



# Sentinel Security Life Insurance Company

## *Sentinel Plan® Personal Choice Annuity*

*An a la carte solution for a custom annuity*

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### **Annuities:**

- Sentinel Plan® Personal Choice 3 Year Annuity*
- Sentinel Plan® Personal Choice 5 Year Annuity*
- Sentinel Plan® Personal Choice 7 Year Annuity*
- Sentinel Plan® Personal Choice 10 Year Annuity*

### **Optional Riders:** *(available on annuities)*

- Death Benefit Feature*
  - Terminal Illness / Nursing Home Care*
  - Preferred 10% Free Withdrawal*
  - Accumulated Interest Withdrawal*
  - 72(t) Free Withdrawal*
  - Required Minimum Distribution*
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SENTINEL SECURITY LIFE INSURANCE COMPANY  
PO BOX 64435 ST. PAUL, MN 55164-0435  
STATE OF DOMICILE: UTAH

# Agent checklist for completing the Personal Choice Annuity Application

This packet contains the following forms for a Personal Choice Annuity application. Please review the information carefully and complete all applicable forms:

- Annuity Application (SSLANAP11-TX)** – Complete all applicable sections and sign where indicated.
- Annuity Suitability Questionnaire (SSLAN-SQ-OT 12/2025)** – This form is required with all applications. It must be completed by the agent and signed by the agent and owner(s). Return this form to the Home Office with the application. Note: Always complete the information for the owner, and joint owner if applicable. All pages of this Suitability Questionnaire need to be signed or initialed by the owner(s), and page 2 of 3 must be signed by the agent.
- Client Suitability Letter (SSLAN-SLTR-OT 12/2025)** – This form is required only if the owner(s) check “I **REFUSE** to provide this information at this time” or “I have chosen to provide **LIMITED** information at this time” on the Annuity Suitability Questionnaire and has an issue age of 80 or older. This form must be completed and signed by the owner(s). Return this form to the Home Office with the application.
- Agent Disclosure (SSLAN-AGDISCL-OT 06/2025)**- This form is required with all applications in MD. It must be completed and signed by the owner(s) and the agent and returned to the Home Office with the application.
- Policy Owner Identification Verification (SSLAN-PIV-OT Rev 10/2024)** – This form is required with all applications and must be completed and signed by the agent. Return this form to the Home Office with the application.
- Community Property States Spousal Existence/Beneficiary Designation Consent Form (SSLAN-COMMPROPST-OT 10/2024)** – Spousal consent and signature on this form is required with the application if the client’s spouse is not the sole primary beneficiary and the owner resides in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI).
- Required Minimum Distribution Disclosure (SSLAN-RMDDISC-OT 10/2024)** – This form is required only if the owner reached age 72 before December 31, 2022 or will reach age 73 during the guarantee period and has not elected to add the Required Minimum Distribution Rider. It must be signed by the owner and returned to the Home Office with the application.
- IRA Rollover Certification Form (SSLAN-RO-OT 10/2024)** – Complete this form if the annuity will be rolled over from another tax qualified retirement plan. This form must be signed by the owner and returned to the Home Office with the application.
- 1035 Exchange Request Form/Direct Custodial Transfer Request (SSLAN1035-OT Rev 06/2025)** – Complete the applicable section of this form if the annuity will be funded with a transfer or 1035 Exchange. The 1035 Exchange section is used for non-qualified funds that are currently in an annuity or life insurance policy. The Direct Custodial Transfer side is used for all other transfers including all qualified transfers and non-qualified funds coming from a policy that is not an annuity or life insurance. This form must be signed by the owner(s) and returned to the Home Office with the application. If the application is faxed the original signed Transfer Request form must be mailed to the Home Office separately.
- Important Notice: Replacement of Life Insurance or Annuities (REP Rev 03/08)** – If there is a replacement involved with the application, both copies of the Replacement Notice must be signed by the owner(s) and agent. One copy should be left with the applicant and the other returned to the Home Office with the application.
- Non-Resident Verification Form (SSLAN-NRV-OT Rev 06/2025)** – This form is required only if the application is signed in a state other than the owner(s) Resident State. This form must be completed by the owner(s) and signed by the owner(s) and agent. Return this form to the Home Office with the application.
- Trustee Certification of Trust (SSLAN-CERTTRUST-OT 10/2024)** – This form is required only if the contract owner will be a trust. This form must be completed and signed by all trustees and returned to the Home Office with the application.
- Trust and Other Non-Natural Owner 72(u) Tax Deferred Treatment Certification Form (SSLAN-72(u) 12/2025)** – This form is required only if the owner(s) is a non-natural owner and entitled to the tax-deferral exception, as defined on the form. It must be signed by the trustee(s) or corporate officer(s), whichever is applicable, and returned to the Home Office with the application in order to qualify for tax deferred status.
- Inherited IRA (SSLANIIE 03/2025)** - If the owner is an Inherited IRA this form will be required to be completed and returned the home office. This form is to be signed by the client who has Inherited the IRA
- Applicants Statement Qualified Retirement Plans (SSLAN-APP-STMT-OT 10/2024)** – This form is required if the annuity contract will be issued in connection with a retirement plan. It must be signed by the trustee(s) and agent and returned to the Home Office.
- Accumulated Interest Withdrawal Form (SSLAN-AIW 12/2025)** – This form is required in order to begin Accumulated Interest Withdrawal distributions with the Accumulated Interest Withdrawal Rider. This form must be completed and signed by the owner. Return this form to the Home Office. **If selecting a Settlement Option form W-4P/OMB No. 10225T is required with the withdrawal form. If selecting an Eligible Rollover Distribution, RMD, or a One-Time Withdrawal form W-4R/OMB No. 75085T is required with the withdrawal form.**
- IRA Required Minimum Distribution Election (SSLAN-RMD 06/2025)** – This form is required in order to begin Required Minimum Distribution (RMD) payments with the Required Minimum Distribution Rider or the Preferred 10% Free Withdrawal Rider. RMD payments may begin in year one with the Required Minimum Distribution Rider and year two with the 10% Free Withdrawal Rider. This form must be completed and signed by owner. Return this form to the Home Office. **If selecting a Settlement Option form W-4P/OMB No. 10225T is required with the RMD form. If selecting an Eligible Rollover Distribution, RMD, or a One-Time Withdrawal form W-4R/OMB No. 75085T is required with the RMD form.**
- Annuity Disclosure Statement (SSLAN-DISC-TX Rev 11/2024)** – The information in the Disclosure statement must be covered with the owner(s) by the agent and a copy must be left with the owner(s).

