limitation, or relationship; (b) the amount of commission I will receive, directly or indirectly, from American Life & Security Corp. in connection with the Applicant’s purchase; (c) a statement of any charges, fees, discounts, penalties, or adjustments which may be imposed under the recommended annuity contract in connection with the Applicant’s purchase. Additionally, I acknowledge that neither American Life & Security Corp. nor any of its affiliates is a fiduciary with respect to the Applicant’s purchase.

Agent Signature

Agent Number

Signed Date

American Life

INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES 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 Mailing Address: _____

Business Telephone Number: _____

Email Address: _____

National Producer Number : _____

CUSTOMER INFORMATION (“You”, “Your”)

First Name: _____ Last Name: _____

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:

<input type="checkbox"/> Annuities from Only One (1) Insurer	<input type="checkbox"/> Annuities from Two or More Insurers
<input type="checkbox"/> 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) _____

If You have questions about the above compensation I will be paid for this transaction, please ask me.

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

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

Customer Signature

Date

Customer Signature

Date

Agent (Producer) Signature

Date

PTE 84-24 DISCLOSURE FORM REQUIRED FOR INDIVIDUAL RETIREMENT ANNUITIES

This document must be signed by the applicant and the agent, and a copy left with the applicant.

This form provides important information you should know before making a purchase of, or payment to, an annuity contract ("Annuity") issued by the Insurance Company issuing the Annuity ("Insurance Company"). This Disclosure and Acknowledgement Form ("Form") is provided pursuant to applicable law, and in particular, is intended to document satisfaction of certain requirements of ERISA Prohibited Transaction Class Exemption 84-24.

Owner/Applicant
Agent
Insurance Company Issuing the Annuity American Life & Security Corp.
Annuity Product

RELATIONSHIP OF AGENT TO INSURANCE COMPANY

You will be purchasing an Annuity through an Agent ("Agent") who is a representative of the Insurance Company listed above. Your Agent is an independent insurance agent who can recommend annuities and other insurance products issued by any of the different insurance companies to which he or she is appointed as an agent. Your Agent cannot recommend annuities or other insurance products from insurance companies for which he or she has not been appointed as an agent, and therefore your Agent is limited to recommending the annuities or other insurance products offered by the insurance companies he or she represents. This Form describes the commissions the Agent and others will receive in connection with your purchase and retention of the Annuity Contract.

COMMISSIONS

For selling the Annuity, the Agent will receive a commission equal to a percentage of the premium(s) paid. Commissions paid are not deducted from your premium(s) paid. In addition to the commission paid to the Agent, Insurance Company may also pay commission to an Insurance Agency and/or an Insurance Marketing Organization ("IMO"). The Insurance Company, the Agent or the Insurance Agency may receive services from the IMO related to the marketing, administration, issuance and servicing of the Annuity. For those services, the IMO receives commissions on the Annuity. The Sales Commission paid to the agent for the purchase is listed below:

% of Premium received (Sales Commission) in contract year 1: _____ %

% of Premium received (Sales Commission) in subsequent years: _____

CHARGES

The Annuity you purchase is subject to charges, pursuant to the terms of the contract, which may include surrender charges, market value adjustments, or other fees for additional contract features or riders. The specific charges applicable to your Annuity can be found on the contract data page.

ACKNOWLEDGMENT / APPROVAL

I acknowledge receipt of the disclosure information and I approve the purchase of the Annuity specified above for funding contributions to the IRA, including compensation and other fees under the contract. I acknowledge that completing this Form is not a declaration of fiduciary status by Agent, Insurance Agency, Company, IMO or any other party under the Employee Retirement Income Security Act or other applicable Federal or State laws. This form is not a contract and it does not create any enforceable obligations between you and the Agent, Insurance Agency, Company, IMO or any other party.

Owner's Signature	Date
Agent's Signature	Date

American Life

SPOUSAL CONSENT FORM

If you live in a community property state (residents of AZ, CA, ID, LA, NM, NV, TX, WA or WI) and your spouse is NOT listed as the sole primary beneficiary, spousal consent is required.

No current spouse Check this box if the owner does not have a spouse or if spouse is deceased.

I, the spouse of the Owner, have read the information above and have seen the beneficiary designation made by my spouse. By signing this form, I understand that I have not been named as the sole primary beneficiary of my spouse's policy/certificate and have waived my right to the policy/certificate's proceeds. I acknowledge that I have been advised to consult a tax advisor prior to signing this agreement.

