



INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY APPLICATION

Revol One Insurance Company (the "Company")
Administrative Office Address: 11259 Aurora Ave, Urbandale, Iowa 50322

1. Owner You will receive all correspondence at this address. (SSN refers to Social Security Number. EIN/TIN refers to Employer or Tax Identification Number.)

[X] Individual [] Joint [] Trust (Individual or Family Trust) [] Corporation- State or County of Incorporation: _____

[] Partnership [] Government Organization [] Tax Exempt Organization [] Other _____

First Name Test MI _____ Last Name Client Suffix _____

Name of Owner (if not an Individual) _____

Name of Trustee(s) or Officer(s) _____

Address 1234 Main Street

City G State TX Zip 750

US Resident: [X] Yes [] No Gender: [X] Male [] Female [X] SSN [] EIN/TIN 001-01-1

Date of Birth 01/01/1945 OR Date of Trust _____

Phone # (214) 123-4 Cell [] Home [X] Work [] Phone # Cell [] Home [] Work

E-mail Address test@test.com

Joint Owner (Optional)

First Name MI Last Name Suffix

Name of Owner (if not an Individual)

Name of Trustee(s) or Officer(s)

Address

City State Zip

US Resident: [] Yes [] No Gender: [] Male [] Female [] SSN [] EIN/TIN

Date of Birth OR Date of Trust

Phone # Cell [] Home [] Work Phone # Cell [] Home [] Work

E-mail Address

2. Annuitant Complete only if different from Owner.

First Name MI Last Name Suffix

Address

City _____ State _____ Zip _____
 US Resident: Yes No Gender: Male Female SSN EIN/TIN _____
 Date of Birth _____ OR Date of Trust _____
 Phone # _____ Cell Home Work Phone # _____ Cell Home Work
 E-mail Address _____

Joint Annuitant (Optional)

First Name _____ MI _____ Last Name _____ Suffix _____
 Address _____
 City _____ State _____ Zip _____
 US Resident: Yes No Gender: Male Female SSN EIN/TIN _____
 Date of Birth _____ OR Date of Trust _____
 Phone # _____ Cell Home Work Phone # _____ Cell Home Work
 E-mail Address _____

3. Beneficiary If left blank, the beneficiary will be surviving joint owner, if any. Otherwise, the beneficiary will be the estate of the owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. If additional beneficiaries need to be listed, please use the "Additional Information" area of this application using the below criteria. If this contract is to be owned by a trust, then the trust must be the sole beneficiary. If the contract is to be owned by a guardianship, conservatorship or UTMA custodian, then the estate of the child or other ward must be the beneficiary unless a court order provides otherwise. If your spouse is not listed as 100% primary beneficiary and a spousal signature is not provided, you are stating that you are not married.

All allocations must equal 100%. Whole Percentage only.

Primary Full Name	%	Relationship to Owner	Date of Birth Or Date of Trust	SSN/EIN/TIN
Jane Test	100	Wife	01/01/1946	001-01-1[REDACTED]

Total: 100%

Contingent Full Name	%	Relationship to Owner	Date of Birth Or Date of Trust	SSN/EIN/TIN

Total: 100%

4. Fixed Annuity Plan Type

Nonqualified

Qualified

IRA

Roth IRA

Initial Interest Rate Guarantee Period:

3 Years

5 Years

7 Years

5. Rider Selection

No additional rider selected

MYGIA Rider

6. Premium IMPORTANT! All premium checks must be payable to Revol One Insurance Company.

Do not make check payable to the agent/producer or leave the payee blank.

Electronic Funds Transfer (EFT) \$ _____

Check enclosed with this application...\$ 50,000.00

For IRAs – Tax Year for Contribution _____

1035 Exchange \$ _____

Direct Transfer \$ _____

Direct Rollover \$ _____

Participant Rollover..... \$ _____

Roth Conversion \$ _____

Total Payment..... \$ 50,000.00

7. Replacement Information

a. Do you have any existing life insurance policies or annuity contracts with us or any other company? Yes No

b. Will this annuity replace or change any existing life insurance policies or annuity contracts you have in force with us or any other company? Yes No

8. Allocations

Whole percentages only. Combined total of the fixed Account must equal 100%.

