



# Application for Annuity

Life Insurance Company of the Southwest (LSW) • 1300 W. Mockingbird Ln. • Dallas, TX 75247-4921 • Customer Service 800-579-2878

## Section I - Owner/Joint Owner/Annuitant

S0107

<b>Owner's Name</b>		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone Number	Home Fax Number	Home e-mail Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
<b>Annuitant's Name</b> (if different from Owner)		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone Number	Home Fax Number	Home e-mail Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
<b>Joint Owner's Name</b> (if applicable, non-qualified only)		SS No or Taxpayer ID	DOB (m/d/yy)	Age	Sex
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone Number	Home Fax Number	Home e-mail Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

## SECTION II - Beneficiary

S0201

Beneficiary	Relationship	Share
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contingent Beneficiary	Relationship	Share
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION III - Premium

S0301

Amount Paid with Application	Rollover/Transfer (Approximate)	<input type="checkbox"/> Documentation Submitted With App: Single Transfer(s) or Rollover(s)
<input type="text"/>	<input type="text"/>	

## SECTION IV - Plan Selected

S0403

*SureRate 2*

## SECTION V - Plan Qualification

S0503

403 (b) TSA  
  457 Def. Comp  
  Pension/Profit Sharing  
  IRA  
  ROTH IRA  
  IRA Rollover  
  Non-Qualified  
 Other (specify) \_\_\_\_\_

**SECTION VI - Existing Insurance**

S0602

Does the applicant have any existing policies and/or annuities?  Yes  No (Applicant to check box)

If yes, will the annuity applied for replace any of the existing insurance or annuity?  Yes  No (Applicant to check box)

If yes, provide \_\_\_\_\_ and complete appropriate replacement and exchange forms.  
(Name of Company)

**SECTION VII - Remarks**

S0701

**SECTION VIII - For Home Office Endorsement Only**

S0801

(Not applicable in Pennsylvania or West Virginia)

**SECTION IX – Fraud Warnings and Notices**

S0901

**DC/WA** – It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **FL – Notice:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **KY/ME/OH** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files an application for insurance 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. **LA**-Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NJ – Notice:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **AR/NM/PA** – Warning: 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. **VA** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law. **Notice to Residents of AZ:** The annuity to which this application is attached may be returned within 31 days after it is received. Return it to our Home Office or to the agent through whom it was purchased. If returned, we will cancel the annuity and return any premium paid. Upon written request from the Owner, we will provide within a reasonable time, factual information regarding the benefits and provisions of the annuity to which this application is attached.

**SECTION X - Acknowledgments**

S1003

The Annuitant and the Owner, if other than the Annuitant; (1) represents, to the best of their knowledge and belief, that all statements and answers contained herein are full, complete and true as written and are correctly recorded; and, (2) expressly agrees as follows:

1. This application and the answers and agreements contained herein shall be the basis of, a part of the consideration for and a part of the annuity hereby applied for.
2. The payment of premium constitutes consideration to the Company for the granting of an annuity and upon payment becomes the absolute property of the Company.
3. If proof of age is not given with this application, the Annuitant(s) will furnish the Company with such proof before annuity payments begin.
4. The annuity applied for shall take effect on the date the premium is received by the Company in its Home Office. The *SecurePlus* single premium deferred annuities shall take effect on the 7th, 14th, 21st or 28th of the month following or coincident with the date the premium is received by the Company in its Home Office.
5. The Company is authorized to amend this application by an appropriate notation in the space designated "For Home Office Endorsement Only" in order to correct apparent errors or omissions. The acceptance of any annuity issued on this application shall constitute acceptance and ratification of the beneficiary designation, if any, in such annuity and of any amendments contemplated above except that no change shall be made in the plan of annuity or benefits without the written acceptance of the Annuitant(s) or of the Owner if other than the Annuitant(s).

**W9: Under the penalties of perjury, I certify that:** (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). *You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.*

**SECTION XI - Signature and Agent Information**

S1101

Dated at (city/state) \_\_\_\_\_ on (month/day/year) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Annuitant (if different from Owner) \_\_\_\_\_

Signature of Joint Owner (if applicable) \_\_\_\_\_

To the best of my knowledge, a replacement  is  is not involved in this transaction. (Agent to check box.) Florida License ID No. \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Soliciting Agent (print) \_\_\_\_\_ Agent No. \_\_\_\_\_ Percent \_\_\_\_\_

Agent Phone Number \_\_\_\_\_ Other Agent (print) \_\_\_\_\_ Agent No. \_\_\_\_\_ Percent \_\_\_\_\_