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## Mailing Address

Sentinel Security Life Insurance Company  
PO Box 66435  
St. Paul, MN 55164-0435

## Fax/Email

Attn: New Business, 888-433-4795  
AnnuityNewBusiness@illumifin.com  
*Original check and transfer form must be mailed*

## Federal Express/UPS

Sentinel Security Life Insurance Company  
7805 Hudson Road, Ste 180  
Woodbury, MN 55125

<b>Annuity Applied For</b>	<b>Sentinel Product Name: Personal Choice Annuity</b>			
	<b>Premium Allocation: (Select 1 or 2) Must equal 100%</b>			
	<b>Guarantee Period:</b>			
	<input type="checkbox"/> <b>3 Year</b> _____ %	<input type="checkbox"/> <b>5 Year</b> _____ %	<input type="checkbox"/> <b>7 Year</b> _____ %	<input type="checkbox"/> <b>10 Year</b> _____ %
<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 <i>(if applicable)</i></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 <i>(if other than annuitant)</i></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 <i>(if other than joint annuitant)</i></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) <i>(Attach signed &amp; dated sheet if multiple)</i></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**  
*Beginning in the second contract year, 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 ½ 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**  
*Beginning in the first contract year, 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 Exchange  
 Qualified / Non-Qualified Transfer

If other than New Money, complete applicable form.

**Producer Notes**

List producer notes here

**CHECKS MUST BE MADE PAYABLE TO SENTINEL SECURITY LIFE INSURANCE COMPANY**

**Owners 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 73 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 Signature	Joint Annuitant Signature <i>(if applicable)</i>	Date
Signed At (City)	(State)	(Zip)

**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 to either replacement question above, please complete and sign the appropriate replacement form.)*

**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>
Telephone	Agency Name <i>(if applicable)</i>	
Producer's Signature		Date

***If Joint Case***

Producer's Name (Printed)	Producer Number	State Number <i>(if applicable)</i>
Telephone	Agency Name <i>(if applicable)</i>	Split %
Producer's Signature		Date

**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 may commit a fraudulent insurance act, which is a crime and subjects person to criminal and civil penalties.



