



## FARMERS LIFE INSURANCE COMPANY

# Individual Annuity Application

### 1. Annuitant (Joint Annuitants are not permitted)

Annuitant full name \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ ☐ Male ☐ Female  
Gender assigned at birth

### 2. Owner (If other than Annuitant)

Owner full name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
☐ Male ☐ Female  
Date of birth (MM/DD/YYYY) \_\_\_\_\_ Gender assigned at birth

### 3. Joint Spousal Owner (If any), WROS

Not available for Qualified Funds

Joint spousal owner full name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
☐ Male ☐ Female  
Date of birth (MM/DD/YYYY) \_\_\_\_\_ Gender assigned at birth

### 4. Plan/Riders Applied For (Please check one)

☐ Safeguard Plus 3 ☐ Safeguard Plus 5 ☐ Safeguard Plus 7 ☐ Safeguard Plus 10

☐ 5% Free Withdrawal Rider ☐ Enhanced Benefit Rider

### 5. Beneficiaries

If joint owners are named, on the death of either joint owner the surviving joint owner will become the sole primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries (*unless otherwise requested in the special requests section*).

Primary	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Primary	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Primary	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Primary	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth

Primary	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Primary	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Contingent	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Contingent	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Contingent	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Contingent	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Contingent	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth
Contingent	%	Relationship	SSN/TIN	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender assigned at birth

## 6. Premium and Tax Qualification Status

☐ NON-QUALIFIED
 ☐ QUALIFIED

☐ Cash with application
 ☐ Cash with application

☐ Transfer
 ☐ Transfer

☐ 1035 exchange
 ☐ Rollover

Check the type of plan
 ☐ IRA
 ☐ Roth IRA
 ☐ SEP
 ☐ Pension Plan (Profit Sharing or Defined Benefit)

☐ Other \_\_\_\_\_

Amount paid with application \$ \_\_\_\_\_

If a 1035 Exchange, Rollover or Transfer is occurring, the expected premium amount is \$ \_\_\_\_\_

## 7. Owner Replacement Questions (Required for All Applications)

If "Yes," please sign the replacement form.

- Do you have any existing life insurance policies or annuity contracts with Farmers Life Insurance Company or any other insurance company? ☐ Yes ☐ No
- Is this Application intended to replace or change any life insurance or annuity contract with Farmers Life Insurance Company or any other company? Change means causing a policy or contract to lapse, surrender (in whole or part), forfeit, terminate, convert to reduce paid up or continue as extend term insurance, reduce in value by borrowing against it or change the term or coverage benefits. ☐ Yes ☐ No

Company Name of Policy/Contract Being Replaced

Policy/Contract Number

_____	_____
_____	_____
_____	_____



## 8. Application Completed

City \_\_\_\_\_ State \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the person(s) signing this application. It is agreed that such statements shall form the basis of an Annuity issued by the company and that such Annuity, together with this application, shall constitute the entire contract between the company and the person(s) signing this application. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½. If the Annuity for which application is being made is a Market Value Adjusted fixed annuity, the person(s) signing this application understand that withdrawals from the Annuity may be subject to a market value adjustment in addition to any applicable surrender charges.

**Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

Owner name	Owner signature	Date signed
Joint owner name <i>if applicable</i>	Joint owner signature <i>if applicable</i>	Date signed
Annuitant name <i>if other than owner</i>	Annuitant signature <i>if other than owner</i>	Date signed

## 9. Agent's Report

Do you have knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? ☐ Yes ☐ No If "Yes," please sign the replacement form.

Agent name	Agent number	State license number <i>if required</i>
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Signature of agent	Date signed
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*If applicable, complete the following section for any additional agent and indicate split percentages:*

Producer name	Agent number	Producer phone/email	Split %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please mail or fax this completed application to the following:**

**Regular Mail:** P.O. Box 21538, Oklahoma City, OK 73156

**Express Mail:** 13931 Quail Pointe Dr., Oklahoma City, OK 73134

**Fax:** 580.255.0951





# Suitability Analysis

## SECTION 1: PERSONAL INFORMATION

All sections of this form must be fully completed.