No allocations available on this product

 N/A % **TOTAL**

9. Telephone Transfer Authorization *If no election is made, the default will be "No."*

I hereby authorize and direct the Company to make allowable transfers of funds or reallocation of premium among fixed accounts available under my current annuity contract based upon instructions received by telephone from: a) myself, as Owner; b) my Producer; and c) the person(s) named below. The Company will not be liable for following instructions communicated by telephone

that it reasonably believes to be genuine. The Company will employ reasonable procedures, including requiring the policy number to be stated, recording all instructions received by telephone, and mailing written confirmations. If the Company does not employ reasonable procedures to confirm that instructions communicated are genuine, the Company may be liable for any losses due to unauthorized or fraudulent instructions.

If no election is made, the default will be "No."

- a. Do you elect to have telephone transfer authorization? Yes No
- b. Do you allow your Producer to have telephone transfer authorization? Yes No
- c. Provide the following information for additional person(s) you wish to have telephone transfer authorization:

First Name _____ MI _____ Last Name _____ Suffix _____

Address _____

City _____ State _____ ZIP _____

SSN: _____

I understand: a) all telephone transactions will be recorded; and b) this authorization will remain in force until the authorization is revoked by either the Company or me. The revocation is effective when received in writing or by telephone by the other party.

10. Additional Information

11. 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.

12. Acknowledgment

- a. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
- b. I (We) certify that the Social Security or Employer Identification Number(s) shown above is (are) correct.
- c. All statements and descriptions in this application are considered representations and not warranties. This application becomes part of the policy to which it is attached.
- d. I (We) understand and acknowledge that insurance policies and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association.
- e. **Market Value Adjustment:** I (We) acknowledge that I am (we are) applying for a single premium deferred annuity with a market value adjustment feature. I (We) understand that surrender values may increase or decrease based on a market value adjustment during the surrender charge period specified in the policy.

Dated at _____ On this Date _____
City State

X
Signature of Owner/Trustee 1/Officer 1

X
Signature of Joint Owner/ Trustee 2/ Officer 2 (if applicable)

X
Signature of Annuitant if other than Owner

X
Signature of Joint Annuitant if other than Joint Owner (if applicable)

Title of Officer or Trustee(s)

Title of Officer or Trustee(s)

13. Producer's Statement *Must check appropriate box.*

- a. Does the Owner (Applicant) have any existing life insurance policies or annuity contracts with us or any other company? Yes No
If "Yes," submit with this application a completed Replacement Notice, signed by both you and the Owner (Applicant), if required by state law.
- b. Do you have any knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? Yes No
- c. Did you see the Owner (Applicant) at the time of application completion? Yes No

If "Yes," you must positively identify the Owner with an unexpired government-issued picture form of identification (ID). Acceptable forms are: Driver's License, Passport, Military ID, or Green Card. You must provide the following information:

Form of ID used for Owner	ID #	State	Country	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If "No," you must submit a copy of an unexpired government-issued picture form of ID with this application.

I certify that: 1) the information provided by the Owner has been accurately recorded; and 2) I have reasonable grounds to recommend the purchase of the policy as suitable for the Owner.

X
Signature of Producer _____ Date _____

Print Name Here _____ **REVF** _____ **100**

Producer No. _____ % Split

X
Signature of Producer _____ Date _____

Print Name Here _____ Producer No. _____ % Split

Producer Commission Options:

- A.
- B.
- C.
- D.

SPDA Disclosure

Please check the appropriate box: Qualified Annuity Non-qualified Annuity

The SPDA is an individual modified single-premium deferred annuity. You purchase the annuity with one premium payment, but premiums are accepted during the first 30 contract days to accommodate multiple roll-overs, transfers and exchanges. Interest is earned during the accumulation phase and annuity benefit payments are deferred until the Maturity Date or upon Annuitization. Under current tax law: (a) the principal and earnings are not subject to income taxes until funds are withdrawn or distributed; and (b) a 10% IRS early-withdrawal penalty may apply to withdrawals or distributions prior to age 59½. Tax law is subject to change. Please consult your financial or tax professional for any exceptions to the early-withdrawal penalty.

