

WESTERN UNITED LIFE ASSURANCE COMPANY

NEW BUSINESS ADMINISTRATION - DEFERRED ANNUITY APPLICATION INSTRUCTIONS

IN THIS PACKET:

- ◆ **Deferred Annuity Application** (*becomes part of the contract*)
The application is always required and becomes a part of the entire annuity Contract.
- ◆ **Premium Receipt**
This form is to be left with the client as receipt of any funds submitted with the application.
- ◆ **Beneficiary Designation** (*becomes part of the contract*)
Use this form if you have more beneficiaries than will fit on the application. If you do use it, you must check the "Attached? Yes" box on the Annuitant's Beneficiary Designation heading of the Application.
- ◆ **Supplement to Application for Annuity Contract** (*becomes part of the contract*)
Please Note: if the question regarding whether or not the applicant has other life insurance or annuity contracts is "Yes" on this form then the Notice to Applicants Regarding Replacement is required regardless if replacement is involved or not.
- ◆ **Deferred Annuity Disclosure**
This Disclosure is a brief summary of the Contract provisions, including any applicable endorsements. The Disclosure must then be signed by all parties, a copy left with the client and the original submitted with the application to the Home Office.
- ◆ **Annuity Suitability Analysis**
This form is designed to fit the requirements of the 2010 NAIC Suitability in Annuity Transactions Model Regulation by requesting specific information relating to your client's personal financial situation.
- ◆ **Annuity Disclosure Acknowledgement**
This form needs to be signed by all owners and submitted with every application.
- ◆ **Applicant/Owner Identification Verification**
This form is always required unless you know for sure that we already have one on file for this client. If there is more than one Owner, a separate form is required for each of them.
- ◆ **Substitute W9**
This taxpayer identification certification number form is required to be completed for all Owners of the annuity contract.
- ◆ **Annuity Buyer's Guide**
The Buyer's Guide is required to be left with clients at the time the application is completed.
- ◆ **Annuity Income Payment Request**
If the applicant chooses to receive income payments, or continue them from an internally transferred contract, appropriately complete and return this form with the application.
- ◆ **Non-Qualified Request for Fund Transfer/1035 Exchange**
This form is only required if requesting Non-Qualified funds for this application.
- ◆ **Qualified Request for Transfer/Rollover/Conversion**
This form is only required if requesting Qualified funds for this application.
- ◆ **Notice to Applicants Regarding Replacement of Annuity/Life Insurance**
The replacement form is required for residents in all states that Western United Life Assurance does business in, except North Dakota, if the transaction is changing or replacing another annuity contract or life insurance policy.

IMPORTANT REMINDERS:

- **WE DO NOT ACCEPT ELECTRONICALLY SUBMITTED APPLICATION PAPERWORK.**
- **ALL FORMS MUST BE FULLY COMPLETED, INCLUDING ALL REQUIRED SIGNATURES.**
- **ANY CHANGES AND/OR CORRECTIONS MUST BE INITIALED BY THE APPLICANTS.**
- **INCOMPLETE PAPERWORK AND/OR MISSING REQUIREMENTS MAY DELAY PROCESSING AND/OR COMMISSIONS.**

SUBMIT COMPLETED FORMS TO:

929 W Sprague Ave • PO Box 2290 • Spokane WA 99210-2217
509.835.2500 • 800.247.2045 • Fax 509.835.3192 • AnnuityServices@wula.com

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PRODUCT NAME AND FORM NUMBER *Single Premium Deferred Annuity **Flexible Premium Deferred Annuity

- | | | |
|---|---|--|
| <input type="checkbox"/> SGA III* - WULA SGA3IN (02.07) | <input type="checkbox"/> Vision Max III* - WULA BMX3IN (06.05) | <input type="checkbox"/> Quester II* - WULA DMXQR2 (08.05) |
| <input type="checkbox"/> SGA V* - WULA SGA5IN (02.07) | <input type="checkbox"/> Vision Max V* - WULA BMX5IN (06.05) | <input type="checkbox"/> Pioneer II* - WULA DMXPR2 (08.05) |
| <input type="checkbox"/> Future Max V-V* - WULA TD5VIN (06.05) | <input type="checkbox"/> Vision Max VII* - WULA BMX7IN (06.05) | <input type="checkbox"/> Explorer II* - WULA DMXER2 (08.05) |
| <input type="checkbox"/> Harbor Flex** - WULA FLEXIN (06.05) | <input type="checkbox"/> Legacy Max* - WULA G2B3IN (06.05) | <input type="checkbox"/> Voyager II* - WULA DMXVR2 (08.05) |
| <input type="checkbox"/> Other _____ | | |

LINE OF BUSINESS

- Non-Qualified TSA IRA Simple IRA SEP IRA Roth IRA Other Qualified _____

Tax year for any type IRA contribution _____ Annuity Date _____

ANNUITANT

Annuitant Full Name		Soc Sec/Tax ID No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City		State	Zip
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Birth	Actual Age	Area Code + Phone No	

ANNUITANT'S BENEFICIARY DESIGNATION (Required information as set forth in the USA PATRIOT Act.)

NOTE: For more Beneficiaries, disregard this section and attach a Beneficiary Designation form. Attached? No Yes

Primary Beneficiary Full Name	Soc Sec/Tax ID No	Birth/Trust Date	Relationship	Percent
Address		City	State	Zip
Contingent Beneficiary Full Name	Soc Sec/Tax ID No	Birth/Trust Date	Relationship	Percent
Address		City	State	Zip

Shall the Beneficiary have the right to receive the commuted value of installments? (Life Option SPIA only) No Yes

OWNERSHIP (Note: the Annuitant is considered the Primary Owner unless otherwise designated here)

<input type="checkbox"/> Primary Owner (if not the Annuitant) <input type="checkbox"/> Joint Owner	Soc Sec/Tax ID No	Birth/Trust Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State	Zip
<input type="checkbox"/> Contingent Owner (if applicable)	Soc Sec/Tax ID No	Birth/Trust Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PREMIUMS (The change or replacement question is required both here and in the Producer's Report on back.)

Attached with Application	Exchange/Transfer/Rollover	Planned Modal Premiums	Payment Mode (if applicable) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual
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Is this Annuity Contract intended to change or replace any other Annuity or Life Insurance now in place? No Yes

SPECIAL REQUESTS

REQUIRED SIGNATURES

IT IS UNDERSTOOD AND AGREED THAT: 1) The statements and answers made above shall form the exclusive basis of any annuity contract issued hereon. 2) Only an officer of the Company can make, modify, discharge contracts, or waive any of the Company's rights by any statement or promise. 3) If for any reason you are not satisfied with the annuity contract you may return it within thirty days after the contract is delivered and receive a refund of all monies paid. 4) At any time, the Company will respond to your written request for further information on any benefits or provisions of the issued policy.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance material to the risk may be found guilty of a crime and may be subject to civil fines and criminal penalties.

Signed at (city, state) _____ This _____ Day of _____ Year _____

Producer(s) Signatures

Owner(s) Signatures, including Title if applicable (all are required)

PROOF OF BIRTHDATE

Proof of the date of birth of the proposed annuitant must be submitted before any annuity payments, involving a life contingency will be made and should normally accompany the application. The original document, not a photocopy, should be submitted. For example, if a birth record is used, the certificate actually signed by the custodian of the record should be submitted. (Of course, the certificate may be attached to a photocopy of the office record.) The Company will copy the document and return the original. Generally records made early in life are the best evidence of age. Thus an infant baptism certificate is better evidence than a marriage record.

Preferred proofs. One of these must be submitted if available:

- ** Birth certificate or hospital birth record
- ** Infant baptism certificate
- ** School age record

Other proofs. If none of the preferred proofs can be obtained, the Company will consider other types of record showing age or birth date such as:

- ** Military record
- ** Delayed birth certificate
- ** Life insurance policy
- ** Church record
- ** Family Bible entry
- ** Naturalization certificate
- ** Marriage record
- ** Census record made near time of birth

PRODUCER'S REPORT

DID YOU REMEMBER EVERYTHING?