	Owner	Spouse (if any)
Full Name		
Current Age		
Gender Assigned at Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Work Full-Time <input type="checkbox"/> Work Part-Time	<input type="checkbox"/> Retired <input type="checkbox"/> Work Full-Time <input type="checkbox"/> Work Part-Time
Current Occupation		
Dependents (number and ages)		

## SECTION 2: FINANCIAL INFORMATION OF OWNER

Annual Household Income	\$
Source of Income	
Income Tax Bracket (Federal & State)	%
Total Assets (total liquid and non-liquid assets prior to purchase of this annuity)	\$
Total Liquid Assets (all assets that are readily convertible to cash after the purchase of this annuity)	\$
Total Outstanding Debt	\$

## SECTION 3: FINANCIAL SITUATION AND NEEDS OF OWNER

Does your income cover all of your living and medical expenses? ☐ Yes ☐ No

If No, please explain: \_\_\_\_\_

Do you expect changes in your living expenses? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

Do you anticipate changes in your out-of-pocket medical expenses? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

Is your income sufficient to cover future changes in your living and out-of-pocket medical expenses during the surrender charge period? ☐ Yes ☐ No

If No, please explain: \_\_\_\_\_

Do you have an emergency fund for unexpected expenses? ☐ Yes ☐ No

If No, please explain: \_\_\_\_\_



What other investments do you currently own? (Check all that apply)

☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ Personal Business ☐ Options ☐ Real Estate ☐ Partnerships  
☐ Other \_\_\_\_\_

Please describe your risk tolerance:

☐ Conservative ☐ Moderately Conservative ☐ Moderate ☐ Moderately Aggressive ☐ Aggressive

#### SECTION 4: THIS PRODUCT PURCHASE

Reason(s) for purchasing this product (Check all that apply)

☐ Asset accumulation ☐ Tax deferred growth ☐ Immediate income  
☐ Future retirement income ☐ Guaranteed interest rate ☐ Transfer to heirs  
☐ Safety of principal ☐ Other \_\_\_\_\_

Do you plan to withdraw any portion of the funds in this product during the surrender charge period? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

When do you anticipate needing access to these funds?

☐ 0-2 years from now ☐ 3-4 years from now ☐ 5-6 years from now ☐ 7-8 years from now ☐ 9+ years from now

Source of funds used to purchase this product (Check all that apply)

☐ CD/Savings/Checking ☐ Inheritance ☐ Rollover/transfer from qualified account  
☐ Liquidation of assets ☐ Death benefit proceeds ☐ Qualified plan distribution  
☐ Cash value from existing annuity ☐ Current income ☐ Other \_\_\_\_\_

#### SECTION 5: EXISTING ACCOUNT INFORMATION

Do you plan to use funds from an existing life or annuity policy to purchase this product?

☐ Yes (complete the rest of section 5) ☐ No (go to section 6)

How long has the life insurance or annuity been in force? \_\_\_\_\_ years

Is there a surrender charge on the existing product? ☐ Yes ☐ No

If Yes, what is the current charge? \_\_\_\_\_ % When will it expire? \_\_\_\_\_

What type is the existing product? ☐ Life Insurance ☐ Fixed Annuity ☐ Variable Annuity ☐ Equity Indexed Annuity

What interest rate is currently being credited to the existing product? \_\_\_\_\_ %

Please describe any expected change(s) to this rate in the additional information section below.

If the existing product is a tax-qualified annuity, are you taking Required Minimum Distributions from it?

☐ Yes ☐ No ☐ Not required due to age ☐ Not applicable

If the existing product is an annuity, are you taking any other periodic distributions from the existing annuity?