The main purposes of a deferred annuity are: (a) to save money for retirement; and (b) to receive retirement income for life. It is not meant for short-term financial goals.

THE ANNUITY CONTRACT. *How will my annuity grow?*

Annuity. An annuity allows you to pay a premium for the Contract and interest will be earned on a tax-deferred basis. The premium and interest earnings are not subject to income taxes until the funds are withdrawn or distributed.

Issue Age. Owners age 18-85 Qualified (Q), 18-90 Non-Qualified(NQ) and Annuitants 0-85 Q, 0-90 NQ.

Contract Effective Date. The contract effective date is the date premium is received in Revol One's home office. The effective date is shown on the Contract Schedule.

Premium. The SPDA may be established with an initial premium of \$25,000 to \$1,000,000 Qualified or \$50,000 to \$1,000,000 Non-Qualified (or more with prior home-office approval).

Interest Rates. The initial premium will receive the interest rate in effect as of the date the application and premium are received in the home office. Additional premium received during the first 30 days of the Contract will receive the interest rate in effect at the time it is received in the home office.

Premium payments are credited with a guaranteed interest rate for 7 years, 5 years, or 3 years, depending on the plan design (please check the applicable number of years). Thereafter, the Accumulation Value will be credited with renewal interest rates based on the current economic and interest rate environment. The interest rate will never be less than the guaranteed minimum interest rate (GMIR). If the RO-MYGA Rider is elected, the calculation of the Accumulation Value may be modified by potentially reflecting indexed interest credits based on the performance of an external index.

Annuity Values. The Accumulation Value is the amount available to provide annuity benefit payments and death benefits. The Accumulation Value is: (a) premium plus credited interest; minus (b) amounts surrendered, including surrender charges and associated market value adjustments. The Cash Value is: (a) the Accumulation Value; minus (b) surrender charges. The Cash Surrender Value is the amount available to provide surrender benefits. The Cash Surrender Value is: (a) the Cash Value; plus or minus (b) any associated market value adjustment.

Safety and Guarantees. Revol One guarantees that the Owner will never receive less than: (a) 87½% of the total premium payments, net of any withdrawals; accumulated at (b) an annual interest rate no less than 1.00%.

SURRENDER BENEFITS. *May I take money out of my annuity?*

You may take money out of your annuity any time before annuity benefit payments begin. You may take out all of your annuity's Cash Surrender Value (**full surrender**) or part of it (**partial surrender**). At least \$2,000 must remain in the annuity for the Contract to remain in force. A 10% IRS penalty may apply to withdrawals made before you reach age 59½.

Contract(s): ICC23-RO-MYGA; RO-MYGA

Riders: ICC23-RO-NHWR, ICC23-RO-TIWR, ICC23-RO-IRAEND, ICC23-RO-RIRAEND; RO-NHWR, RO-TIWR, RO-IRAEND, RO-RIRAEND, ROMYGA

RO-DISC-SPDA-(0823)

Initial Surrender Charge Period. A surrender charge will be assessed on amounts you withdraw during the Surrender Charge Period, as follows:

Contract Year of the Surrender Charge Period	1	2	3	4	5	6	7
7-Year Surrender Charge Schedule	9.0%	8.0%	7.0%	6.0%	5.0%	4.0%	3.0%
5-Year Surrender Charge Schedule	9.0%	8.0%	7.0%	6.0%	5.0%		
3-Year Surrender Charge Schedule	9.0%	8.0%	7.0%				

Example: If you withdrew \$10,000 during the first contract year, a 9.0% surrender charge would apply. $\$10,000 \times 0.0900 = \900 . A \$900 surrender charge would be deducted from the \$10,000 withdrawal amount, i.e. $\$10,000 - \$900 = \$9,100$. The resulting \$9,100 is then subject to a market value adjustment.