# ANNUITY SUITABILITY QUESTIONNAIRE

**Do Not Sign Unless You have Read and Understand the Information in this Form.**

Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Entity: \_\_\_\_\_

Tax Status: \_\_\_\_\_ Relationship to Annuitant(s): \_\_\_\_\_

Form of Ownership: \_\_\_\_\_

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all of your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

- Conservative  Moderately Conservative  Moderate  Moderately Aggressive
- Aggressive  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Describe your investment experience by type and length of time: \_\_\_\_\_

What is the source of the funds for the purchase of the proposed annuity? \_\_\_\_\_

How many years from today will you need access to your funds without a penalty? \_\_\_\_\_

Will the proposed annuity replace any product?  Yes  No

If yes, will you pay a penalty or other charge to obtain these funds?  Yes  No

If yes, the amount of the charge or penalty \$ \_\_\_\_\_

Owner Initials

Date Signed

Joint - Owner Initials

Date Signed

Additional Information:

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**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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\_\_\_\_\_  
Producer Signature

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

**ACKNOWLEDGMENTS AND SIGNATURES**

**You're buying a financial product - an annuity.**

**To recommend a product that effectively meets Your needs, objectives and situation, the agent, broker or company needs information about you, Your financial situation, insurance needs and financial objectives.**

**If you check either box below, it means you have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets Your needs, objectives and situation. You may lose protections under the State's Insurance Code if You sign this form or provide inaccurate information.**

**Statement of Purchaser:**

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

**If you checked either box below, "My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer, it means You know that you're buying an annuity that was not recommended and understand You are buying an annuity that the agent, broker or company did not recommend to buy. If You buy without a recommendation, You understand you may lose protections under the State's Insurance Code.**

**Check One:**

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

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

\_\_\_\_\_  
Owner Signature

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

\_\_\_\_\_  
Joint-Owner 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", state so.

**"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 Initials

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Date Signed

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Joint - Owner Initials

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Date Signed





# INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES

**Do Not Sign Unless You have Read and Understand the Information in this Form.**

Date:

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

First Name:	Last Name:
Business/Agency Name:	Business Mailing Address:
Business Telephone Number:	Email Address:
National Producer Number:	Agent Number:

## CUSTOMER INFORMATION ("You", "Your")

First Name:	Last Name:
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### 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 for 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
- Certificate of Deposits

### Whose Annuities Can I Sell to You?

I am authorized to sell:

- Annuities from Only One (1) Insurer     Annuities from Two or More Insurers
- Annuities from Two or More Insurers although I primarily Sell Annuities From:

\_\_\_\_\_

**How I'm Paid for My Work:**

It's important for you to understand how I am paid for my work. There is no charge to you. The insurance company will pay me a commission for the sale of this annuity. I may also receive non-cash compensation in the form of an incentive trip based on annual sales production.

**If you have any questions about anything in this document, please ask me.**

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

\_\_\_\_\_  
Signature of Owner (s)

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

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

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

\_\_\_\_\_  
Agent Signature

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



# POLICY OWNER IDENTIFICATION VERIFICATION

Agent to complete the following information:

POLICY OWNER IDENTIFICATION VERIFICATION – I have personally verified the identity of the owner(s) listed below by reviewing a government issued **photo ID** for each individual and documents that confirm the legal entity status of any non-natural owner, such as a business or trust.

### Owner Verification

Name (Proposed owner or Non-natural Owner)

A. Drivers License (DL) \_\_\_\_\_  
State of Issue \_\_\_\_\_ DL Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

B. Passport \_\_\_\_\_  
Country of Issuance \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

C. Other \_\_\_\_\_ / \_\_\_\_\_  
State/Country of Issuance \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

An unexpired Government issued photo ID is not available.