☐ Yes ☐ No ☐ Not applicable

If Yes, please describe: \_\_\_\_\_



## SECTION 6: OTHER

Which, if any, of the following persons assisted you in your decision to purchase this product? (Check all that apply)

- ☐ None ☐ Accountant ☐ Attorney ☐ Family Member  
☐ Financial Planner ☐ Other (please specify) \_\_\_\_\_

Please enter any additional relevant information to be considered in determining suitability of this product:

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## SECTION 7: OWNER'S ACKNOWLEDGMENT

To the best of my/our knowledge, the information provided in this questionnaire is accurate. I/we understand that a life insurance or annuity is a long term investment and my/our agent has reviewed the features and benefits of this product as well as any applicable fees and surrender charges with me/us. I/we believe that the purchase of this product is suitable for my/our financial needs and objectives.

I/we have been provided with and read a product disclosure statement that discloses the surrender charge period and the surrender charge percentages for this contract. ☐ Yes ☐ No

Owner name	Owner signature	Date signed
Joint owner name (if any)	Joint owner signature	Date signed

## SECTION 8: AGENT'S ACKNOWLEDGMENT

Based on the facts disclosed by the proposed owner and joint owner, I have reasonable grounds for believing that the recommendation for the purchase or exchange of the product is suitable. I agree to maintain the information collected and used as the basis for this recommendation for a period of at least five (5) years and make it available upon request to the Company or the insurance commissioner. I certify that the applicant was given a copy of the applicable product brochure and disclosure form.

- ☐ I **did not** use any sales materials other than pre-printed product brochures and other material provided by the Company in the solicitation of this product.
- ☐ I **did** use sales materials other than pre-printed product brochures and other material provided by the Company. I have attached to this form any and all supplementary information used in the solicitation of this product.

Agent name	Agent signature	Date signed
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FARMERS LIFE INSURANCE COMPANY

## Safeguard Plus<sup>®</sup> Annuity Disclosure

Contract Form No. ICC21-FLIC-CON

Please check the appropriate box: ☐ QUALIFIED ANNUITY ☐ NON-QUALIFIED ANNUITY

The Safeguard Plus Annuity is an individual fixed single-premium deferred annuity. You purchase the annuity with a single premium payment. Interest is earned during the accumulation phase and annuity benefit payments are deferred until the Maturity Date or upon Annuitization. Under current tax law: (a) the principal and earnings are not subject to income taxes until funds are withdrawn or distributed; and (b) a 10% IRS early-withdrawal penalty may apply to withdrawals or distributions prior to age 59½. Tax law is subject to change. Please consult your financial or tax professional for any exceptions to the early-withdrawal penalty.

The main purposes of a deferred annuity are: (a) to save money for retirement; and (b) to receive retirement income for life. It is not meant for short-term financial goals.

### THE ANNUITY CONTRACT.

#### *How will my annuity grow?*

**Annuity.** An annuity allows you to pay a premium for the Contract and interest will be earned on a tax-deferred basis. The premium and interest earnings are not subject to income taxes until the funds are withdrawn or distributed.

**Issue Age.** The Safeguard Plus Annuity will be issued to Owners age 18-95 and Annuitants age 0-95.

**Contract Effective Date.** The contract effective date is the date the entire single premium and all application requirements are received in the Company's home office in good order. This date is shown on the Contract Schedule.

**Premium.** A Safeguard Plus Annuity may be established with an initial premium of \$10,000 to \$1,000,000 (or more with prior home-office approval).

**Interest Rates.** The single premium will receive the interest rate in effect as of the date the application is signed. In order to qualify for this rate, the application must be received in our home office within seven calendar days of the signature date and the premium must be paid within seven calendar days for cash payments and 45 days for transfer and rollover payments.

Premium payments are credited with a Multi-Year Guaranteed Interest Rate for 3, 5, 7 or 10 years, according to your choice as shown on the application. Thereafter, the Accumulation Value will be credited with renewal interest rates based on the current economic and interest rate environment. However, such renewal interest rates will not be less than the guaranteed minimum annual interest rate of 1.00%.

**Annuity Values.** The Accumulation Value is the amount available to provide annuity benefit payments and death benefits. The Accumulation Value is: (a) premium plus credited interest; minus (b) amounts surrendered, including surrender charges and associated market value adjustments. The Cash Surrender Value is the amount available to provide surrender benefits. The Cash Surrender Value is: (a) the Accumulation Value; minus (b) surrender charges, including any associated market value adjustment.