Subsequent Surrender Charge Period(s). There are no surrender charges during the first 30 days of each subsequent Surrender Charge Period. During those 30 days, you may choose one of the following options:

1. Continue your Contract and apply the current Accumulation Value to a subsequent Surrender Charge Period equal to your current Surrender Charge Period. The new Interest Rate Guarantee Period will be through the end of your subsequent Surrender Charge Period.
2. Begin payment of the Accumulation Value under a payment option without a surrender charge or market value adjustment.
3. Make a partial surrender without a surrender charge or market value adjustment and apply the remaining Accumulation Value to a subsequent Surrender Charge Period equal to your current Surrender Charge Period. The new Interest Rate Guarantee Period will be through the end of your subsequent Surrender Charge Period.
4. Surrender your Contract without a surrender charge or market value adjustment.
5. Continue your Contract or make a partial surrender without a surrender charge or market value adjustment and apply the remaining Accumulation Value to a different subsequent Surrender Charge Period than your current Surrender Charge Period that we make available to you at the time of your renewal. The new Interest Rate Guarantee Period will be through the end of your subsequent Surrender Charge Period.

If you do not make a choice during that 30-day period, option 1 above automatically becomes effective with a subsequent Surrender Charge Period equal to your current Surrender Charge Period. We will provide you with written notice of your options at least 30 days but not more than 45 days before each subsequent Surrender Charge Period.

Market Value Adjustment. The SPDA includes a market value adjustment feature. During each Surrender Charge Period, any amount surrendered is subject to a market value adjustment (MVA). The MVA may increase or decrease the amounts payable. Generally, if interest rates rise after the beginning of the current Surrender Charge Period, the MVA will decrease the Cash Surrender Value; and, if interest rates fall, the MVA will increase the Cash Surrender Value. The MVA is waived for any surrender or benefit payment for which surrender charges are waived.

Example. The following example shows the effective combination of surrender charges and the MVA upon an early surrender during the initial Surrender Charge Period when the MVA index rates increase or decrease. The example below assumes the index is 3.00% as of the Contract Effective Date, then either rises to 5.00% or drops to 1.00%. This is for example purposes only. Actual results may vary and depend upon a variety of factors, as described in the Market Value Adjustment rider.

7-Year Surrender Charge Period

End of Surrender Charge Period Year	1	2	3	4	5	6	7
Unchanged at 3.00%	9.0%	8.0%	7.0%	6.0%	5.0%	4.0%	3.0%
Increased to 5.00%	14.6%	16.4%	13.9%	11.3%	8.6%	5.8%	3.0%
Decreased to 1.00%	3.4%	-0.7%	-0.6%	0.3%	1.2%	2.1%	3.0%

5-Year Surrender Charge Period

End of Surrender Charge Period Year	1	2	3	4	5
Unchanged at 3.00%	9.0%	8.0%	7.0%	6.0%	5.0%
Increased to 5.00%	14.6%	13.2%	10.5%	7.8%	5.0%
Decreased to 1.00%	3.4%	2.4%	3.3%	4.1%	5.0%

3-Year Surrender Charge Period

End of Surrender Charge Period Year	1	2	3
Unchanged at 3.00%	9.0%	8.0%	7.0%
Increased to 5.00%	12.4%	9.8%	7.0%
Decreased to 1.00%	5.4%	6.2%	7.0%

ANNUITY BENEFITS. *What annuity benefit payment options are available?*

Maturity Date. The Maturity Date is the Contract Anniversary coinciding with or next following the date of the (older) annuitant's 100th birthday. The Contract will automatically Annuitize and begin its payout phase, unless otherwise directed. The Contract may be Annuitized at any time after the third Contract Year.

Payout Options. You may choose from the following payment options:

Certain Period – A guaranteed income for your chosen time period of either 60 or 120 months.

Life Income with Certain Period – A guaranteed income for your minimum chosen time period of either 60 or 120 months. If the annuitant is still living at the end of that period, payments continue as long as the annuitant lives.

If a payment option is not chosen, we will automatically pay under the life income with a 60-month certain period payment option.

Annuity Benefit Payments. The Contract may not be surrendered once annuity benefit payments have begun.

ACCESSING FUNDS. *Are there ways to access funds without incurring a surrender charge?*

Your annuity offers a number of ways to access funds without incurring a surrender charge. There are no surrender charges associated with the following options, but an IRS early-withdrawal penalty may apply to withdrawals before you reach age 59½.

Terminal Condition.

Nursing Home Confinement.

IRS Required Minimum Distributions.

Surrenders occurring during the first 30 days of each subsequent Surrender Charge Period.