### Joint Owner Verification

Name (Proposed owner or Non-natural Owner)

A. Drivers License (DL) \_\_\_\_\_  
State of Issue \_\_\_\_\_ DL Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

B. Passport \_\_\_\_\_  
Country of Issuance \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

C. Other \_\_\_\_\_ / \_\_\_\_\_  
State/Country of Issuance \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

An unexpired Government issued photo ID is not available

**AGENT’S CONFIRMATION** – I have verified the identity of the owner(s) and believe the information the owner(s) provided to me regarding his or her identity is true and accurate.

This form dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
City/State

Agent’s Signature



# COMMUNITY PROPERTY STATES SPOUSAL EXISTENCE/BENEFICIARY DESIGNATION CONSENT FORM

**CONTRACT INFORMATION:**

Name of Contract Owner: \_\_\_\_\_ Contract Number (if known): \_\_\_\_\_

**Spousal Existence:**

I currently am a resident of one of the community property states: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin.

I currently: (Check one)

Do have a spouse -spousal consent and spousal signature required below **if** spouse is **not** sole primary beneficiary.

Do not have a spouse.

**Signature of Contract Owner**

This form dated at (City/State) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Owner \_\_\_\_\_

Owner's Email Address \_\_\_\_\_ Owner's Telephone Number \_\_\_\_\_

**Spousal**

I have reviewed the beneficiary designation dated \_\_\_\_\_ for the contract number above and, as the spouse of the contract owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter, and I relinquish all my statutory or other rights thereto.

**Signature of Spouse**

This form dated at (City/State) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Owner's Spouse \_\_\_\_\_

Spouse's Email Address \_\_\_\_\_ Spouse's Telephone Number \_\_\_\_\_

**SEPARATE FORM FOR EACH CONTRACT IS REQUIRED**

For Home Office Use Only

Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_



## REQUIRED MINIMUM DISTRIBUTION DISCLOSURE

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I understand that if I reached age 72 before December 31, 2022 or once I reach age 73, I am required by the Internal Revenue Service to take a Required Minimum Distribution ("RMD") on an annual basis from qualified funds. I have, at this time, elected not to take my RMD from my Sentinel Contract and will, instead, take my RMD from other qualified funds. However, I fully understand that if I subsequently choose to take an RMD from this Contract, Sentinel would be entitled to assess Surrender Charges and Market Value Adjustments (MVA), if applicable.

I understand that by adding the RMD rider to my Sentinel Contract, I could take my RMD from my Sentinel Contract without incurring any Surrender Charges and MVA's on those withdrawals. By not electing to take the RMD rider at this time, I understand I will not be able to add the RMD rider to the contract until the beginning of another guarantee period.

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*Signature of Owner*

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*Date*



# IRA ROLLOVER CERTIFICATION FORM

Contract Number (If available): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contract Owner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## ROLLOVER INFORMATION

Qualified Plan Type of Rollover Contribution:

Type of Qualified Funds:

- Traditional IRA*
- Roth IRA*
- Simple IRA*
- 403(b)*
- 401(k)/ 401(a)*
- Thrift Savings Plan*
- Pension Plan*
- TSA*
- Other*

- Traditional IRA*
- Roth IRA*
- Simple IRA*

Cash Amount: \$ \_\_\_\_\_ *Pre-tax* *After-tax*

*\*Note: Please make checks payable to Sentinel Security Life Insurance Company*

## ROLLOVER REQUIREMENTS

- The funds deposited into the IRA or Qualified Plan must be deposited within 60 days of receipt;
- Rollover deposits cannot include any distributions which are a part of a series of substantially equal periodic payments;
- Rollover deposits may not include any distributions which represent a required minimum distribution;
- Rollover deposits must consist of the same assets originally distributed;
- In an IRA to IRA rollover, the assets cannot have been involved in a rollover in the past 12 months;
- Rollovers from Qualified Plans may consist of the proceeds from the sale of distributed property;
- Rollovers from Qualified Plans can consist only of tax deferred funds;
- A Traditional IRA inherited from someone other than a spouse is not eligible for rollover.
- Rollover deposits to a SIMPLE IRA can consist only of funds or securities distributed from a SIMPLE IRA

## PLEASE READ AND SIGN

*I certify that this deposit has met all of the above rollover eligibility requirements and assume full responsibility for any adverse tax consequences arising from this rollover. I further understand that rollover contributions have important tax implications and I have been advised to seek guidance from a tax professional.*

