

Instructions for Agent

OMGuarantee-Platinum



1. Review this brochure with the customer(s).
2. Have the customer(s) sign and date the Confirmation Statement.
3. In the box marked "For Agent Use," verify the identity of owner(s) and annuitant(s), fill-in your name and address, and sign.
4. Detach and return the Confirmation Statement with the application to OM Financial Life.

Confirmation Statement

Please sign below to indicate your understanding.

This form must be detached and returned with the application to OM Financial Life.

By signing here, you are telling us that you have read this summary and understand the descriptions of the OMGuarantee-Platinum deferred fixed annuity features. You also understand that subject to the guarantee values in the annuity, the cash surrender values in the annuity may increase or decrease based on an MVA adjustment prior to the date or dates specified in the annuity. You are also telling us that neither OM Financial Life nor your agent has made any guarantees or promises regarding interest rates under the annuity. The actual rate in your annuity will be based on current data as of the date the annuity is issued. You understand that the Company offers deferred annuity products with different features and benefits and that you can also apply for those products by contacting the Company or one of its agents.

Signature of Owner

Date

Signature of Joint Owner, if any

Date

For Agent Use: The agent has received a copy of and has carefully read the OMGuarantee-Platinum Product Highlights.

Agent

Signature of Agent

Agency Address

City, State, Zip

Annuity Application

Product: OMGuarantee-Platinum ● SPDA ○ FPDA

OM Financial Life Insurance Company Home Office: Baltimore, Maryland
Administrative Office: P.O. Box 81497; Lincoln, NE 68501-81497

Owner(s)

Name:
SSN/TIN:
Male Female Date of Birth:
Address:
Phone No.: ()
Employer Name & Address:
Relationship to Annuitant:
Identification # & State:
Type of Identification:
State Issued Immigration
Military Passport
Other

Joint Owner (if any):
SSN/TIN:
Male Female Date of Birth:
Address:
Phone No.: ()
Employer Name & Address:
Relationship to Owner:
Identification # & State:
Type of Identification:
State Issued Immigration
Military Passport
Other

Annuitant(s) (if other than Owner, complete this section)

Name:
SSN/TIN:
Male Female Date of Birth:
Address:
Phone No.: ()
Identification # & State:
Type of Identification:
State Issued Immigration
Military Passport
Other

Joint Owner (if any):
SSN/TIN:
Male Female Date of Birth:
Address:
Phone No.: ()
Identification # & State:
Type of Identification:
State Issued Immigration
Military Passport
Other

Beneficiary

Note: If more than one beneficiary is named, indicate the class and percentage for each. Each class must total 100%.

Primary Contingent
Name: SSN/TIN: %
Relationship to Owner: Date of Birth:
Name: SSN/TIN: %
Relationship to Owner: Date of Birth:
Name: SSN/TIN: %
Relationship to Owner: Date of Birth:
Name: SSN/TIN: %
Relationship to Owner: Date of Birth:

Purpose of Annuity (Choice ONE plan and if applicable, transfer/exchange form)

Qualified Traditional IRA Roth IRA SEP IRA
403(b) TSA Other (specify plan type):



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Premium

Initial/Single Premium Paid: (premium paid with application) \$ _____

Make check payable to OM Financial Life Insurance Company.

Rollover Contribution for Tax Year _____

Interest Rate _____ Guaranteed Rate _____%

Annuity Year 1 _____% or

Period _____ Year(s)

Remainder of Rate Period (if applicable)

Replacement

Do you have an existing life insurance or annuity policy? Yes No

(If yes, please list insurance Company name, Policy type, Policy # and Year issued.)

Will the annuity applied for replace or change an existing life insurance or annuity policy? Yes No

If a 1035 exchange or transfer, attach applicable forms.

Exchange/Transfer Amount \$ _____

Policy/Certificate No.: _____ Company: _____

Guaranteed Minimum Withdrawal Benefit (GMWB)

Basic Enhanced Other _____ (Note: Optional riders have charges and fees.)

Special Instructions

Fraud Warning Notices

(Please review the notice that applies in your state. If your state is not listed, please review the first notice listed.)

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 may be a crime and may be subject to criminal and civil penalties.

AR/LA: Any person who knowingly presents a 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.

CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or representative of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a contract holder or claimant for the purpose of defrauding or attempting to defraud the contract holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.

DC: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

KY/OH: I understand that any person who, with intent to defraud, or knowingly that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud. _____ (Owner's Initials)

FL: 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 of the third degree. _____ (Owner's Initials)

ME/TN/WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance contract is subject to criminal and civil penalties.

NM/PA: 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 a person to criminal and civil penalties.



Annuity Application

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OK: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR/VT: 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 may be a crime and may subject such person to criminal and civil penalties.

Authorizations

I/(We) have read the statements made in this application. To the best of my (our) knowledge and belief, the statements made are complete, true, and correctly recorded. I/(We) understand that: a copy of this application will form a part of any annuity issued; the annuity will not take effect until delivered to the Owner; no agent has the authority to modify any annuity issued; and there are terms, conditions, charges, and fees for any optional rider selected.

I/(We) understand that I/(we) have applied for an annuity. I/(We) have received a copy of the Company's disclosure material for this annuity.

If the annuity is issued with a market value adjustment rider, the cash surrender values may increase or decrease based on a market value adjustment prior to the date or dates specified in the annuity; the market value adjustment applies when the surrender charge applies.

Signature(s)

I/(We) certify, under penalties of perjury, that I am/(we are) U.S. Citizen(s) or resident(s) of the U.S. (includes U.S. resident aliens) and that the taxpayer identification number(s) is (are) correct. I/(We) understand that federal law requires all financial institutions to obtain identity information in order to verify my (our) indentity(ies) and I (we) authorize its use for this purpose. This information includes, but is not limited to, the name(s), residential address(es), date(s) of birth, Social Security or taxpayer identification number(s), and any other information necessary to sufficiently verify indentity(ies).

I/(We) understand that failure to provide this information could result in the application being rejected. Third party sources may be used to verify the information provided.

Signed at: _____ Date: _____

Signature(s) of Owner(s): _____

Signature(s) of Annuitant(s): _____

Agent

Does the applicant have an existing life or annuity policy? ○ Yes ○ No

To the best of your knowledge, does this application replace or change existing life insurance or annuities? ○ Yes ○ No

I attest that I have witnessed all signatures. **I certify that the Company's disclosure material has been presented to the applicant and a copy was provided to the applicant. I have not made any statements which differ from this material nor have I made any guarantees or promises about the expected future values of the annuity. I have received a copy of, have carefully read and complied with the applied for fixed annuity's training manual.**

I have verified the identity of the Owner, Joint Owner, Annuitant and/or Joint Annuitant through an examination of a state or federal government photo identification card provided by the Owner, Joint Owner, Annuitant and/or Joint Annuitant such as a driver's license or passport.

I have truly and accurately recorded on this application the information provided by the applicant.

Signature(s)

Agent Signature: _____ Date: _____

Print Agent's Name: _____ OM Financial Life Agent #: _____

Agent's License No. (required only in FL): _____

Agent's Phone No: (_____) _____ Agent's Fax No: (_____) _____

Agent's Email Address: _____

For Split Commissions second Agent complete the below section

Agent Signature: _____ Date: _____

Print Agent's Name: _____ OM Financial Life Agent #: _____

Agent's License No. (required only in FL): _____

Agent's Phone No: (_____) _____ Agent's Fax No: (_____) _____

Agent's Email Address: _____