Signature of Spouse

Signed Date

Name of Owner

Signature of Owner

Signed Date

American Life

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Is the Accountholder the same as the owner? Yes No

OWNER NAME			PREMIUM AMOUNT
First	MI	Last	
ACCOUNTHOLDER INFORMATION (PLEASE PRINT):		BANK OR CREDIT UNION INFORMATION:	
Accountholder Name First MI Last		Bank or Credit Union Name	
Address		Address	
City	State	Zip	City State Zip
Phone		Phone	
Account Type <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Account Number: _____ Bank Routing Number: _____ (the 9-digit number at the bottom of your check)		

INCLUDE VOIDED CHECK

If you are using a checking account, you **MUST** include **ONLY** a voided check.

If you are using a savings account, you **MUST** include **ONLY** a voided deposit ticket.

DO NOT include both. This will ensure accuracy in processing your request.

If you do not have a voided check, please attach a letter from your financial institution confirming the routing number and account number.

Thank you.

AUTHORIZATION & ACKNOWLEDGEMENT:

By signing this document, I acknowledge that funds will be withdrawn from the designated account immediately upon processing. While it may take up to 3 days for the transaction to be complete, funds must be available for withdrawal at the time of processing.

Accountholder / Authorized Signature

Date

1011 EFTMYGA 001 04/26

ACORD® 1035 EXCHANGE / ROLLOVER / TRANSFER eFORM

Name of Receiving Company _____

Business Address	Mailing Address	Overnight Address
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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 rollover or transfer, I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This rollover/transfer 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. For a direct rollover from a retirement plan, I acknowledge the amount represents all or part of an eligible rollover distribution from the retirement plan as defined under applicable tax law.
- III. 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.
- IV. 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.
- V. 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.
- VI. 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.
- VII. 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.
- VIII. 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.
- IX. 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.)

3. DISCLOSURES/ACKNOWLEDGMENTS CONTINUED

- X. 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.
- XI. **REQUIRED MINIMUM DISTRIBUTIONS** - Important note to owner: The existing financial institution has the most accurate information to ensure that you receive the correct RMD from this contract. If you do not receive the full amount of your RMD, you may be subject to an IRS penalty. If necessary, instruct your existing financial institution before effecting this transfer to either (1) pay your RMD to you now or (2) retain that amount for distribution to you later.

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 Community Property States: 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)

(For the receiving company's use only)

6. SIGNATURES

6A. 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 the following Plan Type and Product Type:

Receiving Plan Type (Non-Qualified, IRA, Roth IRA, etc.)	Receiving Product Type (Life, Annuity, CD, MF, Other, etc.)
--	---

6B. 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)

American Life

American Life Single Premium Deferred Annuity Contract

Annuitant Name _____

Annuitant Gender _____

Annuitant Age _____

Joint Annuitant Name _____

Joint Annuitant Gender _____

Joint Annuitant Age _____

Date _____

American Life & Security Corp.

2900 S. 70th Street, Suite 400, Lincoln, NE 68506

Main: (402) 489-8266 or (800) 715-1458

www.american-life.com

MYGA DISCLOSURE STATEMENT

The *American Life Single Premium Deferred Annuity* is a way to accumulate money for retirement on a tax-deferred basis and create a guaranteed stream of income for life. An annuity is a long-term investment. It is not intended to meet short term financial needs or goals.

The *American Life Single Premium Deferred Annuity* offers these features:

- It is a single premium annuity contract. This means that you may not make additional payments into the contract but only prior to policy issuance.
- We do not charge a fee to issue an *American Life Single Premium Deferred Annuity* contract, and we do not assess any ongoing or annual fee. However, withdrawals from the contract (in excess of the penalty-free amount) may be subject to a withdrawal charge. Please refer to section 4 of this Disclosure Statement ("Withdrawals and Withdrawal Charges") for a description of these charges.
- You may allocate your purchase payments to one interest guarantee period selected from among those we are offering when you purchase the contract.
- Included in this contract is a liquidity rider. Beginning in the second year of the contract, you may withdraw any Required Minimum Distribution (RMD), or up to 10% of the Contract Value as of the prior Anniversary Date, whichever is greater, without any withdrawal charge. Any first-year withdrawal is subject to a withdrawal charge.
- Included in this contract, through the Enhanced Interest Credit rider which is attached, is a bonus payment of interest at the end of the guarantee period, if no withdrawals were made during the Guaranteed Period beyond any Required Minimum Distribution. This bonus will be the ending Contract Value multiplied by the bonus percentage, which is declared at policy issuance or at any subsequent renewal period.
- After a withdrawal charge period expires, you may apply the contract value to a new interest guarantee period to earn a competitive interest rate and continue income tax deferral without purchasing a new contract.