**Safety and Guarantees.** Farmers Life Insurance Company guarantees that the Owner will never receive less than: (a) 87½% of the total premium payments, net of any withdrawal benefits received and an annual contract fee of \$50 due on

the Contract Date and each Contract Anniversary thereafter; accumulated at (b) an annual interest rate no less than the minimum annual interest rate prescribed by the law of the state in which the Contract is delivered or issued for delivery.

## SURRENDER BENEFITS.

### *May I take money out of my annuity?*

You may take money out of your annuity any time before annuity benefit payments begin. You may take out all of your annuity's Cash Surrender Value (**full surrender**) or part of it (**partial surrender**). Withdrawals must be \$100 or more. At least \$2,000 must remain in the Contract; otherwise, we will treat your request as a request for a full surrender. A 10% IRS penalty may apply to withdrawals made before you reach age 59½.

**Contract:** ICC21-FLIC-CON

**Riders:** ICC21-FLIC-FWR; ICC21-FLIC-EBR

**Surrender Charge Period.** A Surrender Charge and Market Value Adjustment will be assessed on amounts you withdraw during the Surrender Charge Period based on the amount of time that has elapsed since the beginning of the current Multi-Year Interest Rate Guarantee Period, as follows:

Contract Year	1	2	3	4	5	6	7	8	9	10
Surrender Charge	9.0%	8.0%	7.0%	6.0%	5.0%	4.0%	3.0%	2.5%	1.5%	0.9%

**Example.** If you withdrew \$10,000 during the first contract year, a 9.0% Surrender Charge would apply.  $\$10,000 \times 0.09 = \$900$ . A \$900 Surrender Charge would be deducted from the \$10,000 withdrawal amount, i.e.  $\$10,000 - \$900 = \$9,100$ . This withdrawal is also subject to a Market Value Adjustment (see the Market Value Adjustment section for details).

There are no Surrender Charges or Market Value Adjustments during the first 30 days after the end of a Multi-Year Interest Rate Guarantee Period. During those 30 days, you may choose one of the following options by providing us written notice of your choice on or before the end of that 30-day period:

1. Continue your Contract and apply the current Accumulation Value to the subsequent Multi-Year Interest Rate Guarantee Period.
2. Make a partial surrender without a Surrender Charge or Market Value Adjustment and apply the remaining Accumulation Value to the subsequent Multi-Year Interest Rate Guarantee Period.
3. Begin payment of the Accumulation Value under a payment option without a Surrender Charge or Market Value Adjustment. See **Payment Options**.
4. Surrender your Contract without a Surrender Charge or Market Value Adjustment.
5. Continue your Contract or make a partial surrender without a Surrender Charge or Market Value Adjustment and apply the remaining Accumulation Value to the Contract with a one-year interest rate guarantee period. Surrender Charges and Market Value Adjustments will no longer apply, and the one-year interest rate guarantee period will automatically renew each year.

If you do not make a choice during that 30-day period, item 1 above automatically becomes effective. We will provide you with written notice of your options at least 15 days but not more than 45 days before the end of each subsequent Multi-Year Interest Rate Guarantee Period.



**Market Value Adjustment.** The Safeguard Plus Annuity includes a Market Value Adjustment feature. During each Multi-Year Interest Rate Guarantee Period, any amount surrendered is subject to a Market Value Adjustment (MVA). The MVA may increase or decrease the amounts payable. Generally, if interest rates rise after the beginning of the current Multi-Year Interest Rate Guarantee Period, the MVA will decrease the Cash Surrender Value; and, if interest rates fall, the MVA will increase the Cash Surrender Value. The MVA is waived for any surrender or benefit payment for which Surrender Charges are waived. The Market Value Adjustment will not reduce the cash surrender value below the Guaranteed Minimum Cash Surrender Value (described in the Safety and Guarantees section). Any positive Market Value Adjustment will not be greater than the absolute value of the greatest negative Market Value Adjustment that could applied before reaching the Guaranteed Minimum Cash Surrender Value.

