

**OWNER INFORMATION**

Primary Owner (Please print all information) This person will be the annuitant					
Name:	SSN:	Date of Birth:	Birth State:	Are you a US citizen:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address:	City:	State:	Zip Code:		
Physical Address:	City:	State:	Zip Code:		
Home Phone:	Cell Phone:				
Work Phone:	Email Address:				

Joint Owner (if applicable) This person will be the annuitant					
Name:	SSN:	Date of Birth:	Birth State:	Are you a US citizen:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address:	City:	State:	Zip Code:		
Physical Address:	City:	State:	Zip Code:		
Home Phone:	Cell Phone:				
Work Phone:	Email Address:				

**ANNUITANT INFORMATION**

Primary Annuitant (Please print all information)					
Name:	SSN:	Date of Birth:	Birth State:	Are you a US citizen:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address:	City:	State:	Zip Code:		
Physical Address:	City:	State:	Zip Code:		
Home Phone:	Cell Phone:				
Work Phone:	Email Address:				
Relationship to Proposed Owner(s):					

Joint Annuitant (if applicable)					
Name:	SSN:	Date of Birth:	Birth State:	Are you a US citizen:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address:	City:	State:	Zip Code:		
Physical Address:	City:	State:	Zip Code:		
Home Phone:	Cell Phone:				
Work Phone:	Email Address:				
Relationship to Proposed Owner(s):					

**CONTRACT INFORMATION**

Policy & Premium Details		
Policy Type: Multi Year Guaranteed Annuity (MYGA)	Total Single Premium:	Initial Interest Rate Guarantee Period (years): <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> 7 Years

Funding Source Information		
<input type="checkbox"/> Check - Please include the owner's name on your check. Please make your check payable to National Security Insurance Company and mail to the address at the top of this form <input type="checkbox"/> Wire - Please wire your funds to: Bank: Wells Fargo Bank   Routing Number: 121000248   Account Number: 2000618843990   Beneficiary Name: Your Name <input type="checkbox"/> Fund Transfer/1035 Exchange - Please complete the following information along with the Request for Non-Qualified Fund Transfer or 1035 Exchange Form		
Surrendering Company Name and Address:	Account/Contract Number:	Inherited? <input type="checkbox"/> Yes <input type="checkbox"/> No

**BENEFICIARY INFORMATION**

**For Contracts with Joint Owners:** Joint Owners, if applicable, shall be each other's primary Beneficiary unless otherwise specified. Joint Annuitants, if any, shall be each other's primary Beneficiary, unless otherwise specified. Any other Beneficiary designation will be treated as a contingent Beneficiary.

- Check here if the surviving Joint Owner should NOT be the default Primary Beneficiary and instead should be the Primary Beneficiary(s) listed below.

**Equal Shares (Optional):** Use the following checkboxes to designate equal shares among named Primary and/or Contingent Beneficiaries.

- Equal shares for Primary Beneficiaries: Check here for equal shares totaling 100% for all Primary Beneficiaries. If this box is checked, DO NOT enter a percentage for each Primary Beneficiary listed.
- Equal shares for Contingent Beneficiaries: Check here for equal shares totaling 100% for all Contingent Beneficiaries. If this box is checked, DO NOT enter a percentage for each Contingent Beneficiary listed.

<b>Beneficiary 1 (Please print all information)</b>			
<input type="checkbox"/> Check here if the following designation is Per Stirpes (this option may be selected for Primary and/or Contingent Beneficiaries)			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent   Portion of Benefit: _____%		Relationship to Owner:	
Full Name:		SSN:	DOB:
Entity Name (if applicable):		Phone Number:	
Mailing Address:			
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Beneficiary 2 (Please print all information)</b>			
<input type="checkbox"/> Check here if the following designation is Per Stirpes (this option may be selected for Primary and/or Contingent Beneficiaries)			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent   Portion of Benefit: _____%		Relationship to Owner:	
Full Name:		SSN:	DOB:
Entity Name (if applicable):		Phone Number:	
Mailing Address:			
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Beneficiary 3 (Please print all information)</b>			
<input type="checkbox"/> Check here if the following designation is Per Stirpes (this option may be selected for Primary and/or Contingent Beneficiaries)			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent   Portion of Benefit: _____%		Relationship to Owner:	
Full Name:		SSN:	DOB:
Entity Name (if applicable):		Phone Number:	
Mailing Address:			
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Beneficiary 4 (Please print all information)</b>			
<input type="checkbox"/> Check here if the following designation is Per Stirpes (this option may be selected for Primary and/or Contingent Beneficiaries)			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent   Portion of Benefit: _____%		Relationship to Owner:	
Full Name:		SSN:	DOB:
Entity Name (if applicable):		Phone Number:	
Mailing Address:			
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Beneficiary Clause (if applicable)</b>			