This Disclosure Statement summarizes important information you should consider before buying an *American Life Single Premium Deferred Annuity* contract. Please read it carefully, along with the Buyer's Guide for Deferred Annuities, which was prepared by the National Association of Insurance Commissioners to help consumers understand the different types of annuity contracts available and the general features of each type. You may also receive other product information from your sales agent. We encourage you to read all this material carefully and discuss it with your sales agent to determine if an *American Life Single Premium Deferred* annuity is appropriate considering your financial needs and goals.

The American Life Single Premium Deferred Annuity Contract Governs Your Rights Under The Contract.

This disclosure statement and the other literature you receive provide only a summary description of the annuity. The American Life Single Premium Deferred Annuity contract itself governs your rights. After you receive your annuity contract, you will have a specified period of time to review it. If, during that period, you decide you do not want the contract, you may cancel it and receive a complete refund of the amount you paid for it.

PURCHASING AND MANAGING YOUR CONTRACT

- **Purchase Payments.** The minimum initial purchase payment is \$1,000. The maximum initial purchase payment we will accept is \$1,000,000, unless we agree to accept a greater amount.
- **Premium Taxes.** We deduct premium taxes, if applicable, imposed on us by a federal, state, local, or other government agency. Some states collect these taxes on premium Payments; other collect at annuitization. Since we pay premium Taxes when they are required by applicable law, we may deduct them from your Contract when we pay the taxes, upon surrender, or upon annuitization. The premium tax rate varies by state or municipality and currently ranges from 0% to 3.5%.
- **Declared Interest Rates and Interest Guarantee Periods.** When you purchase a contract, you select one interest guarantee period from among those we are offering at that time. We, in our sole discretion, declare the interest rate applicable to each interest guarantee period. The interest rate in effect at the time you make your purchase payment will apply for the entire interest guarantee period.

When an interest guarantee period expires, you have the option to continue your contract for the same guarantee period at a declared renewal rate; continue your contract for another guarantee period that we make available at the time of renewal at the declared rate for that guarantee period; or continue your contract at a one-year rate declared at renewal which will not include an MVA. Unless you select one of the options above, your contract will continue automatically for a subsequent guarantee period of the same length as the preceding period.

- **Guaranteed Minimum Interest Rate.** We set a minimum interest rate when you purchase a contract. The minimum interest rate will remain in effect at least until the initial withdrawal charge period expires. (See, the "Withdrawals and Withdrawal Charges", below.) We will not declare an interest rate that is lower than the guaranteed minimum interest rate.

Please ask your financial advisor for the current minimum and declared interest rates for the American Life Single Premium Deferred Annuity contract.

- **Withdrawals and Withdrawal Charges.** The *American Life Single Premium Deferred Annuity* is intended to be used as a long-term vehicle for retirement planning. However, you do have access to the contract value by requesting a withdrawal or surrender.
 - Any time before the annuity income payments begin, you may request a withdrawal or full surrender of the contract.
 - Beginning in the second contract year, you may withdraw up to the penalty-free amount in a contract year without any withdrawal charge. The penalty-free amount is equal to 10% of the contract value as of the prior contract anniversary or the federally mandated Required Minimum Distribution for the calendar year.
 - Generally, a withdrawal charge will be assessed for any withdrawal or surrender that exceeds the contract's penalty-free amount. The withdrawal charge is a percentage of the amount withdrawn (in excess of the penalty-free amount) based on the number of complete years that have elapsed since the beginning of the withdrawal charge period, which is typically the date the contract was issued.