**Market Value Adjustment Period.** The Market Value Adjustment Period begins on the date each Multi-Year Interest Rate Guarantee Period begins and runs concurrently with each Multi-Year Interest Rate Guarantee Period.

**Example.** The following example shows the results of an early surrender when the MVA index rates increase or decrease based on a 5-year interest rate guarantee period. This example shows the combined impact of the surrender charge and market value adjustment as a percentage of the account value withdrawn. The example below assumes the MVA index rate is 3.00% at the start of the multi-year interest rate guarantee period, then either rises to 4.00% or drops to 2.00%. This is for example purposes only. Actual results may vary.

End of MVA Period Year	1	2	3	4	5
Unchanged at 3.00%	9.0%	8.0%	7.0%	6.0%	5.0%
Increased to 4.00%	12.8%	10.9%	8.9%	7.0%	5.0%
Decreased to 2.00%	5.0%	5.0%	5.0%	5.05	5.0%

## ANNUITY BENEFITS.

### *What annuity benefit payment options are available?*

**Maturity Date.** The Maturity Date is the Contract Anniversary coinciding with or next following the date of the Annuitant's 100th birthday. The Contract will automatically Annuitize and begin its payout phase, unless otherwise directed. The Contract may be Annuitized at any time.

**Payment Options.** You may choose from the following payment options:

Life Income – A guaranteed income for as long as the Annuitant lives.

Period Certain – A guaranteed income for your chosen time period, e.g. 5, 10, 15 or 20 years.

Life Income with Period Certain – A guaranteed income for your minimum chosen time period. If the Annuitant is still living at the end of that period, payments continue as long as the Annuitant lives.

If a payment option is not chosen, we will automatically pay under the 10-year period certain and life payment option.

**Annuity Benefit Payments.** The Contract may not be surrendered once annuity benefit payments have begun.



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## ACCESSING FUNDS.

### *Are there ways to access funds without incurring a Surrender Charge or Market Value Adjustment?*

Your annuity offers a number of ways to access funds without incurring a Surrender Charge or Market Value Adjustment. There are no Surrender Charges associated with the following options, but an IRS early-withdrawal penalty may apply to withdrawals before you reach age 59½.

- Enhanced Benefit Rider - Terminal Illness or Qualified Nursing Care. **This is an optional feature available for your election at the time of application. The crediting rate is reduced when this rider is elected.**
- Annuitization.
- Free Withdrawal Rider - 5% of the Accumulation Value for the first withdrawal in each Contract Year. **Note:** If your requested withdrawal exceeds the 5% limit (or your Required Minimum Distribution under a qualified plan, if greater), the full withdrawal amount will be subject to a Surrender Charge and Market Value Adjustment. Withdrawals after the first withdrawal in each Contract Year will be subject to a Surrender Charge and Market Value Adjustment. **This is an optional feature available for your election at the time of application. The crediting rate is reduced when this rider is elected.**
- Interest earned during the Contract Year of your withdrawal request. **Note:** If you have chosen the Free Withdrawal Rider, this feature does not apply to the Contract.
- Out-of-Surrender-Charge-Period withdrawals.

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## DEATH BENEFITS.

### *What happens if I die?*

The death benefit is paid to the Beneficiary (the Joint Owner if there are Joint Owners of the Contract) if the Owner dies before the Maturity Date, with a choice of payment options. The death benefit is equal to the Accumulation Value as of the date of death. Death benefits must either: (a) be entirely paid within five years of the date of death; or (b) begin within one year of the date of death and may not extend beyond the Beneficiary's life expectancy. If the deceased Owner's surviving Beneficiary is the deceased Owner's spouse as recognized under federal law, that spouse does not need to have death benefits paid. Rather, that spouse may continue the Contract as though that spouse were the original owner.

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## ADVANTAGES OF TAX DEFERRAL UNDER CURRENT TAX LAW.