*This form dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_*  
*City / State*

\_\_\_\_\_  
*Signature of Owner*



# QUALIFIED/NON-QUALIFIED TRANSFER 1035 EXCHANGE FORM

## OWNER INFORMATION

(If the Owner is a Trust, please provide a copy of the Title and Signature pages)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## JOINT OWNER INFORMATION

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## ANNUITANT / INSURED INFORMATION

(If other than the Owner information)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## JOINT ANNUITANT / INSURED INFORMATION

(If other than the Joint Owner information)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## CURRENT CONTRACT / POLICY / ACCOUNT INFORMATION

Company \_\_\_\_\_ Company Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contract / Policy / Account Number(s): \_\_\_\_\_ Investment Vehicle: \_\_\_\_\_

### NON-QUALIFIED TRANSFER TO LIFE OR ANNUITY CONTRACT

I wish to liquidate and transfer the:  Full Amount  Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_  Upon Sentinel Security Life Insurance Company's receipt of this request

From:  CD  Mutual Fund  Checking  Savings  Other: \_\_\_\_\_

Sentinel Security Life Insurance Company will apply all such funds received to a life or annuity contract issued to me.

### QUALIFIED TRANSFER / ACCOUNT ROLLOVER TO ANNUITY CONTRACT

I wish to liquidate and transfer the:  Full Amount  Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_  Upon Sentinel Security Life Insurance Company's receipt of this request

From:  IRA  Roth IRA  SEP IRA  Simple IRA  Other: \_\_\_\_\_

To:  IRA  Roth IRA  SEP IRA  Simple IRA  Other: \_\_\_\_\_

This amount represents all or part of my eligible rollover distribution to an eligible plan as defined under applicable tax laws.

I intend that this transfer be accomplished as trustee-to-trustee, in a non-taxable manner, in accordance with IRS rulings, and not constitute receipt by me for federal income tax purposes. I understand that I am purchasing this annuity in an IRA or other tax-qualified plan. Since IRAs and other tax-qualified plans are already afforded tax-deferred status, there is no additional tax deferral benefit in this annuity. I am purchasing this annuity because I value other features, such as income payments, principal protection, or death benefit protection, and I am willing to pay any additional cost associated with such features.

Prior Distribution Information (Participants age 70 and over only): I understand that if I reached age 72 before December 31, 2022 or once I reach age 73 the IRS requires annual minimum distribution from your qualified account(s). If you are requesting a qualified transfer, the IRS allows you to transfer your entire IRA balance, including the minimum distribution, without incurring the 50% excess accumulation penalty. However, the full Required Minimum Distribution amount must be taken by December 31st of the current calendar year.

This is a transfer and my Required Minimum Distribution (RMD) amount for this tax year should be handled as follows:

- My RMD has already been taken for the current year.
- Distribute my RMD to me before transferring my funds to Sentinel Security Life Insurance Company.
- Proceed with the transfer; I will take responsibility for taking my RMD before December 31st of the current year.

**I understand that if I take the RMD for the current year from the Sentinel Security Life Insurance Company contract, surrender charges may be deducted.**

### 1035 EXCHANGE / ABSOLUTE ASSIGNMENT OF LIFE OR ANNUITY CONTRACT

1035 Exchange:  Full Amount  Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_  Upon Sentinel Security Life Insurance Company's receipt of this request

From:  CD  Mutual Fund  Checking  Savings  Other: \_\_\_\_\_

I, the undersigned, hereby state that I am the owner of the above life insurance, endowment, or annuity contract ("Contract"). I hereby assign and transfer the specified portion of my right, title, and interest in the Contract to Sentinel Security Life Insurance Company. I irrevocably waive all rights, claims, and demands under the Contract. I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment, or other lien and that no proceeding in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

The purpose of this transfer is to affect a direct nontaxable exchange of the Contract pursuant to Section 1035 of the Internal Revenue Code. I understand and agree that the cost basis in the contract issued by Sentinel Security Life Insurance Company shall be determined based upon the cost basis information provided by the above-referenced surrendering company. I further understand and agree that Sentinel Security Life Insurance Company assumes no responsibility in determining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if Sentinel Security Life Insurance Company does not receive cost basis information acceptable to it, the cost basis of the contract issued by Sentinel Security Life Insurance Company will be zero.