<u># OF YEARS ELAPSED SINCE BEGINNING THE WITHDRAWAL CHARGE PERIOD</u>	<u>5-YEAR TERM WITHDRAWAL CHARGE %</u>	<u>3-YEAR TERM WITHDRAWAL CHARGE %</u>
0	9.0%	9.0%
1	8.0%	8.0%
2	7.0%	7.0%
3	6.0%	
4+	5.0%	

- Any time a withdrawal charge is assessed, a Market Value Adjustment (MVA) is also applied to the Contract Value and/or Partial Withdrawal amounts and is based on changes in the MVA Index Rate appropriate for the Guarantee Period. This may result in an increase or decrease, subject to positive and negative limits, in the Contract Value and/or Partial Withdrawal amounts.
 - All withdrawals reduce interest earnings due to the interruption of compounding. More frequent withdrawals (such as monthly withdrawals) reduce interest earnings more than annual withdrawals. All withdrawals will reduce the death benefit, contract value and surrender value.
 - Withdrawals of earnings are subject to income tax and may be subject to a 10% IRS penalty tax if taken before age 59½. Under current tax law, any withdrawal from the contract will be deemed a withdrawal of earnings until all earnings attributable to the contract at the time of the withdrawal are withdrawn. Only then will a withdrawal reduce principal.
 - If your contract is issued as a Traditional IRA or other tax-qualified plan, you may be subject to required minimum distributions ("RMDs"). Generally, RMDs must begin based on current IRS rules. However, the rules are complex and exceptions may apply. You should consult with a qualified tax advisor to learn if your contract is subject to RMDs, and if so, how the RMD rules apply to your particular situation.
5. Death Benefit. The contract provides a death benefit equal to the Contract Value if the owner dies before annuity income payments begin.
6. Annuity Options. At the end of any guaranteed interest period, you may apply the contract value to an annuity option and begin receiving income payments. You may select an option that will make regular, fixed periodic payments for a specific period, for life, or for life with payments guaranteed for a specific period. Annuity options can be based on the life of one or two people. You may request the income payments be made monthly, quarterly or annually. The amount of each income payment depends upon the annuity option and payment mode you select, the amount that is applied to the annuity option, and the payment rates we are using for that annuity option at that time.

The *American Life Single Premium Deferred Annuity*, policy form number series ICC19-MYGA 001 (and state variations), is issued by American Life & Security Corp., Lincoln, Nebraska. All benefits, payments, and guarantees are subject to the claims-paying ability of American Life & Security Corp.

Privacy Policy

**Your privacy is important to us.
We value you as a customer and take your privacy seriously.**

Notice

To provide you with the high quality products and services you expect, American Life may collect a certain amount of personal information about you. We recognize that we have an important responsibility to protect the privacy and security of your non-public personal and financial information, whether you are a current or former customer, applicant or an inquiring consumer. Our information sharing practices are designed to meet strict legal requirements and to protect the confidentiality of your information. We maintain the same standards of privacy after a customer relationship has ended as we do for current customers and consumers.

The type of information we collect

The information we collect depends upon the product or service we are providing to you or that you are asking about. You and the writing agent are the primary source of information on your application, such as your name, address, telephone number and social security number. We or a consumer reporting agency may also request from you and other sources, information concerning your finances, such as your income, assets and employment status; credit history; information about your spouse or dependents; medical information and/or certain demographic information. For example, to properly underwrite and administer life and health insurance coverage, we may need to contact attending physicians, clinics or hospitals where you have been treated. If we receive a report from a consumer-reporting agency, the agency conducting the investigation may retain the report and share it with others who use the agency's services as permitted by law.

How we treat the information

We keep any non-public personal and financial information we collect about you confidential. However, we may share information with certain persons and for certain purposes as described below.

We may share information we collect with non-affiliated third parties without prior authorization or offering you the right to "opt out," as required or permitted by law. For example, we share information to underwrite or service your policy, administer claims, and to comply with legal requirements. We or an independent subsidiary also may share the information we collect with companies that perform marketing services on our behalf. We will not share protected health information with such a marketing organization.

In order to deliver better and more relevant products and services to you, we may share the non-public information, as described above, with insurance support organizations and other insurance companies.

We are committed to the security and confidentiality of your non-public personal information by maintaining reasonable physical, procedural and electronic security measures that comply with applicable laws. Our security practices include limiting access to this information to those employees and business associates with appropriate authority and for intended business purposes only. These employees or associates sign confidentiality agreements or are bound by standards of professional conduct. We also take reasonable electronic security measures on our web sites.

A final word

We are committed to keeping you informed about our practices and your rights. The products and services you receive are continually evolving to meet your needs. The use of information must remain flexible in order to meet such changes. The privacy landscape is changing as well. Therefore, it may be necessary for us to periodically review and update our privacy practices.