AS APPLICABLE

- SUPPLEMENT TO APPLICATION
- ORIGINAL POLICY IF BEING REPLACED
- BENEFICIARY DESIGNATION FORM
- COPY OF TRUST IF OWNER
- ANNUITY PRODUCT DISCLOSURE FORM
- DATE OF TRUST IF BENEFICIARY
- QUALIFIED AND/OR NON-QUALIFIED REQUEST FORM(S)
- COPY OF POWER OF ATTORNEY (POA)
- REPLACEMENT FORM(S)
- ALL REQUIRED SIGNATURE(S)

TO THE BEST OF YOUR KNOWLEDGE, WILL THIS TRANSACTION CHANGE OR REPLACE ANY EXISTING ANNUITY CONTRACT OR LIFE INSURANCE POLICY IN ANY WAY? NO YES

(IF YES, SUBMIT ALL INFORMATION, REQUIRED BY STATE REGULATION AND COMPANY RULES, WITH THIS APPLICATION.)

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE SEEN AN ACCEPTABLE* FORM OF PICTURE IDENTIFICATION AS PROOF AND VERIFICATION OF THE APPLICANT'S IDENTITY AS SET FORTH IN THE USA PATRIOT ACT. (*ACCEPTABLE BEING A VALID DRIVER'S LICENSE, STATE ISSUED PHOTO ID, OR A VALID PASSPORT.)

PRODUCER NAME (PLEASE PRINT)	PRODUCER SIGNATURE	PRODUCER ID	PROFILE #	SHARE %
PRODUCER NAME (PLEASE PRINT)	PRODUCER SIGNATURE	PRODUCER ID	PROFILE #	SHARE %
PRODUCER NAME (PLEASE PRINT)	PRODUCER SIGNATURE	PRODUCER ID	PROFILE #	SHARE %

ORIGINAL SIGNATURES ARE REQUIRED, WE DO NOT ACCEPT ELECTRONICALLY SUBMITTED APPLICATIONS

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APPLICATION PREMIUM RECEIPT

MAKE CHECKS PAYABLE TO: WESTERN UNITED LIFE ASSURANCE COMPANY

RECEIVED from _____ of _____

Cash in the amount of _____, same being the total first purchase payment on the application to Western United Life Assurance Company (the Company) for an annuity contract applied for by

The above is received and this receipt issued subject to all of the terms and conditions of said application and if said application is not approved by the Company, the above deposit will be returned upon surrender of this receipt.

This receipt will not be valid unless countersigned by a duly authorized producer of the Company and without any change or erasure in this printed form.

Signed at (City, State) This Day of Year

Producer Signature Producer Signature *(if applicable)*



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COPIES TO CLIENT & PRODUCER

This form is **ONLY** to be used, as the Beneficiary Designation on a New Application.
If used, note on the Application that this form is being used and send it in with the Application.

*****BENEFICIARY NAME, ADDRESS, RELATIONSHIP AND BIRTH/TRUST DATE ARE REQUIRED*****

ANNUITANT INFORMATION				
Annuitant Name	Applicant/Owner Name		Application Date	
PRIMARY BENEFICIARY INFORMATION (IF A TRUST, THE DATE OF THE TRUST IS REQUIRED) DO NOT NAME TRUSTEES				
# 1 - Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent %
Address		City, State, Zip Code		
# 2 - Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent %
Address		City, State, Zip Code		
# 3 - Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent %
Address		City, State, Zip Code		
# 4 - Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent %
Address		City, State, Zip Code		
CONTINGENT BENEFICIARY INFORMATION (IF A TRUST, THE DATE OF THE TRUST IS REQUIRED) DO NOT NAME TRUSTEES				
# 1 - Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent %
Address		City, State, Zip Code		
# 2 - Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent %
Address		City, State, Zip Code		
# 3 - Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent %
Address		City, State, Zip Code		
# 4 - Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent %
Address		City, State, Zip Code		
REQUIRED SIGNATURES				
Applicant/Owner Signature			Date	
Joint Applicant/Owner Signature (if applicable)			Date	
Signature of Spouse (if community property state)			Date	

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

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SECTION A (FOR COMPLETION BY APPLICANT(S) AND INSURANCE PRODUCER(S))

Applicant/Owner Name	Date
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Does the Applicant or proposed insured have any other life insurance policies or annuity contracts? Yes No

Applicant/Owner Signature	Producer Signature
Joint Applicant/Owner Signature (if applicable)	Producer Signature (if applicable)
Date	Date

If the answer is "No", the remainder of this form does not apply to you or your Insurance Producer, but your Insurance Producer is required to submit this for with your annuity application.

If the answer is "Yes", a Replacement Notice **must be completed** whether or not the existing policy(s) is being replaced.

In addition, if a replacement is involved in this transaction, the remainder of this form must be completed and signed by the Insurance Producer.

SECTION B (FOR COMPLETION BY INSURANCE PRODUCER(S) IF A REPLACEMENT IS INVOLVED WITH THIS TRANSACTION)

Sales Material:

- 1) I certify that I used insurer-approved sales materials with this application and that an original or copy of all sales materials was left with the applicant.
- 2) I certify that a printed copy of electronically presented sales material shall be provided to the Applicant no later than at the time of policy or contract delivery
- 3) I certify that this sale is not in conflict with the Company's policy and guidelines with respect to the acceptability of replacement.

REQUIRED SIGNATURE(S)

The above certifications are, to the best of my knowledge, accurate.

Producer Signature	Date
Producer Signature (if applicable)	Date

SIGNATURES RECEIVED BY FACSIMILE OR EMAIL SHALL BE AS EFFECTIVE AS ORIGINAL SIGNATURES ON THIS FORM

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This Disclosure provided by Western United Life Assurance Company (the "Company") is a brief summary of the contract provisions, including any applicable endorsements. For complete details, please refer to your contract. This disclosure is not part of the Contract, but is required to be submitted with each application.

A summary of guaranteed and non-guaranteed values, including settlement options, based on the single premium you have paid, will be provided to you with your contract. Please review your contract and the summary of values carefully. Within thirty (30) days after receipt of your contract if you are not satisfied with it for any reason, you may return it with a written request to the Company or to the insurance producer who sold it to you, for a full refund of the premium paid. Upon receipt of your request, the contract will be void from the start, and a full premium refund will be made.

DESCRIPTION

The Discover Max Series II annuities are single premium deferred annuity contracts. There are no set-up charges or administrative expense charges. 100% of the premium paid accumulates interest from the Contract Date, which is the date of issue.

CONTRACT SPECIFICATIONS

Quester II - WULA DMXQR2 (08.05)

I/we understand that until the Contract is issued, this rate is subject to change without notice.

Initial Crediting Rate _____ %	Guarantee Period _____ Year
Bailout Rate _____ % Contract Years 2 - 6	

Surrender charges will be waived for 60 days from each anniversary, during the surrender charge period, if the declared renewal rate is below the Bailout Rate.

The Guaranteed Minimum Interest Rate, after the Guarantee Period will never be less than 1%.

INTEREST

Interest is credited to the Annuity Value on a daily basis by the Company to arrive at the effective annual yield. Accrued and unpaid interest is compounded annually. All interest rates quoted in the contract are on an effective annual yield basis.

Partial or systematic partial surrenders during the Contract Year will reduce the value of the contract and the interest earned due to an interruption of interest compounding.

The Guaranteed Minimum Interest Rate is the minimum interest rate credited. It is an annual rate equal to the lesser of 3% or the five-year constant maturity treasury rate reduced by 125 basis points, rounded to the nearest five hundredth of 1%. In no case will it be less than 1% per annum. After the Initial Interest Rate Guarantee Period the rate will be re-determined annually on the Contract Anniversary using the five-year constant maturity

treasury rate as of the Company's last business day of the month prior to the Contract Anniversary Date.

SURRENDER CHARGE PERCENTAGES

The Surrender Charge Percentages within the Contract Year of the Partial or Full Surrender are as follows:

Year	1	2	3	4	5	6	7
Quester II	5	5	5	5	5	4	0

A Partial or Full Surrender of the Annuity Value may be made at any time prior to the Settlement Date. Full Surrenders made during the Surrender Charge Period are subject to a Surrender Charge.

Partial Surrenders made during the Surrender Charge Period may be subject to a Surrender Charge. Partial Surrender requests must be for a minimum of \$100. The Annuity Value after a Partial Surrender must be at least \$500. Each calendar year a Partial Surrender may be made without penalty provided the amount surrendered does not exceed the Maximum Free Partial Surrender Amount of 15%.