DEATH BENEFITS. *What happens if I die?*

The Death Benefit is paid to the Beneficiary if the Owner or the Annuitant dies before the Maturity Date, with a choice of payment options. The Death Benefit is based on the Accumulation Value as of the date of death. Death Benefits must be paid by the end of the 5-year period following the date of death. However, the Death Benefit may be paid under a payment option provided: (a) payment begin within one year of the date of death; and (b) payments may not extend beyond the Beneficiary's life expectancy. If the deceased Owner's surviving Beneficiary is the deceased Owner's spouse as recognized under federal law, that spouse does not need to have Death Benefits paid. Rather, that spouse may continue the Contract as though that spouse were the original owner.

ADVANTAGES OF TAX DEFERRAL UNDER CURRENT TAX LAW. *How will payouts and withdrawals from my annuity be taxed?*

Your annuity grows tax deferred. Taxes will be due only when withdrawals or distributions are paid from the annuity. An IRS early-withdrawal penalty may also apply to payouts and withdrawals paid before you reach age 59½. There are no additional tax advantages to purchasing an annuity as part of a qualified plan other than those provided by the qualified plan itself. Please consult your broker or financial advisor.

OTHER INFORMATION. *What else do I need to know about my annuity?*

Free Look. You have 30 days to look over the Contract. You may return the Contract to the agent who sold it or to our home office within those 30 days. Any premium paid will be refunded, less any benefits paid. The Contract will be void and considered never in force.

Commission. We pay a commission to the agent, broker or firm selling you the annuity.

OWNER ACKNOWLEDGEMENT

I understand the SPDA product features to the extent summarized in this disclosure. I understand that the Contract is intended as a long-term savings vehicle and, as such, may have substantial penalties for early surrenders. I understand and acknowledge that Revol One does not offer legal, financial, tax, investment or estate planning advice. I affirm that I have sought such advice from the proper sources before purchasing the Contract. I acknowledge and represent that the purchase of this annuity meets the financial purpose for which it is purchased given my particular legal, financial, tax, investment, estate planning or other goals or circumstances. I further understand that annuities are not: (a) insured by the FDIC or any federal government agency; (b) deposits of or guaranteed by any bank or credit union; (c) provision or conditions of any bank or credit union activity. Some annuities are subject to investment risk and may lose value. I certify that: (a) I have read and understand the SPDA product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure used during the course of the sale; and (c) I understand that this disclosure is not part of the Contract.

(Owner Signature) (Date - mm/dd/yyyy)

[Test Client](#)

(Owner Printed/Typed Name)

Signed at: _____ Email Address: test@test.com
(City, State)

(Joint Owner Signature, if any) (Date – mm/dd/yyyy)

(Joint Owner Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

(Annuitant Signature, if other than Owner) (Date - mm/dd/yyyy)

[Test Client](#)

(Annuitant Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

(Joint Annuitant Signature, if any) (Date – mm/dd/yyyy)

(Joint Annuitant Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

INSURANCE PRODUCER ACKNOWLEDGEMENT

I have provided the applicant(s) with the consumer materials used during the course of the sales presentation, the application and the SPDA disclosure document. I have informed the applicant(s) of the various features of the SPDA. I certify that given the information provided to me by the applicant(s), I believe to the best of my knowledge and belief that the SPDA meets the applicant's financial purpose for which it is purchased given the applicant's particular legal, financial, tax, investment, estate planning or other goals or circumstances I further certify that I have made no statements, representations or promises about product features and future rate performance that are in any way inconsistent with those materials.

(Insurance Producer Signature)

(Date - mm/dd/yyyy)

(Insurance Producer Printed/Typed Name)

Signed at: _____
(City, State)

Email Address: _____

INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES

Date: 06/11/2024

INSURANCE AGENT (PRODUCER) INFORMATION ("Me", "I", "My")

Producer Name: _____	NIPR Number: _____
License Number: _____	Email Address: _____

CUSTOMER INFORMATION ("You", "Your")

Owner (First, Middle, Last) / Entity Name <u>Test</u>	Client	Social Security Number / Tax ID # <u>001-01-1</u> _____
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Policy or Contract Number:

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND UNDERSTAND IT.