**Other Coverages & Arrangements**

Does the proposed owner have any existing life insurance or annuity contracts?  Yes  No  
 Is this policy being purchased to replace or change any existing life insurance or annuity contract?  Yes  No  
 If yes to the second question, please complete the following:

Company Name and Address:	Policy Number:
Company Name and Address:	Policy Number:

**STATEMENTS & AUTHORIZATIONS**

**Proposed Owner's Statement**

I have read and understood this Application. I am not currently taking, and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. The representations in all parts and sections of this Application are true to the best of my knowledge and belief. I agree the annuity contract shall not be in effect until it has been issued by National Security Insurance Company ("the Company") and the single premium is paid. I understand that the Producer has no authority to approve this Application, change the annuity contract, or waive any contract provisions. I understand that the annuity contract will not be effective until the date signed in the contract and all eligibility requirements are met.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Owner's Initials                      Owner's Signature                      Joint Owner's Initials                      Joint Owner's Signature

**Fraud Notice**

Any person who knowingly submits a false statement in an Application for insurance may be guilty of a criminal offense and subject to penalties under state law. I have read, understand, and acknowledge the Fraud Notice.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Owner's Initials                      Owner's Signature                      Joint Owner's Initials                      Joint Owner's Signature

**Agent's Statement**

To the best of my knowledge and belief the Proposed Owner  does  does not have any existing annuity coverage and the insurance applied for  will  will not replace any existing annuity coverage. I certify that I have verified the personal information of the Applicant. I further certify that any information recorded by me on this Application is true and accurate to the best of my knowledge and that the Owner seemed to me to be lucid and fully understand all of the questions on this Application.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Writing Agent's Signature                      Writing Agent's Printed Name                      Producer Number                      Date



## ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Entity: \_\_\_\_\_  
 Tax Status: \_\_\_\_\_ Relationship to Annuitant(s): \_\_\_\_\_  
 Form of Ownership: Individual  
 Supporting documents (list): \_\_\_\_\_

Annual Income:		
Source of Income:		
Annual Household Income:		
Existing Assets:		
Existing Liquid Net Worth:		
Do you currently own any annuities? Please list:	Yes	No
Do you currently own life insurance? Please list:	Yes	No
Does your income cover all your living expenses including medical?	Yes	No
Do you expect changes to your living expenses?	Yes	No
Do you anticipate changes in your out-of-pocket medical expenses?	Yes	No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	Yes	No
Do you have an emergency fund for unexpected expenses?	Yes	No

Why are you purchasing this annuity? \_\_\_\_\_

What are your financial objectives for this purchase? (Check all that apply)

- Income      Growth (long term)      Safety of Principal and Income  
 Safety of Principal and Growth      Pass assets to a beneficiary or beneficiaries at death  
 Other: \_\_\_\_\_

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date Signed**



**Note:** The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of “None” or “N/A”.

**Advantages of purchasing the proposed annuity:**

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**Disadvantages of purchasing the proposed annuity:**

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**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):**

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Agent's Signature

Date Signed

**Note:** No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

**ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the applicable state statutes regarding the suitability of this purchase.

I **REFUSE** to provide this information at this time.

I have chosen to provide **LIMITED** information at this time.

My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.

My annuity purchase **IS BASED** on the recommendation of the agent or the insurer.

**APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

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Owner's Signature

Date Signed

## EXPLANATION OF TERMS

“**Age**” is the natural person’s attained age on the day the form is completed.

“**Tax Status**” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“**Form of Ownership**” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“**Supporting documents**” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“**Annual income**” is income received during a calendar year, whether earned or unearned.