During the Surrender Charge Period surrenders in excess of the Maximum Free Partial Surrender Amount are subject to the Surrender Charge based upon the Surrender Charge Percentage for the Contract Year in which the surrender is made.

SETTLEMENT OPTIONS

During the lifetime of the Annuitant, at contract maturity or when elected by the Owner, the value of the contract may be applied towards a Settlement Option. Options include Single Life Annuity, Life Annuity with Payments Certain, Life Annuity with Installment Refund, Life Annuity for Joint and Last Survivor, Life Expectancy, Payments for a Designated Period, Interest Income or Single Sum.

DEATH BENEFITS

In the event of the Annuitant's death, surrender charges will be waived. The Annuity Value is payable as a single sum or under an available settlement option.

In the event of the Owner's death, if different than the Annuitant, during the Surrender Charge Period the Surrender Value shall be paid out.

BOTH PAGES REQUIRED

TAX STATUS

Neither Western United Life Assurance Company, nor any of its insurance producers, provide legal or tax advice. This Disclosure gives only a summary of the Company’s understanding of some of the current laws and regulations, and is not exhaustive. Your personal tax advisor should be consulted on any specific points that may be of importance to you.

- **Tax-Deferred Accumulation:** Generally, all interest income earned on an individually owned annuity contract accumulates on a tax-deferred basis. No federal or state income taxes are payable until the interest is withdrawn.
- **Distributions:** There may be a Federal income tax penalty of 10% imposed by the IRS on the amount of any distribution, which is includable as income unless the participant is age 59½ or disabled.

- **Annuity Payout:** If an annuity payout option is elected, a portion of each annuity payment is considered a tax-free return of principal until the total principal has been distributed.

There is no tax advantage if this annuity contract is being issued as part of a qualified retirement plan. Please consult with your accountant or tax advisor regarding any special limitations or restrictions.

AVAILABILITY

At any time, you may request a partial or full surrender of the surrender value of your contract by contacting your insurance producer or the Company’s Home Office shown above to request a Distribution Request form to be sent to you.

REQUIRED SIGNATURES *(ALL SIGNATURES, INCLUDING TITLES IF APPLICABLE, ARE REQUIRED.)*

I/we hereby acknowledge that I have read, signed, and received a copy of this DISCLOSURE, and an “ANNUITY BUYERS GUIDE” as requested, or as required for Montana, Oregon and Utah residents.

Applicant/Owner Signature	Date
Joint Applicant/Owner Signature <i>(if applicable)</i>	Date

I/we hereby certify that a record of this information will be kept for the number of years required by the statutes of the state in which the Contract is delivered or issued for delivery, and will be made available to the Company or appropriate regulators upon request.

Producer Signature	Date
Producer Signature <i>(if applicable)</i>	Date

The contract referred to in this Disclosure is an annuity offered by an insurance company and is not insured by FDIC. It is not the product of, nor is it guaranteed by, any bank.

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

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Thank you for looking to our Company for your annuity needs. It's important to us that you are reasonably satisfied that the annuity product you are choosing meets your financial needs and goals. By completing this form with your producer and submitting it with the rest of the application paperwork, we hope that you will have a clear picture of the annuity product you have chosen and that it will fit your financial objectives.

A. APPLICATION INFORMATION (MUST MATCH THE ATTACHED ANNUITY APPLICATION)		
Product Name	Total Premium Amount	
B. OWNER INFORMATION		
Owner's Full Name	Joint Owner's Full Name (if applicable)	
Currently employed? ... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired <input type="checkbox"/> N/A	Currently employed? ... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired <input type="checkbox"/> N/A	
<ul style="list-style-type: none"> "Household" means the Owner and spouse/partner, if a member of the Owner's household. If Joint Owners are not part of the same household, a separate Suitability Analysis form is needed for each. For non-individually owned contracts, complete this form using the entity's information. (If either Owner is a Trust, we will also need a copy of the Trust.) 		
C. NEW AND EXISTING ACCOUNT INFORMATION		
1. If the new annuity product selected is a single premium immediate annuity with a life contingency and a guaranteed period certain, do the break-even years exceed the guaranteed period certain?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, the following statement must be acknowledged: <ul style="list-style-type: none"> I understand that if the Annuitant dies before the break-even years, the total single premium paid will not be fully recovered. (NOTE: A contract summary can be requested.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No 		
2. What is the source of this annuity's purchase premium? (check all that apply) <input type="checkbox"/> Another Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Death benefit proceeds from annuity life insurance <input type="checkbox"/> Checking/Savings <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Stocks/Bonds/Mutual Funds <input type="checkbox"/> Reverse Mortgage/Home Equity Loan <input type="checkbox"/> Other: _____		
3. Does the source of this annuity's purchase premium change or replace a current annuity contract or life insurance policy ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the Replacement Information is required to be completed:		
REPLACEMENT INFORMATION (COMPLETE AS OF THE TIME OF REPLACEMENT) (CONTINUED ON NEXT PAGE)		
Company Name		
Product Type (Annuity/Life)	<input type="checkbox"/> Fixed <input type="checkbox"/> Life <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Life <input type="checkbox"/> Variable
How long in force?	Years	Years
Rate of Return/Interest Rate		
Surrender Type	<input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> Partial <input type="checkbox"/> Full
Surrender Value Amt (+/- MVA *if applicable)	\$	\$
Charges or other fees	\$	\$
Amount of Death Benefit	\$	\$
Will this cause a taxable event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Market Value Adjustments can fluctuate during the time it takes to process an application and may impact the Surrender Value Amount.

REPLACEMENT INFORMATION (CONTINUED)

- 4. I understand that if this annuity is changing or replacing a **VARIABLE** annuity contract or life insurance policy, the Death Benefit Amount shown above will be lost..... Yes No N/A
- 5. Excluding this replacement transaction, have you replaced any other annuity contracts within the last 0 – 60 months?..... Yes No
 - A. **If Yes, explain (excluding this replacement) including reason for replacement, whether it was a full or partial surrender, and the amount of any surrender charges (Add additional pages if necessary):** _____
 - B. Is the producer assisting you with this transaction the same one who replaced other annuity contracts? Yes No
- 6. Does the annuity contract or life insurance policy being replaced have an interest rate that is the same or higher than this new annuity contract? Yes No
If Yes, explain (Add additional pages if necessary): _____
- 7. I have reviewed all elements of the replacement or exchange with my insurance producer, including surrender charges, and the potential loss of other benefits, and believe this transaction is suitable for my financial needs and goals and more advantageous than my existing product(s) Yes No

IMPORTANT NOTICE TO OWNER(S):

Financial information is necessary for your producer to help you make the most informed suitability decisions. Please complete the following financial sections as completely as possible.
Your privacy is extremely important to us. The information you provide is confidential. It will not be shared and will only be used to confirm the suitability of your annuity purchase.

D. FINANCIAL EXPERIENCE (PAST AND/OR PRESENT)

- 1. How many years of investment experience do you have?
 0 – 3 years 4 – 6 years 7 – 10 years More than 10 years
- 2. What is your general risk tolerance; ie, willingness to accept volatility with the funds?
 Conservative Moderate Aggressive
- 3. What financial products do you own or have you previously owned? (*check all that apply*)
 Fixed Annuities Life Insurance Stocks/Bonds/Mutual Funds
 Variable Annuities Certificate of Deposit (CD) Other: _____
- 4. Why are you considering purchasing this annuity? (*check all that apply*)
 Immediate Income Lifetime Income Safety Death Benefits
 Tax-deferred Growth Growth Potential Other: _____
- 5. Do you have a reverse mortgage on your primary residence? Yes No

E. FINANCIAL OBJECTIVES

- 1. I have been provided with and read a product disclosure statement that discloses the surrender charge period and the surrender charge percentages for this annuity contract. Yes No
- 2. Do you anticipate needing income from this annuity greater than the amounts that can be accessed without surrender charges during the surrender charge period? Yes No
- 3. Do you anticipate taking distributions from this annuity? Yes No
If Yes, check all that apply:
 Annuitization Interest Only Partial Surrender (incl. "Free" amount available)
 Single Sum Tax Deferral Only Required Minimum Distribution (RMD) (*Qualified Only*)
 Other: _____

ALL PAGES REQUIRED

If you decide to only answer some, but not all of the following “F. Financial Information” section of this form, please be aware that your producer may not have enough information to recommend a suitable annuity product for you. Furthermore, the Company may choose to **not** issue the annuity contract for which you are applying due to lack of suitability information.