What Types of Products Can I Sell You?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

- Fixed or Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificates of Deposits

Whose Annuities Can I Sell to You?

I am authorized to sell:

<input type="checkbox"/> Annuities from Only One (1) Insurer	<input checked="" type="checkbox"/> Annuities from Two or More Insurers
<input type="checkbox"/> Annuities from Two or More Insurers although I primarily sell annuities from: _____	<input type="checkbox"/> _____ _____ _____

How I'm Paid for My Work:

It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

- Commission, which is usually paid by the insurance company or other sources. If other sources, describe:

- Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.

- Other (Describe):

If You have questions about the above compensation I will be paid for this transaction, please ask me.

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

Additional Disclosures, including any consulting, advising or financial planning agreement, if applicable or required:

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Customer Signature

Date

Agent/Producer Signature

Date



SUITABILITY QUESTIONNAIRE

Owner Information	
Name: First <u>Test</u>	Middle _____ Last <u>Client</u>
Date of Birth <u>01/01/1945</u>	Age <u>79</u> Sex <u>Male</u>
Federal Tax Bracket <input type="checkbox"/> Under 12% <input type="checkbox"/> 12-24% <input checked="" type="checkbox"/> Over 24%	
Joint Owner Information	
Name: First _____	Middle _____ Last _____
Date of Birth _____ / _____ / _____	Age _____ Sex _____
Financial Profile Information	
Approximate Gross Monthly Household Income	\$6,000
Do you anticipate any changes in your monthly income?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, provide details:	
Estimated Monthly Household Expenses	\$4,000
Estimated Monthly Disposable Income	\$2,000
Existing Assets:	\$600,000
Existing Liquid Net Worth:	\$250,000
What percentage of your Liquid Net Worth will the proposed annuity purchase be? (Annuity purchase amount/amount of previous answer)	20%
Do you currently own any annuities?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What is your current living arrangement? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Other	
*Additional Detail if needed:	



SUITABILITY QUESTIONNAIRE

Financial Objectives

Why are you purchasing this annuity? (Check all that apply)

- Income
- Growth (long term)
- Safety of Principal and Income
- Safety of Principal and Growth
- Pass assets to beneficiary(ies) at death
- Other _____

Expected Premium \$ 50,000 Qualified Non-Qualified

Describe your risk tolerance: (Check all that apply)

- Conservative
- Moderate
- Aggressive
- Other (Comments) _____

What type of insurance products or investments do you have experience with?

- Fixed Annuities
- Indexed Annuities
- Immediate Annuities
- Variable Annuities
- Bonds
- Mutual Funds
- Stocks
- CDs
- Life Insurance
- None
- Other (describe): _____

Source of Funds for Purchase:

- Other Annuity
- Life Insurance
- Savings/Checking
- Cert. of Deposit
- Money Market
- Stocks/Bonds
- Loan
- IRA/Retirement Plan
- Mutual Funds
- Other: _____

Do you have a reverse mortgage? Yes No

Will the proposed annuity replace any product? Yes No

If yes, complete the following:

Will you pay a penalty or other charge to obtain these funds? Yes No

What is the amount of the charge or penalty to obtain the funds? \$ _____

Describe any benefits or bonus lost due to the replacement? _____

Investment Time Horizon (years): 0-2 3-6 7-9 10 or more

Additional Information:



SUITABILITY QUESTIONNAIRE

Acknowledgement	
I/We acknowledge that I/We are aware of the following with regard to the purchase of this annuity:	
<ul style="list-style-type: none"> • I am purchasing a Excelera™ MYGA _____ annuity. • The initial surrender charge period is <u>7</u> years, and any withdrawal during this and any subsequent surrender charge period may be subject to penalties. • Any withdrawals could be subject to a market value adjustment. • There are potential tax penalties associated with a withdrawal of income from this annuity prior to age 59 ½ 	
Signed at (City/State)	Date Signed
Proposed Owner's Signature	Date Signed
Proposed Joint Owner's Signature	Date Signed

Note: The following required section should be completed by the agent proposing purchase.

What is the basis of your recommendation to purchase the proposed annuity?

.Wants to earn a High and Safe Guaranteed Interest Rate for 7 years.

