

WESTERN BANKERS LIFE INSURANCE COMPANY
 OVERNIGHT DELIVERY: 11101 Roosevelt Boulevard N, St. Petersburg, FL 33716 (800) 839-2731
 REGULAR MAIL: P.O. Box 15707, St. Petersburg, FL 33733
Application for Deferred Annuity

SPDA
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Part A: Personal Data				
Proposed Annuitant	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary	Relationship to Annuitant			
Part B: Owner if other than Proposed Annuitant				
Name	Date of Birth/Trust Inception	Age	Social Security Number	
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary for Owner Interest				
Part C: Co-Owner (if applicable)				
Name	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary for Owner Interest				
Part D: Coverage Information				
Plan	The Five Year Tax Deferred Annuity			* Amount applied for \$ _____ If unknown leave blank
Part E: General Information				
Do you have any existing insurance or annuity contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No				
This annuity is being applied for as <input type="checkbox"/> Non-Qualified <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Other _____				

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information, may be guilty of insurance fraud.

I hereby declare the application was signed and dated at:

_____ on _____
 City State Month Day Year

Signature of Annuitant: **X** _____ Signature of Owner: _____
 (If other than Annuitant)

Signature of Co-Owner (if any): _____

Agent Information	
To be answered by Licensed Agent: To the best of your knowledge is replacement involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Company Name: _____	
Agent's Name: _____	Phone #: _____ Agent # _____ FL License # if applicable
Agent's Signature X _____	Date: _____

All checks must be made payable to "WESTERN BANKERS LIFE INSURANCE COMPANY"
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Special Requests:

*If a transfer, please estimate the amount to be transferred.

Certificate of Disclosure

Interest Crediting

An interest rate of _____ % is guaranteed on your account value for the first five years of the contract.

Withdrawal Charges

Your annuity has a five year period of decreasing Withdrawal Charges. The following Withdrawal Charge percentages apply to amounts withdrawn during the first five contract years.

Contract Year	1	2	3	4	5	6
Withdrawal Charge %	7%	7%	7%	6%	5%	0%

Withdrawal Charges may not apply if any of the following occurs: 1) the Annuitant dies; or 2) if at anytime you elect a settlement option of five years or more; or 3) if you make withdrawals after the Withdrawal Charge period has expired; or 4) once each contract year after the first year, by current administrative policy, you can take a penalty-free withdrawal of up to 10% of your account value. After 30 days you may withdraw the interest credited to your account value. The withdrawal of the interest credited is included in the 10% free withdrawal available after the first year.

Taxes

Neither the Company nor its agents give tax advice. Taxes must be paid on deferred earnings when accessed. You may be responsible for income taxes on amounts distributed under the contract, including a 10% penalty for withdrawals prior to age 59 1/2.

Certification

I have read this Certificate of Disclosure and understand its contents. I understand that maximizing the value of my contract depends on minimizing cash withdrawals from my contract during the first five years. I further understand that this Certificate of Disclosure is only a summary of certain terms of my annuity contract, and that the contract together with the application, when issued, will represent the entire agreement between the Company and me.

Signature of Owner **X** _____ Date: _____

A copy of this Certificate of Disclosure will be returned with your annuity contract.

<u>Product/Sale Type</u>	<u>FORMS REQUIRED</u>					
	Application	Certificate of Disclosure	Suitability Form	1035 Exchange Form & Contract Being Exchanged	Direct Custodial Transfer Request	State Replacement Form* (if applicable)
Cash w/App	X	X	X			X
1035 Non-Qualified Annuity Exchange	X	X	X	X		X
CD's, Mutual Funds and Qualified Annuity Transfers	X	X	X		X	X

The following states require annuity replacement forms: AL, AR, AZ, DE, FL, GA, HI, ID, IN, IA, KS, KY, LA, MD, MN, MO, MS, MT, NE, NM, NV, NC, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, WI, WV, WY