F. FINANCIAL INFORMATION

INCOME AND EXPENSES

1. What is your combined State and Federal household income tax bracket?
 Under 15% 15% - 28% Over 28%
2. Gross monthly household income *Approximately* \$ _____
 - **Exclude** – income currently earned on the money that will be used to purchase this annuity
 - **Include** – but not limited to salary, Social Security payments, pension/retirement benefits, investment and/or rental income.
3. Monthly household living expenses *Approximately* \$ _____
 - **Include** – but not limited to housing, transportation, insurance, food, healthcare, and taxes (include property, income, and FICA taxes)
4. Disposable monthly income **(#2 minus #3)** \$ _____
5. After the purchase of this annuity, will you have enough income to meet or exceed your monthly expenses? Yes No
If No, explain: _____

6. Do you anticipate any significant increase in living expenses or decrease in your household’s monthly income during the surrender charge period? Yes No
If Yes, explain: _____

NET WORTH AND LIQUID ASSETS

(Do not include primary residence, personal belongings, or personal property such as jewelry, furnishings, vehicles, etc.)

7. Total value of household assets *Approximately* \$ _____
 - **Include** – but not limited to checking/savings and/or money accounts, bank CDs, securities, annuities, retirement account balances, real estate (exclude primary residence), value of business ownership, etc.
8. Household debt *Approximately* \$ _____
 - Total debt does not include mortgage(s) or debt owned on the primary residence
9. Household net worth **(#7 minus #8)** \$ _____
10. Total value of household ***Liquid Assets** *Approximately* \$ _____
***Liquid Assets** are those that can be easily converted to cash without penalty.
 - **Exclude** – liquid assets used to fund this annuity
 - **Include** – checking/savings accounts, securities (including mutual funds without deferred sales charges and money market accounts), current-year free withdrawals from annuities (other than this one being purchased), etc.
11. Do you anticipate any significant changes in household liquid assets or net worth during the surrender charge period? Yes No
If Yes, please explain the anticipated changes. If possible, include when you anticipate the changes to occur and the approximate amount of the changes in income, living expenses or liquid assets: _____

ALL PAGES REQUIRED



G. OWNER(S) ACKNOWLEDGMENTS AND DECLARATIONS (I, WE, MY, OUR)

By signing below, I hereby acknowledge that I have reviewed the applicable Product Disclosure with my producer, I understand the costs and features of the annuity product I am purchasing, and I have signed, and received a copy of it. I further acknowledge that neither the Company, nor its insurance producers, provide legal or tax advice. I have been advised to consult my personal tax advisor or attorney with any specific questions or concerns.

(Check only one option)

- I have reviewed and completed this entire Suitability Analysis form to the best of my knowledge, with my producer, and we have determined that the purchase of this annuity product is suitable to meet my financial needs and objectives.
- I have chosen not to answer some, or all, of the **“Financial...”** sections of this form; however, I feel this annuity product is suitable to meet my financial needs. I understand that by not disclosing this information my producer may not be able to determine proper suitability and the Company may decline my application for annuity. **I further understand that I will receive a letter of verification from the Company to make sure I have chosen to continue with this application for annuity purchase without my producer’s recommendation.**

IF MORE THAN ONE APPLICANT/OWNER, ALL SIGNATURES ARE REQUIRED

Applicant/Owner Signature	Applicant/Owner Printed Name	Date
Joint Applicant/Owner Signature (if applicable)	Joint Applicant/Owner Printed Name	Date

Owner is signing as:

- Self
- Trustee (Attach a copy of the Trust)
- Attorney in Fact (Attach a copy of Power of Attorney form)
- Other: _____

H. INSURANCE PRODUCER(S) ACKNOWLEDGMENTS AND DECLARATIONS (I, WE, MY, OUR)

I acknowledge that I have made a reasonable effort to obtain the information from the Owner(s) to complete this Suitability Analysis form.

I agree to maintain and make available upon request to the Company or other regulatory authority, my records of the information collected and/or other documentation used as the basis for this annuity product recommendation or non-recommendation for as long as required by either the Company or longer if required by applicable law.

(Check only one option)

- It is my belief that based on the information given to me by the Owner(s), and all the circumstances known to me at the time the recommendation was made, that the purchase/exchange and/or replacement of an existing annuity contract or life insurance policy is suitable for the Owner(s) financial needs and objectives.
- The Owner(s) has chosen not to answer some or all of the **“Financial...”** sections of this form, but to go ahead with the purchase of this annuity product anyway. Without the financial information, I am unable to recommend that this annuity purchase/exchange and/or replacement is suitable for their financial needs and objectives. **I further understand that the Company will send a letter of verification to the Owner(s) to make sure they have chosen to continue with this application for annuity purchase without my recommendation.**

IF MORE THAN ONE PRODUCER, ALL SIGNATURES ARE REQUIRED

Producer Signature	Producer Printed Name	Date
Producer Signature (if applicable)	Producer Printed Name	Date

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

SUBMIT COMPLETED FORMS TO:

929 W Sprague Ave • PO Box 2290 • Spokane WA 99210-2217
509.835.2500 • 800.247.2045 • Fax 509.835.3192 • AnnuityServices@wula.com





PLEASE TYPE, OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

I/we acknowledge that I/we am/are purchasing a Western United Life Assurance Company **Annuity Product** and have reviewed, completed and received an Annuity Information and Disclosure form regarding the **Annuity Product** I/we have purchased along with a copy of this signed form.

I/we also acknowledge and understand that this Annuity Product:

- is not a Certificate of Deposit (CD);
- is not insured by an agency or instrumentality of the United States such as the Federal Deposit Insurance Corporation (FDIC);
- is not an obligation of, or guaranteed by, a Bank;
- is not insured by the Securities Investors Protection Corporation (SIPC) as to loss of principal.

Required Signatures:

Applicant/Owner Signature Date

Joint Applicant/Owner Signature (if applicable) Date

Producer Signature Date

Producer Signature (if applicable) Date

SIGNATURES RECEIVED BY FACSIMILE OR EMAIL SHALL BE AS EFFECTIVE AS ORIGINAL SIGNATURES ON THIS FORM

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REQUIRED TO BE COMPLETED BY THE PRODUCER ONLY

Under the regulations set forth in the USA Patriot Act, the Company is required to verify the identity of each contract owner. In the case of joint owners, a separate form must be completed for each owner.

INDIVIDUAL OWNER INFORMATION - (I.E. NATURAL PERSON)		
Applicant/Owner Name	Social Security Number	Date of Birth
Street Address (NOT a PO Box)	City, State, Zip Code	
The producer must verify the identity of the owner by reviewing one of the following original documents:		
1. Valid Driver's License or State Issued Photo ID Number	State	Expiration Date
2. Passport Number	Country of Issuance	
CORPORATE OWNER INFORMATION - FOR CORPORATIONS, BUSINESSES, PARTNERSHIPS AND TRUSTS		
Corporation/Business/Partnership/Trust Name	SSN/Tax ID Number	Trust Date
Street Address (NOT a PO Box)	City, State, Zip Code	
The producer must verify the identity of the owner by reviewing the original certified articles of incorporation, a government-issued business license, a partnership agreement or the trust agreement:		
Document Reviewed	Date on Document	
REQUIRED SIGNATURE		
My signature below affirms the fact that: (a) all information provided on this form is true and correct to the best of my knowledge and belief; (b) I have reviewed the identifying document(s) described above, that the document(s) appear to be genuine and original, and that the Contract Owner described above appears to be the person or entity described in the identifying document(s), (c) I certify that the contract owner has read the "Important Information About Opening a New Account" information below (d) the Company will provide a copy of this form with the annuity contract).		
Producer Signature	Date	
Producer Signature <i>(if applicable)</i>	Date	
IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT		
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.		
What this means to you: When you and your producer complete the annuity application your producer will ask for your name, address, date of birth, and other information that will allow us to identify you. Your producer will ask to see your driver's license or other identifying documents.		