I understand and agree that Sentinel Security Life Insurance Company will request that the surrendering company totally or partially surrender the original Contract immediately upon receipt of this request, and that Sentinel Security Life Insurance Company assumes no liability for any action by the surrendering company that results in a delay in paying the surrender proceeds or for any changes in the payment amount. I understand and agree that Sentinel Security Life Insurance Company makes no representations concerning the tax treatment of this matter under Internal Revenue Code Section 1035 or otherwise, and that Sentinel Security Life Insurance Company has no responsibility or liability for the validity of this assignment. I understand that Sentinel Security Life Insurance Company will apply the transfer funds it receives as premium on the contract it issues, and that the contract values and terms of the above identified surrendered Contract may differ substantially from those in the contract issued by Sentinel Security Life Insurance Company.

**IF FUNDS ARE COMING FROM A SURRENDERED LIFE OR ANNUITY CONTRACT**

Attach original contract or Initial here: \_\_\_\_\_

I / (We) certify that the original contract is lost or destroyed and cannot be found after a careful search.

**IMPORTANT ACKNOWLEDGMENTS**

I understand that by signing this form, I hereby authorize the Company listed under Current Contract/Policy/Account Information Section to immediately surrender and transfer my policy/contract to Sentinel Security Life Insurance Company.

I understand that if I return the Sentinel Security Life Insurance Company contract under the "free look" provision, the exchanged/transferred contract may not be eligible for reinstatement because it has already been surrendered or partially surrendered. Also, if I return the contract under the "free look" provision, Sentinel Security Life Insurance Company has no liability beyond the return of the cash surrender or the partial surrender value of an exchanged/transferred contract.

I understand that if the new contract is for life insurance, coverage does not go into effect and no liability exists for Sentinel Security Life Insurance Company until: (1) Sentinel Security Life Insurance Company receives the cash surrender or partial surrender value of the exchanged/transferred contract; (2) there has been no change in the health of the Proposed Insured(s) that would change the answers in the application; and (3) the premium is fully paid, and the contract is delivered to and accepted by me. For transfers to an Sentinel Security Life Insurance Company annuity, I understand and agree that the date that the proceeds are received from the surrendering insurance company will be the date on which coverage first becomes effective under the Sentinel Security Life Insurance Company contract.

I understand that the proposed transfer may have important tax consequences and/or surrender/withdrawal penalties. I acknowledge that Sentinel Security Life Insurance Company assumes no responsibility or liability for any penalty or for any tax treatment of this matter under the Internal Revenue Code or otherwise, and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. Further, I certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against me.

**OWNER(S) SIGNATURE:**

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Policy Owner's Spouse Signature: \_\_\_\_\_  
(if community property state)

Printed Name: \_\_\_\_\_

SENTINEL SECURITY LIFE INSURANCE COMPANY AGREES TO ACCEPT THE TRANSFER FOR THE PLAN ESTABLISHED ON BEHALF OF THE NAMED OWNER. WE ACCEPT APPOINTMENT AS SUCCESSOR CUSTODIAN OF THE ABOVE ACCOUNT AND REQUEST THE LIQUIDATION AND TRANSFER OF FUNDS AS INDICATED ABOVE.

**Signature Guarantee  
(If required by Surrendering Company)**

**Accepted By (Signature & Title of Authorizing Officer  
of Sentinel Security Life Insurance Company)**

**CHECKS SHOULD BE MADE PAYABLE TO:**

Sentinel Security Life Insurance Company

FBO \_\_\_\_\_

**MAILING ADDRESS:**

Administrative Office  
PO Box 64435  
St. Paul, MN 55164-0435  
P: 800-247-1423  
F: (888) 433-4795

**OVERNIGHT/PHYSICAL ADDRESS:**

Administrative Office  
7805 Hudson Road Suite 180  
Woodbury, MN 55125

**FOR PRODUCER EXPLANATION, REMARKS AND / OR REQUESTS PLEASE ATTACH ADDITIONAL PAGES**

**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 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 interests. 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 the back of 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 (R) OR FINANCING (F)
1. _____			
2. _____			
3. _____			

Make sure you know the facts. Contact your existing company or its 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 \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature and Printed Name

\_\_\_\_\_  
Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

RETURN TO HOME OFFICE

**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 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 interests. 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 the back of 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 (R) OR FINANCING (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its 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 \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature and Printed Name

\_\_\_\_\_  
Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

LEAVE WITH APPLICANT

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 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?

