

1. PRODUCT SELECTED:

Multi-Year Guarantee Annuity

Guarantee Period: ☐ 3 years ☐ 4 years ☐ 5 years ☐ 6 years ☐ 7 years ☐ 8 years ☐ 9 years ☐ 10 years

☐ Optional Rider – Guaranteed Lifetime Withdrawal Benefit

2. OWNER

JOINT SPOUSAL OWNER (NON-QUALIFIED PLANS ONLY)

NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE		ZIP			
DATE OF BIRTH		AGE		GENDER			
				<input type="checkbox"/> M <input type="checkbox"/> F			
SSN/TAXPAYER ID		PHONE		SSN/TAXPAYER ID		PHONE	
DRIVER'S LICENSE NO.		STATE		E-MAIL ADDRESS			
				DRIVER'S LICENSE NO.		STATE	
				E-MAIL ADDRESS			

3. ANNUITANT (IF OTHER THAN OWNER)

Owner must be Annuitant on qualified plans.

NAME		DATE OF BIRTH		AGE		GENDER	
						<input type="checkbox"/> M <input type="checkbox"/> F	
STREET ADDRESS				SSN/TAXPAYER ID			
CITY		STATE		ZIP		PHONE	
						E-MAIL ADDRESS	

FOR JOINTLY OWNED CONTRACTS:

☐ Check this box if the listed Joint Owner should also be the Joint Annuitant.

4. PREMIUM AND TAX QUALIFICATION STATUS

New Plan Type:

☐ Non-qualified ☐ IRA ☐ Roth IRA ☐ SEP IRA ☐ Other: _____

Premium Amount:

Amount paid with application \$ _____ Estimated amount of 1035 exchange or transfer \$ _____

IRA Contribution \$ _____ for Tax Year _____

Payment Type (select all that apply):

☐ Check ☐ Non-qualified 1035 Exchange ☐ Indirect IRA Rollover

☐ Qualified Direct Rollover (401(k) or other qualified retirement plan to IRA) ☐ Direct Transfer (IRA or non-qualified CD or brokerage account)

5. BENEFICIARIES

Percentages for each beneficiary class (primary and contingent) must total 100%. Multiple beneficiaries of the same class will share the death benefit equally unless percentages are listed. If joint owners are named, the surviving joint owner will be the sole primary beneficiary, and any beneficiaries named in this application (whether listed as primary or contingent) will be contingent beneficiaries.

Primary Beneficiaries

Name		Address		E-Mail Address	
Date of Birth	Social Security/Tax ID Number	Phone	Relationship	Percent	
Name		Address		E-Mail Address	
Date of Birth	Social Security/Tax ID Number	Phone	Relationship	Percent	
Name		Address		E-Mail Address	
Date of Birth	Social Security/Tax ID Number	Phone	Relationship	Percent	
Name		Address		E-Mail Address	
Date of Birth	Social Security/Tax ID Number	Phone	Relationship	Percent	

Contingent Beneficiaries

Name		Address		E-Mail Address	
Date of Birth	Social Security/Tax ID Number	Phone	Relationship	Percent	
Name		Address		E-Mail Address	
Date of Birth	Social Security/Tax ID Number	Phone	Relationship	Percent	
Name		Address		E-Mail Address	
Date of Birth	Social Security/Tax ID Number	Phone	Relationship	Percent	
Name		Address		E-Mail Address	
Date of Birth	Social Security/Tax ID Number	Phone	Relationship	Percent	

6. EXISTING COVERAGE AND REPLACEMENT

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance policy or annuity contract? ☐ Yes ☐ No

7. FRAUD NOTICE

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

8. ELECTRONIC DOCUMENT DELIVERY CONSENT

By selecting "yes" below and providing your e-mail address on page 1 of this application, you consent to receive communications and documents related to your policy electronically. Call (866) 641-9999 if you would like to revoke this consent. You must notify Oxford Life Insurance Company (Oxford Life) promptly if your e-mail address changes. To use electronic delivery, you will need an e-mail account and a computer with internet access and an operating system that can support PDF format documents. You may request a paper copy of any item delivered electronically even if you consented to electronic delivery.

☐ **Yes**, I want to receive documents and communications by electronic delivery when electronic delivery is available (any items not available electronically will be sent in paper format).

☐ **No**, I want to receive all communications and documents by U.S. Mail.

9. OWNER'S ACKNOWLEDGEMENT AND SIGNATURE

I ACKNOWLEDGE THAT:

1. All statements and answers in this application are correct to the best of my knowledge and belief, and will be made a part of the annuity contract.
2. I acknowledge that I received a product disclosure prior to applying for this annuity.
3. If this application is declined, Oxford Life will not have any liability except to return the premium it received.
4. Under penalties of perjury, I certify that my correct taxpayer identification number is shown on this form and I am a U.S. person (including a U.S. resident alien).
5. If I am purchasing this annuity with qualified funds and I am required to take a required minimum distribution ("RMD") this year, I understand that I must withdraw my RMD before transferring the qualified funds into this policy.
6. After reviewing my financial situation and needs with my agent, I believe this annuity contract will meet my financial objectives. I have also considered my liquidity needs and time horizon when selecting this annuity product and determining the amount of premium I will pay.
7. While interest credited to this contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
8. I understand that annuities with a premium bonus may have lower fixed account interest rates and lower caps on indexed accounts than a similar product without a premium bonus.
9. If elected by me, I understand that the income account value is only used to determine the amount of annual withdrawals available under the rider. The income account value is not available as a lump sum or a death benefit.
10. The annuity applied for includes a 30-day examination right. A surrender of the contract after this 30-day period may result in a loss of principal and earnings due to a surrender charge and a market value adjustment (if negative).

Signature of Owner

Signature of Joint Owner (if applicable)

Signed at (City, State): _____ **Date:** _____

10. PRODUCER'S REPORT AND SIGNATURE

Do you have reason to believe that the applicant has any existing life insurance policies or annuity contracts?

☐ Yes ☐ No

If yes, a replacement form is always required in states that have adopted the NAIC model replacement regulation, even if this annuity will not actually replace any existing coverage.

Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction?

☐ Yes ☐ No

If yes, all requested information about any replaced policy must be provided on the replacement form.

I certify the following to Oxford Life:

1. I only used Oxford Life's approved sales material in connection with this sale and I left with the applicant copies of all sales materials used.
2. I will provide a paper copy of any insurer-approved electronically presented sales materials to the applicant no later than at the time of policy delivery.
3. I provided a product disclosure and, if required by state law, a Buyer's Guide to Fixed Deferred Annuities to the applicant before applying for this policy.
4. To the best of my knowledge and belief, all information recorded on this application is true.
5. I viewed an unexpired government issued photo ID to verify the applicant's identity.

Producer's Signature _____ Date _____

Producer's Name _____ Producer's Number _____

11. SPLIT COMMISSIONS

Split Producer's Name _____ Producer's Number _____

Split % _____

Split Producer's Name _____ Producer's Number _____

Split % _____