SIGNATURES RECEIVED BY FACSIMILE OR EMAIL SHALL BE AS EFFECTIVE AS ORIGINAL SIGNATURES ON THIS FORM

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ANNUITY CONTRACT INFORMATION

Owner Name(s) (First, Middle, Last)		<input type="checkbox"/> New Business
		<input type="checkbox"/> Existing Business
Address	City, State Zip Code	
Annuity Number(s)		

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Please consider this my substitute W-9. If you fail to furnish your correct TIN (taxpayer identification number), you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, 28% of your taxable distribution will be withheld and sent to the IRS.

• Owner's SSN/TIN: _____ • Joint Owner's SSN/TIN: _____

Certification - Under penalties of perjury, I certify by signing below that:

- 1) The number shown above is my correct taxpayer identification number;
- 2) I am not subject to backup withholding because:
 - a) I am exempt from backup withholding, or
 - b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or
 - c) The IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions - You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because you've failed to report all interest and dividends on your tax return.

REQUIRED SIGNATURES *I CERTIFY, UNDER PENALTIES OF PERJURY, THAT ALL INFORMATION REPORTED HEREIN IS CORRECT.*

Owner's Signature	Date
Joint Owner's Signature <i>(if applicable)</i>	Date

SIGNATURES RECEIVED BY FACSIMILE OR EMAIL SHALL BE AS EFFECTIVE AS ORIGINAL SIGNATURES ON THIS FORM

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Buyer's Guide for Deferred Annuities

Fixed



Prepared by the

NAIC

National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

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NAIC Buyer's Guide for Fixed Deferred Annuities

It's important that you understand how annuities can be different from each other so you can choose the type of annuity that's best for you. The purpose of this Buyer's Guide is to help you do that. This Buyer's Guide isn't meant to offer legal, financial, or tax advice. You may want to consult independent advisors that specialize in these areas.

This Buyer's Guide is about fixed deferred annuities in general and some of their most common features. It's not about any particular annuity product. The annuity you select may have unique features this Guide doesn't describe. It's important for you to carefully read the material you're given or ask your annuity salesperson, especially if you're interested in a particular annuity or specific annuity features.

This Buyer's Guide includes questions you should ask the insurance company or the annuity salesperson (the agent, producer, broker, or advisor). Be sure you're satisfied with the answers before you buy an annuity.

Revised 2013

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What Is an Annuity?

An annuity is a contract with an insurance company. All annuities have one feature in common, and it makes annuities different from other financial products. *With an annuity, the insurance company promises to pay you income on a regular basis for a period of time you choose—including the rest of your life.*

When Annuities Start to Make Income Payments

Some annuities begin paying income to you soon after you buy it (an **immediate** annuity). Others begin at some later date you choose (a **deferred** annuity).

How Deferred Annuities Are Alike

There are ways that *most* deferred annuities are alike.

- They have an **accumulation** period and a **payout** period. During the accumulation period, the value of your annuity changes based on the type of annuity. During the payout period, the annuity makes income payments to you.
- They offer a basic death benefit. If you die during the accumulation period, a deferred annuity with a basic death benefit pays some or all of the annuity's value to your survivors (called beneficiaries) either in one payment or multiple payments over time. The amount is usually the greater of the annuity account value or the minimum guaranteed surrender value. If you die after you begin to receive income payments (**annuitize**), your chosen survivors may not receive anything *unless*: 1) your annuity guarantees to pay out at least as much as you paid into the annuity, or 2) you chose a payout option that continues to make payments after your death. For an extra cost, you may be able to choose enhanced death benefits that increase the value of the basic death benefit.

Sources of Information

Contract: *The legal document between you and the insurance company that binds both of you to the terms of the agreement.*

Disclosure: *A document that describes the key features of your annuity, including what is guaranteed and what isn't, and your annuity's fees and charges. If you buy a variable annuity, you'll receive a prospectus that includes detailed information about investment objectives, risks, charges, and expenses.*

Illustration: *A personalized document that shows how your annuity features might work. Ask what is guaranteed and what isn't and what assumptions were made to create the illustration.*

- You usually have to pay a charge (called a **surrender** or **withdrawal charge**) if you take some or all of your money out too early (usually before a set time period ends). Some annuities may not charge if you withdraw small amounts (for example, 10% or less of the account value) each year.
- Any money your annuity earns is **tax deferred**. That means you won't pay income tax on earnings until you take them out of the annuity.
- You can add features (called **riders**) to many annuities, usually at an extra cost.
- An annuity salesperson must be licensed by your state insurance department. A person selling a variable annuity also must be registered with FINRA¹ as a representative of a broker/dealer that's a FINRA member. In some states, the state securities department also must license a person selling a variable annuity.

1. FINRA (Financial Industry Regulatory Authority) regulates the companies and salespeople who sell variable annuities.

- Insurance companies sell annuities. You want to buy from an insurance company that's financially sound. There are various ways you can research an insurance company's financial strength. You can visit the insurance company's website or ask your annuity salesperson for more information. You also can review an insurance company's rating from an independent rating agency. Four main firms currently rate insurance companies. They are A.M. Best Company, Standard and Poor's Corporation, Moody's Investors Service, and Fitch Ratings. Your insurance department may have more information about insurance companies. An easy way to find contact information for your insurance department is to visit *www.naic.org* and click on "**States and Jurisdictions Map.**"
- Insurance companies usually pay the annuity salesperson after the sale, but the payment doesn't reduce the amount you pay into the annuity. You can ask your salesperson how they earn money from the sale.

How Deferred Annuities Are Different

There are differences among deferred annuities. Some of the differences are:

- Whether you pay for the annuity with one or more than one payment (called a **premium**).
- The types and amounts of the **fees, charges, and adjustments**. While almost all annuities have *some* fees and charges that could reduce your account value, the types and amounts can be different among annuities. *Read the Fees, Charges, and Adjustments section in this Buyer's Guide for more information.*
- Whether the annuity is a **fixed** annuity or a **variable** annuity. How the value of an annuity changes is different depending on whether the annuity is fixed or variable.

Fixed annuities guarantee your money will earn at least a minimum interest rate. Fixed annuities may earn interest at a rate higher than the minimum but only the minimum rate is guaranteed. The insurance company sets the rates.

Fixed indexed annuities are a type of fixed annuity that earns interest based on changes in a market index, which measures how the market or part of the market performs. The interest rate is guaranteed to never be less than zero, even if the market goes down.

Variable annuities earn investment returns based on the performance of the investment portfolios, known as "subaccounts," where you choose to put your money. The return earned in a variable annuity isn't guaranteed. The value of the subaccounts you choose could go up or down. If they go up, you could make money. But, if the value of these subaccounts goes down, you could lose money. Also, income payments to you could be less than you expected.

- Some annuities offer a **premium bonus**, which usually is a lump sum amount the insurance company adds to your annuity when you buy it or when you add money. It's usually a set percentage of the amount you put into the annuity. Other annuities offer an **interest bonus**, which is an amount the insurance company adds to your annuity when you earn interest. It's usually a set percentage of the interest earned. You may not be able to withdraw some or all of your premium bonus for a set period of time. *Also, you could lose the bonus if you take some or all of the money out of your annuity within a set period of time.*

How Does the Value of a Deferred Annuity Change?

Fixed Annuities

Money in a fixed deferred annuity earns interest at a rate the insurer sets. The rate is **fixed** (won't change) for some period, usually a year. After that rate period ends, the insurance company will set another fixed interest rate for the next rate period. *That rate could be higher or lower than the earlier rate.*

Fixed deferred annuities *do* have a guaranteed minimum interest rate—the lowest rate the annuity can earn. It's stated in your contract and disclosure and can't change as long as you own the annuity. Ask about:

- The *initial interest* rate – What is the rate? How long until it will change?
- The *renewal interest* rate – When will it be announced? How will the insurance company tell you what the new rate will be?