SENTINEL SECURITY LIFE INSURANCE COMPANY

PO Box 64435

St Paul, MN 55164-0435

Phone: 1-800-247-1423

**Annuity Disclosure Statement for  
Single Premium Deferred Annuity  
PERSONAL CHOICE ANNUITY  
SSLANPOL11-TX**

*This form is not intended to be a complete explanation of your annuity. Only your contract contains complete details. In the event of a conflict between this disclosure and the contract, the contract shall take precedence. Please read your contract carefully for complete details. If you have any questions, please contact your representative or Sentinel Security Life Insurance Company for further explanation.*

An annuity is a long-term contract between you and an insurance company in which you give the insurance company a sum of money (called a premium). This premium accumulates over time on a tax-deferred basis until you withdraw it from the annuity or begin taking a guaranteed income from the contract. This contract is a single premium annuity which means you buy it with one premium. It is a fixed annuity which means it earns a specified interest rate during the guaranteed period. This annuity is deferred which means payouts begin at a future date. You do not pay taxes on the interest it earns until the money is paid to you.

You can use an annuity to save money for retirement and to receive retirement income for life. It is **not** meant to be used to meet short-term financial goals.

**THE ANNUITY CONTRACT**

*How will the value of my annuity grow?*

Your annuity earns tax-deferred interest at a guaranteed rate for a period of 3, 5, 7 or 10 years. You choose the length of the guarantee period at time of application. Interest compounds daily and is credited to your annuity account on the last day of each month.

During the last 30 days before the end of any Guarantee Period, You may choose one of these options to take effect on Your next Contract Anniversary:

- (1) Continue Your Contract for another Guarantee Period, that can be different than the preceding Guarantee Period;
- (2) Apply the Contract Value to a Settlement Option;
- (3) Take a Partial Withdrawal, with no MVA or Surrender Charges, and apply the remaining value to another Guarantee Period that can be different than the preceding Guarantee Period; or
- (4) Surrender the Contract without MVA or Surrender Charges.

Unless you select one of the Options shown above, Your Contract will continue automatically for another Guarantee Period, the same as the preceding Guarantee Period, with a new Guaranteed Interest Rate. The new Guaranteed Interest Rate will be declared by us and depends on current market rates. Interest compounds daily at the current interest rate offered by the company for each subsequent renewal period.

## **BENEFITS**

*How do I get income (payouts) from my annuity?*

You begin to get income from your annuity on the maturity date of the contract. The maturity date is the later of the 10th Contract Anniversary or the anniversary next following the Annuitant's 70th birthday.

The value of your annuity will be paid out over a specified period of time which you can choose.

Once payouts begin, you cannot surrender (cancel) your annuity.

*What happens after I die?*

If you die before we start to pay you income from your annuity, we pay the cash surrender value of the annuity to your beneficiary. If you die after the payouts start, depending on the type of payout you chose, we pay the remaining value in the annuity, if any, to your beneficiary.

## **OPTIONAL BENEFIT RIDERS AND THEIR FEES**

*What other benefits can I choose?*

### **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. This rider will reduce the interest rate by 0.15%.*

### **Death Benefit Equal to Contract Value Rider**

*This rider ensures that upon the death of the Owner or 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 additional death benefit payout options. This rider will reduce the interest rate by 0.35%.*

### **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. This rider will reduce the interest rate by 0.08%.*

### **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. This rider will reduce the interest rate by 0.16%.*

### **72t Rider**

*For contract owners younger than 59½ 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. This rider will reduce the interest rate by 0.05%.*

### **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. This rider will reduce the interest rate by 0.08%.*

## **FEES, EXPENSES AND OTHER CHARGES**

*What happens if I take out some or all of the money from my annuity?*

You cannot take any of the money out of your annuity after the payout begins. Before the payout begins, you can take out all of your annuity's value (full surrender) or part of it (partial surrender). You can take out any amount subject to minimum withdrawal amount rules established by Sentinel Security Life Insurance Company and in effect at the time of the partial withdrawal.