### *How will payouts and withdrawals from my annuity be taxed?*

Your annuity grows tax deferred. Taxes will be due only when withdrawals or distributions are paid from the annuity. An IRS early-withdrawal penalty may also apply to payouts and withdrawals paid before you reach age 59½. A tax-deferred annuity may be exchanged for another tax-deferred annuity without being assessed income tax on the earnings. There are no additional tax advantages to purchasing an annuity as part of a qualified plan other than those provided by the qualified plan itself. Please consult your broker or financial advisor.

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## OTHER INFORMATION. *What else do I need to know about my annuity?*

**Free Look.** You have 30 days to look over the Contract. You may return the Contract to the agent who sold it or to our home office within those 30 days. Any premium paid will be refunded, less any benefits paid. The Contract will be void and considered never in force.

**Commission.** We pay a commission to the agent, broker or firm selling you the annuity.



## OWNER ACKNOWLEDGMENT

I understand the Safeguard Plus Annuity product features to the extent summarized in this disclosure. I understand that the Contract is intended as a long-term savings vehicle and, as such, may have substantial penalties for early surrenders. I understand and acknowledge that Farmers Life Insurance Company does not offer legal, financial, tax, investment or estate planning advice. I affirm that I have sought such advice from the proper sources before purchasing the Contract. I acknowledge and represent that the purchase of this annuity meets the financial purpose for which it is purchased given my particular legal, financial, tax, investment, estate planning or other goals or circumstances. I further understand that annuities are not: (a) insured by the FDIC or any federal government agency; (b) deposits of or guaranteed by any bank or credit union; (c) provision or conditions of any bank or credit union activity. Some annuities are subject to investment risk and may lose value. I certify that: (a) I have read and understand the Safeguard Plus Annuity product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure used during the course of the sale; and (c) I understand that this disclosure is a summary and not part of the Contract.

## SUBSTITUTE FORM W-9

Under penalties of perjury, I certify that:

1. The number shown on the application 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 a 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. citizen or other U.S. person (as defined by the W-9 instructions).

☐ Check the box ONLY if the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Owner name	Owner signature	Date signed
Joint owner name <i>if applicable</i>	Joint owner signature <i>if applicable</i>	Date signed
Annuitant name <i>if other than owner</i>	Annuitant signature <i>if other than owner</i>	Date signed

## INSURANCE PRODUCER ACKNOWLEDGMENT

I have provided the applicant(s) with the consumer materials used during the course of the sales presentation, the application, the Buyers Guide, the Insurance Agent (Producer) Disclosure for Annuities and the Safeguard Plus Annuity disclosure document. I have informed the applicant(s) of the various features of the Safeguard Plus Annuity. I certify that given the information provided to me by the applicant(s), I believe to the best of my knowledge and belief that the Safeguard Plus Annuity meets the applicant's financial purpose for which it is purchased given the applicant's particular legal, financial, tax, investment, estate planning or other goals or circumstances I further certify that I have made no statements, representations or promises about product features and future rate performance that are in any way inconsistent with those materials.

Insurance producer name	Insurance producer signature	Date signed
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## FARMERS LIFE INSURANCE COMPANY

# Insurance Agent (Producer) Disclosure for Annuities

Do not sign unless you have read and understand the information in this form.

\_\_\_\_\_  
Date

### INSURANCE AGENT (PRODUCER) INFORMATION ("Me", "I", "My")

\_\_\_\_\_  
First name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Business/agency name

\_\_\_\_\_  
Website

\_\_\_\_\_  
Business mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Business telephone number

\_\_\_\_\_  
Email

\_\_\_\_\_  
National producer number

\_\_\_\_\_  
In the state of

### CUSTOMER INFORMATION ("You", "Your")

\_\_\_\_\_  
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

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## Whose Annuities Can I Sell to You?

I am authorized to sell:

- ☐ Annuities from only one (1) insurer
- ☐ Annuities from two (2) or more insurers
- ☐ Annuities from two or more insurers, although I primarily sell annuities from: \_\_\_\_\_

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## 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):
- \_\_\_\_\_

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 signed

\_\_\_\_\_  
Agent (producer) signature

\_\_\_\_\_  
Date signed

**Agent (Producer): Return this signed document together with the application and leave a copy with the applicant. Keep a copy for your records.**