Fixed Indexed Annuities

Money in a fixed indexed annuity earns interest based on changes in an index. Some indexes are measures of how the overall financial markets perform (such as the S&P 500 Index or Dow Jones Industrial Average) during a set period of time (called the **index term**). Others measure how a specific financial market performs (such as the Nasdaq) during the term. The insurance company uses a formula to determine how a change in the index affects the amount of interest to add to your annuity at the *end of each index term*. Once interest is added to your annuity for an index term, those earnings usually are locked in and changes in the index in the next index term don't affect them. If you take money from an indexed annuity before an index term ends, *the annuity may not add all of the index-linked interest for that term to your account.*

Insurance companies use different formulas to calculate the interest to add to your annuity. They look at changes in the index over a period of time. See the box "*Fixed Deferred Indexed Formulas*" that describes how changes in an index are used to calculate interest.

The formulas insurance companies use often mean that interest added to your annuity is based on only *part* of a change in an index over a set period of time. **Participation rates, cap rates, and spread rates** (sometimes called margin or asset fees) all are terms that describe ways the amount of interest added to your annuity may not reflect the full change in the index. But *if the index goes down over that period, zero interest is added to your annuity.* Then your annuity value won't go down as long as you don't withdraw the money.

When you buy an indexed annuity, you aren't investing directly in the market or the index. Some indexed annuities offer you more than one index choice. Many indexed annuities also offer the choice to put part of your money in a fixed interest rate account, with a rate that won't change for a set period.

Fixed Deferred Indexed Formulas

Annual Point-to-Point – *Change in index calculated using two dates one year apart.*

Multi-Year Point-to-Point – *Change in index calculated using two dates more than one year apart.*

Monthly or Daily Averaging – *Change in index calculated using multiple dates (one day of every month for monthly averaging, every day the market is open for daily averaging). The average of these values is compared with the index value at the start of the index term.*

Monthly Point-to-Point – *Change in index calculated for each month during the index term. Each monthly change is limited to the "cap rate" for positive changes, but not when the change is negative. At the end of the index term, all monthly changes (positive and negative) are added. If the result is positive, interest is added to the annuity. If the result is negative or zero, no interest (0%) is added.*

What Other Information Should You Consider?

Fees, Charges, and Adjustments

Fees and charges reduce the value of your annuity. They help cover the insurer's costs to sell and manage the annuity and pay benefits. The insurer may subtract these costs directly from your annuity's value. Most annuities have fees and charges but they can be different for different annuities. Read the contract and disclosure or prospectus carefully and ask the annuity salesperson to describe these costs.

A **surrender or withdrawal charge** is a charge if you take part or all of the money out of your annuity during a set period of time. The charge is a percentage of the amount you take out of the annuity. The percentage usually goes down each year until the surrender charge period ends. Look at the contract and the disclosure or prospectus for details about the charge. Also look for any waivers for events (such as a death) or the right to take out a small amount (usually up to 10%) each year without paying the charge. If you take all of your money out of an annuity, you've surrendered it and no longer have any right to future income payments.

How Insurers Determine Indexed Interest

Participation Rate – *Determines how much of the increase in the index is used to calculate index-linked interest. A participation rate usually is for a set period. The period can be from one year to the entire term. Some companies guarantee the rate can never be lower (higher) than a set minimum (maximum). Participation rates are often less than 100%, particularly when there's no cap rate.*

Cap Rate – *Typically, the maximum rate of interest the annuity will earn during the index term. Some annuities guarantee that the cap rate will never be lower (higher) than a set minimum (maximum). Companies often use a cap rate, especially if the participation rate is 100%.*

Spread Rate – *A set percentage the insurer subtracts from any change in the index. Also called a "margin or asset fee." Companies may use this instead of or in addition to a participation or cap rate.*

Some annuities have a **Market Value Adjustment (MVA)**. An MVA could increase or decrease your annuity's account value, cash surrender value, and/or death benefit value if you withdraw money from your account. In general, if interest rates are *lower* when you withdraw money than they were when you bought the annuity, the MVA could *increase* the amount you could take from your annuity. If interest rates are *higher* than when you bought the annuity, the MVA could *reduce* the amount you could take from your annuity. Every MVA calculation is different. Check your contract and disclosure or prospectus for details.

How Annuities Make Payments

Annuitize

At some future time, you can choose to **annuitize** your annuity and start to receive guaranteed fixed income payments for life or a period of time you choose. After payments begin, you can't take any other money out of the annuity. You also usually can't change the amount of your payments. For more information, see "**Payout Options**" in this Buyer's Guide. If you die before the payment period ends, your survivors may not receive any payments, depending on the payout option you choose.

Full Withdrawal

You can withdraw the cash surrender value of the annuity in a lump sum payment and end your annuity. *You'll likely pay a charge to do this if it's during the surrender charge period.* If you withdraw your annuity's cash surrender value, your annuity is cancelled. Once that happens, you can't start or continue to receive regular income payments from the annuity.

Partial Withdrawal

You may be able to withdraw *some* of the money from the annuity's cash surrender value without ending the annuity. Most annuities with surrender charges let you take out a certain amount (usually up to 10%) each year without paying surrender charges on that amount. Check your contract and disclosure or prospectus. Ask your annuity salesperson about other ways you can take money from the annuity without paying charges.

Living Benefits for Fixed Annuities

Some fixed annuities, especially fixed indexed annuities, offer a **guaranteed living benefits** rider, usually at an extra cost. A common type is called a guaranteed lifetime withdrawal benefit that guarantees to make income payments you can't outlive. While you get payments, the money still in your annuity continues to earn interest. You can choose to stop and restart the payments or you might be able to take extra money from your annuity. Even if the payments reduce the annuity's value to zero at some point, you'll continue to get payments for the rest of your life. If you die while receiving payments, your survivors may get some or all of the money left in your annuity.

How Annuities Are Taxed

Ask a tax professional about your individual situation. The information below is general and should not be considered tax advice.

Current federal law gives annuities special tax treatment. Income tax on annuities is deferred. That means you aren't taxed on any interest or investment returns while your money is in the annuity. This isn't the same as tax-free. You'll pay ordinary income tax when you take a withdrawal, receive an income stream, or receive each annuity payment. When you die, your survivors will typically owe income taxes on any death benefit they receive from an annuity.

There are other ways to save that offer tax advantages, including Individual Retirement Accounts (IRAs). You can buy an annuity to fund an IRA, *but you also can fund your IRA other ways and get the same tax advantages.* When you take a withdrawal or receive payments, you'll pay ordinary income tax on all of the money you receive (not just the interest or the investment return). You also may have to pay a 10% tax penalty if you withdraw money before you're age 59½.

Annuity Fees and Charges

Contract fee – A flat dollar amount or percentage charged once or annually.

Percentage of purchase payment – A front-end sales load or other charge deducted from each premium paid. The percentage may vary over time.

Premium tax – A tax some states charge on annuities. The insurer may subtract the amount of the tax when you pay your premium, when you withdraw your contract value, when you start to receive income payments, or when it pays a death benefit to your beneficiary.

Transaction fee – A charge for certain transactions, such as transfers or withdrawals.

Payout Options

You'll have a choice about how to receive income payments. These choices usually include:

- For your lifetime
- For the longer of your lifetime or your spouse's lifetime
- For a set time period
- For the longer of your lifetime or a set time period

Finding an Annuity That's Right for You

An annuity salesperson who suggests an annuity must choose one that they think is right for you, based on information from you. They need complete information about your life and financial situation to make a suitable recommendation. Expect a salesperson to ask about your age; your financial situation (assets, debts, income, tax status, how you plan to pay for the annuity); your tolerance for risk; your financial objectives and experience; your family circumstances; and how you plan to use the annuity. If you aren't comfortable with the annuity, ask your annuity salesperson to explain why they recommended it. Don't buy an annuity you don't understand or that doesn't seem right for you.

Within each annuity, the insurer *may* guarantee some values but not others. Some guarantees may be only for a year or less while others could be longer. Ask about risks and decide if you can accept them. For example, it's possible you won't get all of your money back *or* the return on your annuity may be lower than you expected. It's also possible you won't be able to withdraw money you need from your annuity without paying fees *or* the annuity payments may not be as much as you need to reach your goals. These risks vary with the type of annuity you buy. All product guarantees depend on the insurance company's financial strength and claims-paying ability.

