

**APPLICATION SINGLE  
PREMIUM DEFERRED  
ANNUITY**

Print - Use Black Ink



**SENTINEL SECURITY LIFE INSURANCE COMPANY**

2121 South State Street  
Salt Lake City, Utah 84115  
Phone: 1-800-247-1423

*Home Office Use Only*

<b>Annuity Applied For</b>	<b>Sentinel Product Name:</b>					
	<b>Premium Allocation: (Select 1 or 2) Must equal 100%</b>					
	<b>Guarantee Period:</b> <input type="checkbox"/> 5 Year ____%		<input type="checkbox"/> 7 Year ____%		<input type="checkbox"/> 10 Year ____%	
	<b>Purchase Premium Payment \$</b>					
<b>Annuitant</b>	Last Name		First Name		Middle Name	
	Street Address		City		State	Zip
	Date of Birth (MM/DD/YYYY)		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
	SSN		Telephone		Email Address	
<b>Joint Annuitant (if applicable)</b>	Last Name		First Name		Middle Name	
	Street Address		City		State	Zip
	Date of Birth (MM/DD/YYYY)		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
	SSN		Telephone		Email Address	
<b>Owner (if other than annuitant)</b>	Last Name		First Name		Middle Name	
	Street Address		City		State	Zip
	Date of Birth (MM/DD/YYYY)		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
	SSN		Telephone		Email Address	
<b>Joint Owner (if other than joint annuitant)</b>	Last Name		First Name		Middle Name	
	Street Address		City		State	Zip
	Date of Birth (MM/DD/YYYY)		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
	SSN		Telephone		Email Address	
<b>Beneficiary(s) (Attach signed &amp; dated sheet if multiple)</b>	Primary/Contingent Beneficiary ( <i>circle one</i> )		% Share	Date of Birth	SSN	Relationship to Owner
	Primary/Contingent Beneficiary ( <i>circle one</i> )		% Share	Date of Birth	SSN	Relationship to Owner

**OPTIONAL RIDERS – ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTIONS**

The annuity you are purchasing allows you the flexibility to choose certain beneficial features that will meet your objectives, please carefully review each of the optional riders below to determine which, if any, provide beneficial features that will meet your objectives. **PLEASE CHOOSE CAREFULLY: Your rider choices will become a permanent part of your contract.**

You may indicate your choice to select each optional rider by checking the appropriate box next to that rider. You may choose to decline all optional riders by checking the box immediately below marked "NONE".

NONE. I have read and understand each of the optional riders below, and I wish to decline all optional riders.

I select the following riders:

- Rider**  
**Terminal Illness / Nursing Home Rider**  
*This rider allows you to access some or all of your funds under certain conditions if you are diagnosed with a terminal illness or confined to a nursing home.*
  
- Death Benefit Equal to Contract Value Rider**  
*This rider ensures that upon the death of the Annuitant, the death benefit paid will be equal to the Total Contract Value, and any Withdrawal, Surrender Charge, or Market Value Adjustment will be waived. This rider also allows you to select certain death benefit payout options.*

**Penalty-Free Withdrawal Option Riders**

- Rider**  
**Preferred 10% Free Withdrawal Rider**  
*This rider allows you to withdraw in a contract year, without Surrender Charge or Market Value Adjustment applied to your first withdrawal, up to 10% of your Contract Value (on a non-cumulative basis) or your Required Minimum Distribution. You will not be entitled to a 10% free withdrawal on full surrenders.*
  
- Required Minimum Distribution Rider**  
*This rider allows you to withdraw a Required Minimum Distribution ("RMD") without Surrender Charge or Market Value Adjustment applied to the amount of the distribution.*
  
- 72t Rider**  
*For contract owners younger than 59 1/2 years of age, this rider allows for withdrawal of Substantially Equal Periodic Payments under IRS Code 72t without Surrender Charge or Market Value Adjustment Applied.*
  
- Accumulated Interest Withdrawal Rider**  
*This rider allows you, during the Surrender Charge Period, to withdraw accumulated interest without Surrender Charge or Market Value Adjustment applied.*  
 Monthly     Quarterly     Semi-Annual     Annual

I have read and understand the provisions of each of the optional riders described above prior to signing this application. I understand that this is only a brief description of each rider.

Annuitant / Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Annuitant / Owner Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Check One:  
 Non-Qualified     \*Tax Qualified Plan  
\*If Tax Qualified Plan, this section must be completed.  
Check One:  
 IRA     Roth IRA     Other

Source of Funds:  
 New Money  
 1035  
 Qualified Transfer  
If other than New Money, complete applicable form.

<b>Producer Notes</b>	List producer notes here
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**CHECKS MUST BE MADE PAYABLE TO SENTINEL SECURITY LIFE INSURANCE COMPANY**

**Owner Signature – (All appropriate boxes must be checked or application will be deemed incomplete.)**

Do you have any existing life insurance or annuity contracts?  Yes  No  
 Will this proposed contract replace any existing life insurance or annuity contract?  Yes  No  
*(If yes, please complete and sign the appropriate replacement form for your state.)*

**By signing below:**

I acknowledge and understand that annuities purchased with qualified funds are subject to the Required Minimum Distribution (“RMD”) Rules. If I turn 70 ½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds. **I further understand that if an RMD is taken from this contract and the RMD Withdrawal Rider is not selected at the time of issue, withdrawal charges will apply.**

I believe this to be a suitable purchase for my financial status. Any applicable surrender, withdrawal and market value adjustment provisions have been explained to me. I understand that there are no free withdrawals with the base contract purchase unless a free withdrawal rider is selected at the time of application.

**I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.**

**I understand that amounts payable under the contract may be subject to a market value adjustment.**

Annuitant / Owner Signature	Joint Annuitant / Joint Owner Signature <i>(if applicable)</i>	Date
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Signed At (City)	(State)	(Zip)
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**Producer Signature – (All appropriate boxes must be checked or application will be deemed incomplete)**

**Advertising:**

Did you use any sales materials?  Yes  No  
 If yes, did you use any Company approved sales materials?  Yes  No  N/A  
 If yes, did you leave a copy with the client?  Yes  No  N/A

**Replacement:**

Does the proposed client have any existing life insurance or annuity contracts?  Yes  No  
 Will the proposed contract replace any existing life insurance or annuity contract?  Yes  No  N/A  
*(If yes, please complete and sign the appropriate replacement form for your state.)*

**By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable surrender charges, withdrawal and market value adjustment provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant’s disclosure.**

Producer’s Name (Printed)	Producer Number	State Number <i>(if applicable)</i>
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Telephone	Agency Name <i>(if applicable)</i>
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Producer’s Signature	Date
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***If Joint Case***

Producer’s Name (Printed)	Producer Number	State Number <i>(if applicable)</i>
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Telephone	Agency Name <i>(if applicable)</i>	Split %
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Producer’s Signature	Date
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**Fraud Notice:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance on 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 person to criminal and civil penalties.