We take a surrender charge from the amounts you withdraw. The surrender charges that apply to amounts withdrawn are shown in the table below.

Initial Surrender Charge Schedule (applies during the Initial Guarantee Period)

Guarantee Period	Surrender Charges for Policy Year										
	1	2	3	4	5	6	7	8	9	10	11-20
3-year	9%	8%	7%								
4-year	9%	8%	7%	6%							
5-year	9%	8%	7%	6%	5%						
6-year	9%	8%	7%	6%	5%	5%					
7-year	9%	8%	7%	6%	5%	5%	5%				
8-year	9%	8%	7%	6%	5%	5%	5%	5%			
9-year	9%	8%	7%	6%	5%	5%	5%	5%	5%		
10-year	9%	8%	7%	6%	5%	5%	5%	5%	5%	5%	
20-year	9%	8%	7%	6%	5%	5%	5%	5%	5%	5%	5%

During renewal guarantee periods, surrender charges are 5% regardless of the guarantee period.

The following surrender charge applies after the annuitant has reached:

Attained Age	Surrender Charge
63	5%
64	4%
65	3%
66	2%
67	1%
68-100	0%

Issue Ages 60 and Older ( applies to all Guarantee Periods):								
1	2	3	4	5	6	7	8	9+
8%	7%	6%	5%	4%	3%	2%	1%	0%

When you make a withdrawal, we also may increase or decrease the amount you receive based on a **market value adjustment (MVA)**. If interest rates went up after you bought your annuity, the MVA likely will decrease the amount you receive. If interest rates went down, the MVA will likely increase the amount you receive.

*Can I take some of the money out of my annuity without a surrender charge or market value adjustment?*

Yes, in some cases, depending on the optional riders you add to your policy.

*Do I pay any other fees or charges?*

No. There are not any other fees or charges on this annuity.

### **TAXES**

*How will payouts and withdrawals from my annuity be taxed?*

This annuity is tax-deferred, which means you do not pay taxes on the interest it earns until the money is paid out to you. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. You may also pay a 10% federal income tax penalty on earnings you withdraw before age 59½. If your state imposes a premium tax, it will be deducted from the money you receive.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you exchange annuities, compare the benefits, features and costs of the two annuities. You may pay a surrender charge if you make the surrender during the surrender charge period. Also, you may pay a surrender charge if you make withdrawals from the new annuity during the first years you own it.

*Does buying an annuity in a retirement plan provide extra tax benefits?*

Buying an annuity within an IRA, 401(k) or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features as well as its risks and costs, not its tax benefits.

## **OTHER INFORMATION**

*What else do I need to know?*

### **Changes to your contract.**

We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we will notify you about the changes in writing.

### **Compensation**

We pay the agent or representative for selling the annuity to you. The actual percentage of compensation paid to the agent or representative will vary based on specific circumstances.

### **Free Look**

Many states have laws that give you a set number of days to review an annuity after you buy it. If you decide during that time that you do not want to keep the annuity, you can return it and get all of your money back. Read page 1 of your annuity contract to learn about the free look period.

### **Tax Advice**

Neither Sentinel Security Life Insurance Company nor its agents and representatives give legal, tax or accounting advice. Please consult an attorney or independent tax advisor as to the applicability of this information to your own situation.

# NOTES



# Sentinel Security Life Insurance Company

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Since 1948, families have counted on Sentinel Security Life Insurance Company during their time of need. The Company was originally established to provide families a way of funding funeral expenses and burial costs. Through our final expense life insurance product, we have been honored to provide peace of mind to families for well over half a century.

Today, Sentinel offers a strong senior market portfolio including Life, Medicare Supplement and Annuity products. We continue to develop new products while improving existing products and services to better protect our customers.

Sentinel has a long history of financial strength and stability that has afforded us the opportunity to invest wisely in the growth of our company. Our strength lies not only in the quality of our insurance products, but also the level of service we provide to our policyholders, agents, and shareholders. We invite you to learn more about our company by visiting [www.sslco.com](http://www.sslco.com) or by calling 800-247-1423.



SENTINEL SECURITY LIFE INSURANCE COMPANY  
PO BOX 64435 ST. PAUL, MN 55164-0435

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