Questions You Should Ask

- Do I understand the risks of an annuity? Am I comfortable with them?
- How will this annuity help me meet my overall financial objectives and time horizon?
- Will I use the annuity for a long-term goal such as retirement? If so, how could I achieve that goal if the income from the annuity isn't as much as I expected it to be?
- What features and benefits in the annuity, other than tax deferral, make it appropriate for me?
- Does my annuity offer a guaranteed minimum interest rate? If so, what is it?
- If the annuity includes riders, do I understand how they work?
- Am I taking full advantage of all of my other tax-deferred opportunities, such as 401(k)s, 403(b)s, and IRAs?
- Do I understand all of the annuity's fees, charges, and adjustments?
- Is there a limit on how much I can take out of my annuity each year without paying a surrender charge? Is there a limit on the *total* amount I can withdraw during the surrender charge period?
- Do I intend to keep my money in the annuity long enough to avoid paying any surrender charges?
- Have I consulted a tax advisor and/or considered how buying an annuity will affect my tax liability?
- How do I make sure my chosen survivors (beneficiaries) will receive any payment from my annuity if I die?

If you don't know the answers or have other questions, ask your annuity salesperson for help.

When You Receive Your Annuity Contract

When you receive your annuity contract, carefully review it. Be sure it matches your understanding. Also, read the disclosure or prospectus and other materials from the insurance company. Ask your annuity salesperson to explain anything you don't understand. In many states, a law gives you a set number of days (usually 10 to 30 days) to change your mind about buying an annuity after you receive it. This often is called a **free look** or **right to return** period. Your contract and disclosure or prospectus should prominently state your free look period. If you decide during that time that you don't want the annuity, you can contact the insurance company and return the contract. Depending on the state, you'll either get back all of your money or your current account value.

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ANNUITY CONTRACT INFORMATION

Annuitant Name _____

IMPORTANT TAX INFORMATION

Receipt of any funds from your annuity contract if from a partial or full surrender of the contract may generate taxable income. In addition, if you are not 59½ years of age or permanently disabled, receipt of funds may be a premature distribution, generating an additional income tax. We suggest you contact your tax advisor before completing this request.

INCOME OPTIONS (SUBJECT TO CONTRACT MINIMUMS.)

MARK APPROPRIATE BOX.

- I wish to start a periodic payment to begin on _____ (mm/dd/yyyy) Gross or Net
- Free Amount Interest or Specific amount of \$ _____
- Mode of payment: Monthly Quarterly Semi-Annual Annual
- I am aware that there may be an early withdrawal charge of approximately \$ _____

MINIMUM DISTRIBUTION

MARK APPROPRIATE BOX.

- If beneficiary is a spouse who is more than 10 years younger, please indicate date of birth: _____
- Do you want automatic distribution? Yes No
- If Yes, indicate start date: _____ Monthly Quarterly Semi-Annual Annual

AUTHORIZATION FOR DIRECT DEPOSIT

I/we hereby authorize the Company and the Financial Institution indicated to initiate and credit entries to my/our checking account. Financial Institution: _____

ATTACH A VOIDED CHECK HERE

This transaction cannot be processed without the correct transit/ABA and account numbers; therefore, this request will not be processed without a voided check.

This agreement will remain in effect until the Company terminates it or until a written notice is received from me of its termination and the Company has sufficient time to act upon it. If, at any time my/our Financial Institution changes, I/we will provide a new Authorization for Direct Deposit form and funds will be re-directed to my/our address of record until the new authorization is provided.

ADDITIONAL INSTRUCTIONS

ELECTION FOR WITHHOLDING (SUBSTITUTE W4P FORM)

Federal and some State laws make payments subject to withholding. The law requires that you be told three things:

1. You do not have to have any money withheld from your periodic payments.
2. After you have made a choice you can change it at any time by writing to us. Please allow 30 days for the change.
3. Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

CHECK FEDERAL AND/OR STATE (if applicable)

*If Not Checked and the Payment Amount is Sufficient, We are Required to Withhold Income Tax.
We are Required to Withhold if Your Resident Address is Outside of the United States.*

FEDERAL:

- DO NOT WITHHOLD**
federal income tax from my distribution
- WITHHOLD**
- 10% of taxable portion
 - 20% of taxable portion (20% is generally required on all qualified funds except IRA's)
 - Other (specify) _____

STATE: _____ (ID, ND, NE, MT, OK, OR & UT Residents only)

- DO NOT WITHHOLD**
state income tax from my distribution
- WITHHOLD**
- % of taxable portion (specify) _____
 - \$ of taxable portion (specify) _____
- Arizona residents must complete an "Arizona Form A-4P" IRS form #ADOR 91-0042 (6/10) for state withholding.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (SUBSTITUTE W-9 FORM)

Please consider this my substitute W-9. If you fail to furnish your correct TIN (taxpayer identification number), you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, 28% of your taxable distribution will be withheld and sent to the IRS.

• **Owner's SSN/TIN:** _____ • **Joint Owner's SSN/TIN:** _____

Certification - Under penalties of perjury, I certify by signing below that:

- 1) The number shown above is my correct taxpayer identification number;
- 2) I am not subject to backup withholding because:
 - a) I am exempt from backup withholding, or
 - b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or
 - c) The IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions - You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because you've failed to report all interest and dividends on your tax return.

REQUIRED SIGNATURES I CERTIFY, UNDER PENALTIES OF PERJURY, THAT ALL INFORMATION REPORTED HEREIN IS CORRECT.

Owner's Signature		Date
Joint Owner's Signature (if applicable)		Date
Financial Institution Account Holder Signature (if applicable)		Date
Witness/Producer's Signature	Agency	Date

SIGNATURES RECEIVED BY FACSIMILE OR EMAIL SHALL BE AS EFFECTIVE AS ORIGINAL SIGNATURES ON THIS FORM

SUBMIT COMPLETED FORMS TO:

929 W Sprague Ave • PO Box 2290 • Spokane WA 99210-2217
509.835.2500 • 800.247.2045 • Fax 509.835.3192 • AnnuityServices@wula.com



