

Application is made to Investors Insurance Corporation (“the Company”)

Administrative Office: P.O. Box 100216, Rome, GA 30162-7216

ANNUITY APPLICATION

PLEASE PRINT AND USE DARK INK ONLY

SECTION 1--THE PROPOSED ANNUITANT(S)

<p>Primary Annuitant</p> <p>Name (print as desired on contract)</p> <p>_____</p> <p>First Middle Last</p> <p>Address</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City State Zip</p> <p>Telephone (____)_____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Social Security Number _____</p> <p>Date of Birth _____ Birth State _____</p> <p>Mo Day Yr</p> <p>Marital Status _____</p>	<p>Joint Annuitant (must be spouse of Annuitant if Owner is an entity) (not applicable to qualified contracts)</p> <p>Name (print as desired on contract)</p> <p>_____</p> <p>First Middle Last</p> <p>Address</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City State Zip</p> <p>Telephone (____)_____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Social Security Number _____</p> <p>Date of Birth _____ Birth State _____</p> <p>Mo Day Yr</p> <p>Marital Status _____</p>
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SECTION 2--THE APPLICANT (PROPOSED OWNER) Complete this Section if Owner(s) is(are) other than Annuitant(s)

<p>Owner (If Owner is a trust, include name and date.)</p> <p>Name</p> <p>_____</p> <p>First Middle Last</p> <p>Address</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City State Zip</p> <p>Telephone (____)_____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Social Security Number or Tax ID Number _____</p> <p>Date of Birth _____ Marital Status _____</p> <p>Mo Day Yr</p> <p>Relationship to Proposed Primary Annuitant _____</p>	<p>Joint Owner (must be spouse of Owner) (not applicable to qualified contracts)</p> <p>Name</p> <p>_____</p> <p>First Middle Last</p> <p>Address</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City State Zip</p> <p>Telephone (____)_____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Social Security Number or Tax ID Number _____</p> <p>Date of Birth _____ Marital Status _____</p> <p>Mo Day Yr</p> <p>Relationship to Proposed Primary Annuitant _____</p>
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SECTION 3--THE BENEFICIARY (If Beneficiary is a trust, include name and date.)

If only one beneficiary is elected and no allocation is indicated, the allocation will default to 100%. If multiple beneficiaries are elected and no allocation is indicated, the allocation will default to "share equally".

Primary Beneficiary(ies)	Relationship to Owner	%
Contingent Beneficiary(ies)	Relationship to Owner	%

SECTION 4—PRODUCT INFORMATION

Product Name _____
 Optional Benefits or Riders Beneficiary Rider *Plus** (Not available with qualified contracts) Other _____

**if applicable*

Initial Premium: Cash with Application Amount \$ _____ Estimated Transfer Amount \$ _____	<input type="checkbox"/> Nonqualified	<input type="checkbox"/> Qualified (Complete both types)	
		<u>Annuity Type</u> <input type="checkbox"/> IRA <input type="checkbox"/> SEP-IRA <input type="checkbox"/> Roth-IRA <input type="checkbox"/> Other _____	<u>Premium Type</u> <input type="checkbox"/> Contribution Tax Year _____ <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Rollover

Initial Crediting Rate Strategy Selections		
Strategy Name	One-Year Guaranteed Term	%
Strategy Name	Multiple-Year Guaranteed Term – Three-Year	%
Strategy Name	Multiple-Year Guaranteed Term – Five-Year	%
Strategy Name	Multiple-Year Guaranteed Term – Seven-Year	%
Strategy Name	Multiple-Year Guaranteed Term – Ten-Year	%

SPECIAL INSTRUCTIONS _____

 HOME OFFICE CHANGES _____

This annuity contract will will not replace insurance or an annuity with any company.

I(We) understand that the Company will invest its general account assets at its sole discretion and no one will have the right to direct the Company concerning the investments owned by the Company. The Producer has no authority to make, modify, alter or discharge any contract. Acceptance of any contract issued on this application will ratify changes noted by the Company in the space titled “Home Office Changes” and a copy of the changed application attached to the contract will be sufficient notice of these changes.

All statements and answers on this application are full, complete and true. If a trust is named as a Beneficiary, I(we) declare that the trust is valid and operational as of the date this application is signed. I(We) certify: (1) the Social Security or Tax ID Number(s) shown on this application is(are) correct and (2) I(we) am(are) responsible for payment of Federal and/or State Income Tax on the taxable portion of withdrawals, if any, and that I(we) may be subject to tax penalties under estimated tax payment rules if my(our) payments of estimated tax and tax withholding, if any, are not adequate.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The contract contains a Market Value Adjustment that may increase or decrease the values under the contract, but the values will never be less than the Minimum Guaranteed Surrender Value.

Dated at _____ Date _____

 City and State

Signature of Owner _____ Signature of Joint Owner _____
If Owner is not a natural person, print name (e.g., Trust Name and Trust Date)

By _____ Title of Authority of Owner _____
 Signature (e.g., Trustee Signature, Trustee)

Agent’s (Producer’s) Statement: To the best of my knowledge, this application <input type="checkbox"/> does replace or change <input type="checkbox"/> does not replace or change existing life insurance or annuities. I attest that I have witnessed all signatures.		
_____	_____	_____
Signature of Producer (Licensed Agent)	Printed Name of Producer	Producer Number