

Investors Insurance Corporation

Administrative Offices:

P.O. Box 100216, Rome, GA 30162-7216 • Telephone (877) 549-7663

USA PATRIOT Act Notification and Customer Identification Verification and Annuity Suitability Acknowledgment

USA PATRIOT Act Notice - To be read by or to customer

The USA PATRIOT Act requires that we establish an Anti-Money Laundering ("AML") Program, notify customers that we must verify the identity of the Owner(s)/Applicant(s) of our contracts, and collect documents and information sufficient to provide such verification. You should know that failure to provide the requested identification may result in delays in the issuance of the requested coverage or may result in a decision not to accept your business.

Customer Identification Verification - In order to satisfy such obligations, we require our representative to review and verify a current government issued photo ID for each Owner/Applicant associated with a contract. Information on such identification must be recorded below. We may use third party sources to verify the information provided.

Owner/Applicant Name (please print) _____ Age _____
Joint Owner/Applicant Name (please print) _____ Age _____

Identification Verification (One for each Owner/Applicant)

Owner _____

Joint Owner/Trustee/POA _____

Check one form of valid ID/Enter Data:

Check one form of valid ID/Enter Data:

- Driver's License # _____
 Resident Alien ID (Green Card) # _____
 Passport # _____
 Other: (Describe) _____

- Driver's License # _____
 Resident Alien ID (Green Card) # _____
 Passport # _____
 Other: (Describe) _____
-

Suitability Information

The following statements are designed to help you determine if purchasing an Investors Insurance Corporation annuity is suitable for your individual financial situation. You have the right not to complete the statements.

However, if you complete at least one of the following statements, you must complete all of the statements.

1. The source of premium to purchase this annuity is: _____
 2. My financial objectives for this annuity are best described as (check all that apply):
 Safety of Premium Tax-deferral Income now Growth followed by income
 Growth, possible/emergency income Other (explain): _____

 3. I have sufficient cash or other liquid assets for living expenses and any emergencies that may arise, in excess of the premium I am paying for this annuity: Yes No If no, please explain: _____

 4. I understand that the annuity has surrender charges for early termination. I intend to keep the annuity at least through the policy's surrender charge period: Yes No
-

Applicant Acknowledgment – Please check one box and sign below:

I confirm that I have read this acknowledgment in its entirety and the information given is accurate. I believe that the annuity is appropriate for my insurance needs and financial objectives, considering my tax bracket, investments, health, liquidity needs and financial status. **(IF YOU CHECK THIS BOX, YOU MUST COMPLETE ALL OF THE ABOVE STATEMENTS.)**

OR

I decline to complete the statements, but I believe that the annuity is appropriate for my financial situation.

Owner/Applicant Signature _____ Date _____
Joint Owner/Applicant Signature _____ Date _____

Agent Acknowledgment

I have reasonable grounds for believing that the recommendation for the Consumer to purchase/exchange an annuity is suitable, on the basis of facts disclosed by them regarding investments, tax bracket, other insurance products, financial situation, health and liquidity needs.

Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any needs analysis forms, and other information used as the basis for this insurance recommendation for the number of years required by state laws or regulations after the insurer completes the recommended transaction.

- I certify that I personally met with the proposed Owner(s)/Applicant(s) and reviewed the above identification document(s). To the best of my knowledge, it accurately reflects the identity of the proposed Owner(s)/Applicant(s).
- I was unable to personally review the identification document(s) for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Owner(s)/Applicant(s) is true and accurate.

Reason for not reviewing documents:

Note: Failure to personally review the identification documents may result in processing delays in order to verify customer identity and may result in a decision not to accept the application.

I certify that the long term benefits of this annuity provide an appropriate fit based on the current health status of the Owner(s)/Applicant(s)

Producer Name: _____ Producer # _____
Producer Signature: _____ Date _____