INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES

Do Not Sign Unless You Have Read and Understand the Information in this Form

Date:	<u></u>	
INSURANCE AGE First Name:	NT (PRODUCER) INFORMATION	("Me", "I", "My") Last Name:
		Last Name:
Business/Agency N	lame:	
Business Mailing A	.ddress:	
Business Telephone Number:		Email Address:
National Producer Number:		National Producer State:
CUSTOMER INFOR	RMATION ("You", "Your")	
First Name:		Last Name:
I am licensed to sell I believe that it effect	ctively meets Your financial situation	n state law. If I recommend that You buy an annuity, it means n, insurance needs, and financial objectives. Other financial nutual funds, also may meet Your needs.
I offer the following p	products:	
☐ Fixed or Fixed Inde	exed Annuities □ Variable Ann	uities □ Life Insurance
		sell non-insurance financial products. I have checked below and authorized to provide advice about or to sell.
□ Mutual Funds	□ Stocks/Bonds □ Certi	ificates of Deposits
Whose Annuities C	Can I Sell to You?	
I am authorized to se	ell:	
☐ Annuities from On	ly One (1) Insurer	
□ Annuities from Two or More Insurers		
□ Annuities from Two or More Insurers although I primarily sell annuities from:		
How I'm Paid for M	y Work:	
may also receive an	occasional non-cash compensation act or sale. There are no other fees p	work. I am paid a commission by the insurance company. In, such as an overall sales incentive, which is not directly tied paid by You or the insurance company. If You have questions
By signing below, Y document.	ou acknowledge that You have re	ead and understand the information provided to You in this
Customer Signatur	e	Date
Agent (Producer)		Date

AG.DIS.ANT DOC-11035