I declare that I have truly and accurately recorded on this form all of the information provided by the Proposed Owner(s). I have informed the Proposed Owner(s) of the various features of the annuity including tax penalties and fees. I believe that the Proposed Owner(s) will benefit from the annuity's features. Based on the facts disclosed to me by the Proposed Owner(s) and based on all circumstances known to me at the time the recommendation was made, I declare that this annuity purchase as a whole is suitable to the insurance needs and financial objectives of the Proposed Owner(s). I have disclosed the compensation or commission that I will receive to the Proposed Owner(s) of this annuity. I understand that this form or any other documentation used for this recommendation may be requested by Revol One Insurance Company at any time for review.

Agent Signature

Date Signed

IMPORTANT NOTICE REGARDING REPLACEMENT

Revol One Life Insurance Company
11295 Aurora Avenue, Urbandale, Iowa 50322

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with or provided to the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	Insurer Name	Contract or Policy #:	Insured or Annuitant	Replaced	Financed
A.			Test Client	<input type="checkbox"/>	<input type="checkbox"/>
B.				<input type="checkbox"/>	<input type="checkbox"/>
C.				<input type="checkbox"/>	<input type="checkbox"/>

Make sure you know the facts. Contact your existing company or your agent for information about the old policy or contract. **If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.** Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

THE EXISTING POLICY OR CONTRACT IS BEING REPLACED BECAUSE:

No Replacement

Provisions to Free Look your policy are found in your contract. For specific questions and additional information, please contact the replacing company.

If you are replacing an existing policy or contract, no later than [Thirty (30)] days after the new policy or annuity contract is delivered to you, you may return it to us or your producer and receive an unconditional full refund of all premiums paid on it, including any policy fees or charges, less the amount of any payment(s) we may have already made. If you are returning a variable policy or annuity contract, you will receive the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations, less the amount of any payment(s) we may have already made.

PRODUCER'S REPLACEMENT CERTIFICATION

If applicant answered either question 1 or 2 on page one "YES", then complete questions below. If any question below is answered "NO" or left blank, please explain on a separate sheet of paper.

3. Have you discussed the advantages and any disadvantages of replacing / financing with the applicant? YES NO
 4. Have you determined that replacing / financing is appropriate for the applicant? YES NO

PRODUCER CERTIFICATION FOR REPLACEMENT TRANSACTION

I hereby certify that I have used only the insurer's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that this replacement transaction follows the insurer's written replacement guidelines.

I certify that the responses herein are, to the best of my knowledge, accurate.

Producer's Signature		Date (mm/dd/yyyy)	
Producer's Name (Please Print)		Producer's Address	
Producer's License #		Line 2	
Producer's Phone Number	City	State	Zip

APPLICANT'S REPLACEMENT ACKNOWLEDGEMENT

If either question 1 or 2 on page one is answered "YES", I have reviewed and understand the potential advantages and disadvantages of replacing my current policy or contract. [I hereby acknowledge that I have received a copy of sales material used in the sale of the new contract.] I do not want this read aloud to me. Applicant's Initials: _____

(The applicant must initial only if they do not want this notice read aloud.)

I certify that the responses herein are, to the best of my knowledge, accurate.

FL Applicants: I would like a comparative information form prepared for me. YES NO

Applicant's Signature		Date (mm/dd/yyyy)	
Applicant's Name (Please Print)		Applicant's Address	
Applicant's Phone Number		Line 2	
Applicant's Date of Birth (mm/dd/yyyy)	City	State	Zip

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 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 the 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 the 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:

- What are the interest rate guarantees for the new contract?
 - Will you pay surrender charges on your old contract?
 - Have you compared the contract charges or other policy expenses?
 - Do you know what the total cost of the annuity replacement or exchange will be ?
 - Will there be new surrender charges associated with the new annuity contract?
 - Have you considered your needs for liquid cash assets?
 - Will the new annuity contract or product features result in an extension of the period for which surrender charges may apply?
 - Have you considered whether higher mortality, expense or other charges or fees may apply to the new contract?
 - Have you considered any new product features that may be available, whether those features are important to you, and are worth any additional costs, given your particular needs or circumstances?
 - Do you know what the tax consequences are if you replace or exchange an existing contract or policy?
-

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying a 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?
-