“**Source of annual income**” is the income-generating source, such as pension income, dividends, or earned income etc.

“**Annual household income**” is the combined annual income received by all household members each calendar year.

“**Existing Assets**” are financial assets including life insurance and annuities.

“**Existing Liquid Net Worth**” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

“**Financial Objectives**” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“**Risk Tolerance**” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“**Source of the funds**” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

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**Owner’s Signature**

**Date Signed**





A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:** Are they affordable?  
Could they change?  
You're older—are the premiums higher for the proposed new policy?  
How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:** New policies usually take longer to build cash values and to pay dividends.  
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.  
What surrender charges do the policies have?  
What expense and sales charges will you pay on the new policy?  
Does the new policy provide more insurance coverage?

**INSURABILITY:** If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.  
You may need a medical exam for a new policy.  
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.  
Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

How are premiums for both policies being paid?  
How will the premiums on your existing policy be affected?  
Will a loan be deducted from death benefits?  
What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

Will you pay surrender charges on your old contract?  
What are the interest rate guarantees for the new contract?  
Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

What are the tax consequences of buying the new policy?  
Is this a tax free exchange? (See your tax advisor.)  
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?  
Will the existing insurer be willing to modify the old policy?  
How does the quality and financial stability of the new company compare with your existing company?

**NOTICE:**

You have the right to return the policy or contract within thirty (30) days of delivery of the contract and receive an unconditional full refund of all premiums paid on it, including any policy fees or charges.

## Buyer's Guide for Deferred Annuities Notice

Purchasing an annuity is a big financial decision that should not be made without careful consideration. An annuity buyer's guide is available for you to download on our website at [www.nationalsecuritygroup.com](http://www.nationalsecuritygroup.com).

By signing below, I attest that I have reviewed the Buyer's Guide for Deferred Annuities.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Writing Agent's Signature

\_\_\_\_\_  
Date





**National Security  
Insurance Company**

**NATIONAL SECURITY INSURANCE COMPANY**

**Administrative Office: 661 East Davis Street Elba, AL 36323**

**Home Office: 661 East Davis Street Elba, AL 36323**

**Phone: 800-239-2358**

**Email: annuity@nsgcorp.com**

**Website: www.nationalsecuritygroup.com**

This product is a single premium multi-year guaranteed fixed annuity product. At the time of application, you may select the Initial Interest Guarantee Period. Interest Guarantee Period options are 3, 4, 5, 6, or 7 years. There are no fees or upfront charges.

Statement of Contract Cost and Benefit Information:

- Owner: \_\_\_\_\_
- Joint Owner: \_\_\_\_\_
- Annuitant: \_\_\_\_\_
- Joint Annuitant: \_\_\_\_\_
- Minimum Surrender Value Percentage: 87.5%
- Interest Rate for Minimum Surrender Value: 3%

Interest Rates Payable:

- Guarantee Period: \_\_\_\_\_
- Initial Interest Rate: \_\_\_\_\_
- Minimum Guaranteed Interest Rate: 3%

The Initial Interest Rate shown above is guaranteed for the duration of the Initial Interest Guarantee Period and will never be less than the Minimum Guaranteed Interest Rate. The Minimum Guaranteed Interest Rate is guaranteed for the duration of the Contract.

Surrender Charge:

Withdrawal of the contract value may be subject to a Surrender charge Percentage as shown in the surrender Charge Schedule. The Surrender Charge will be determined by multiplying the amount subject to the charge by the appropriate percentage shown in the Surrender Charge Schedule below.

Policy Year	1	2	3	4	5	6	7
<b>Guarantee Period</b>							
<b>3</b>	9.00%	8.00%	7.00%				
<b>4</b>	9.00%	8.00%	7.00%	6.00%			
<b>5</b>	9.00%	8.00%	7.00%	6.00%	5.00%		
<b>6</b>	9.00%	8.00%	7.00%	6.00%	5.00%	4.00%	
<b>7</b>	9.00%	8.00%	7.00%	6.00%	5.00%	4.00%	3.00%

Upon your death your beneficiaries will receive the full value of your contract.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature  
N1-100 – ANN-DISC

\_\_\_\_\_  
Date