PLEASE TYPE, OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

COPIES TO CLIENT & PRODUCER

PLEASE NOTE: THIS FORM WILL BE FORWARDED TO THE SURRENDERING COMPANY

1. CURRENT CUSTODIAN/ISSUER INFORMATION		
Current Trustee, Custodian, or Insurance Company	Participant <i>(Insured/Annuitant/Depositor)</i>	
Address	Owner(s)	
City, State, Zip Code	Owner's Social Security Number(s)	
Phone Number	Current Account Number(s)	Owner's Date(s) of Birth <i>(MM/DD/YYYY)</i>
2. DISTRIBUTION INSTRUCTIONS <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
Amount: <i>(if Partial, see notes on back)</i>	Effective:	Transaction:
<input type="checkbox"/> All	<input type="checkbox"/> Immediately	<input type="checkbox"/> Fund Transfer
<input type="checkbox"/> *Partial: \$ _____	<input type="checkbox"/> Anniversary Date: _____	<input type="checkbox"/> 1035 Exchange
3. EXISTING ACCOUNT INFORMATION <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Bank CD <input type="checkbox"/> Other <i>(specify)</i> _____		
<input type="checkbox"/> Mutual Fund <i>(name)</i> _____ <i>(may require signature guarantee)</i>		
<input type="checkbox"/> Enclosed	<input type="checkbox"/> Lost/destroyed - I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.	
4. NEW ACCOUNT INFORMATION <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
<input type="checkbox"/> New Annuity Contract		
<input type="checkbox"/> Existing Contract #: _____		
5. ABSOLUTE ASSIGNMENT TO EFFECT A 1035 EXCHANGE <i>(IF A FUND TRANSFER, DISREGARD THIS SECTION)</i>		
<p>Upon the Company's written acceptance of this Assignment, I do hereby assign and transfer without exception, limitations, or reservations to the Company, full or partial assignable benefits, interest, property, and rights in the policy or annuity contract ("the contract") described above in exchange for a new life insurance policy or non-qualified annuity contract as described in my application to the Company for such new contract. This Assignment shall not be effective until the Company accepts it in writing.</p> <p>I expressly represent that the sole purpose of this Assignment is to affect a full or partial exchange and rollover of an insurance policy or annuity contract under Section 1035 (a) of the Internal Revenue Code. If no exchange takes place, then this Assignment shall become null and void.</p> <p>If "Partial" distribution is chosen above, I hereby certify that I am not requesting this exchange to avoid the tax imposed by Section 72(e) of the Internal Revenue Code and the regulations thereunder, or any other section of the Code.</p> <p>I understand that if the Company underwrites and issues a new life insurance policy or annuity contract on the life of the same insured or annuitant named in the contract, then the Company intends to surrender or partially surrender the contract. If fully surrendered the contract will no longer be in force as of the termination date. Upon receipt of the full or partial surrender value by the Company, the proceeds will be applied to and considered part of the purchase payment for the new life insurance policy or annuity contract. I specifically assign the contract to the Company as collateral security for the amount of its full or partial surrender value requested.</p> <p>I represent and warrant that no person, firm or corporation has an interest in the contract, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned.</p> <p>Furthermore, I understand that by executing this Assignment, I irrevocably waive all rights, claims and demands under the contract.</p> <p>I represent and agree that the Company and the undersigned producer have made no representations concerning my tax treatment under Internal Revenue Code Section 1035, or otherwise. The Company assumes no responsibility for the validity or effect of this assignment or the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.</p>		
6. REQUIRED SIGNATURES		
Please liquidate and transfer the proceeds identified above and make the check payable to the Company checked on the top of this form for the benefit of the above referenced Participant.		
Signed this _____ Day of _____ Year _____ At <i>(City, State)</i> _____		
Signature of Producer/Witness	Signature of Owner <i>(Assignor)</i>	
Signature of Additional Producer/Witness <i>(if applicable)</i>	Signature of Owner's Spouse <i>(if Community Property State)</i>	
7. ANNUITY OPERATIONS OFFICE ACCEPTANCE <i>(TO BE COMPLETED BY THE ANNUITY OPERATIONS OFFICE ONLY)</i>		
This is to certify that the above individual has established a: Non-Qualified Annuity Contract		
The authorized signature below certifies acceptance of the fund transfer/1035 exchange as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer and send a check payable to the Company.		
Signed this _____ Day of _____ Year _____ By _____		
<i>Authorized Signature/Title</i>		

***IMPORTANT NOTICE REGARDING PARTIAL 1035 EXCHANGES ON BACK**

BOTH PAGES REQUIRED

IMPORTANT NOTICE REGARDING**NON-QUALIFIED****PARTIAL 1035 EXCHANGES**

The Internal Revenue Code (IRC) generally permits a taxpayer to fully or partially transfer an annuity contract's cash value from one insurance company to another without recognizing a taxable event.

However, for partial 1035 exchanges effective after June 30, 2008, the IRS issued Internal Revenue Bulletin (I.R.B.) 2008-13, containing Revenue Procedure (Rev. Proc.) 2008-24, which modified the IRC 1035 Exchange rules for partial exchanges involving non-qualified annuity contracts.

Basically, Rev. Proc. 2008-24 states that partial and/or full annuity surrenders or annuitization requests from either contract, partially replaced or new, that occur within the a 180 day period following the exchange transaction date, may cause a taxable event to occur on the amount exchanged, to the extent of interest earnings in the original contract.

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

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PLEASE TYPE, OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

PLEASE NOTE: THIS FORM WILL BE FORWARDED TO THE SURRENDERING COMPANY AND TO YOUR MOST RECENT OR PREVIOUS EMPLOYER IF THIS IS A TSA 403(b) EXCHANGE/TRANSFER

1. CURRENT CUSTODIAN/ISSUER INFORMATION		
Current Trustee, Custodian, or Insurance Company	Participant <i>(Insured/Annuitant/Depositor)</i>	
Address	Owner(s)	
City, State, Zip Code	Owner's Social Security Number(s)	
Phone Number	Current Account Number(s)	Owner's Date(s) of Birth <i>(MM/DD/YYYY)</i>
2. DISTRIBUTION INSTRUCTIONS <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
Amount:	Effective:	Transaction:
<input type="checkbox"/> All	<input type="checkbox"/> Immediately	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Roth Conversion
<input type="checkbox"/> Partial: \$ _____	<input type="checkbox"/> Anniversary Date: _____	<input type="checkbox"/> Line of Business Change
3. EXISTING ACCOUNT INFORMATION <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Bank CD <input type="checkbox"/> Other <i>(specify)</i> _____		
<input type="checkbox"/> Mutual Fund <i>(name)</i> _____ <i>(may require signature guarantee)</i>		
<input type="checkbox"/> IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIM <input type="checkbox"/> Roth <input type="checkbox"/> TSA 403(b) <input type="checkbox"/> Other <i>(specify)</i> _____		
<input type="checkbox"/> Enclosed	<input type="checkbox"/> Lost/destroyed - I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.	
4. NEW ACCOUNT INFORMATION <i>(CHOOSE ONLY 1 OPTION FROM EACH SECTION)</i>		
<input type="checkbox"/> New Annuity Contract	<input type="checkbox"/> Existing Contract #: _____	
<input type="checkbox"/> IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIM <input type="checkbox"/> Roth <input type="checkbox"/> TSA 403(b) <input type="checkbox"/> Other <i>(specify)</i> _____		
5. RETIREMENT PLAN TO AN IRA <i>(CHOOSE ONLY IF ROLLING A RETIREMENT PLAN TO AN IRA)</i>		
This is an eligible distribution from a 403(b) or other retirement plan due to:	<input type="checkbox"/> Plan Termination <input type="checkbox"/> Disability <input type="checkbox"/> Over age 59 ½	<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Separation from Service
6. REQUIRED MINIMUM DISTRIBUTION FOR IRA, TSA AND QUALIFIED PLANS <i>(N/A FOR ROTH IRA)</i>		
A. Have you reached age 70½ or older in this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Have you satisfied your required minimum distribution from the distributing plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial: \$ _____		
NOTE: RMD must be satisfied from a TSA or other qualified plan before rolling it to an IRA.		
*** IF THE ANSWER TO A IS NO, DISREGARD C / IF THE ANSWER TO A IS YES AND B IS NO, COMPLETE C ***		
C. I direct the present custodian/trustee/insurer to: <i>(select one of the following)</i>		
<input type="checkbox"/> Distribute my Required Minimum Distribution to me before transferring my qualified funds;		
<input type="checkbox"/> Retain my Required Minimum Distribution amount until otherwise notified;		
<input type="checkbox"/> Transfer the entire amount as other options have or will be made to satisfy my Required Minimum Distribution.		

BOTH PAGES REQUIRED

7. TSA 403(b) EXCHANGE OR TRANSFER (SEE TREASURY REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 403(b))

Indicate which of these 2 options you are requesting:

- TSA 403(b) Exchange:** Is the exchange of an existing contract under an employer's 403(b) plan for a new contract under that same plan. The employer plan must provide that contract exchanges are permitted. In addition, other conditions may apply.
- TSA 403(b) Transfer:** Is the transfer of an existing contract under one employer's plan to a new contract with another employer's plan.

Information Sharing Agreement: The final 403(b) regulation instituted new rules governing transfer of 403(b) assets. To further the IRS requirements for plan compliance, the final regulations require that certain information be shared between employers sponsoring 403(b) plans and contract issuers/custodians. As a result, any contract exchange that takes place beginning on September 25, 2007, will require an agreement between the employer or the employer's representative and the contract issuer/custodian to share certain participant information as needed in order to properly administer the participant contract. This agreement must be in place no later than January 1, 2009, for the exchanged contract to constitute a valid 403(b) contract under the regulations. Failure to comply with this requirement may result in this transaction being treated as a taxable distribution. In addition, if a participant is under age 59½, an additional 10% early withdrawal penalty may apply.

Taxes and Withholding: A transfer transaction that meets all regulatory requirements is a non-taxable movement of funds. It does not constitute a distribution from the plan, and therefore, is not subject to federal or state income tax withholding. It does not require the participant to meet a distribution-triggering event under the employer plan. In addition, no form 1099-R will be issued as a result of this transaction.

Plan Loans: Balances under your existing contract attributable to a plan loan or loans may not be eligible for contract exchange. Contact your new custodian/issuer for details regarding its loan policy.

Current or Most Recent Employer	Phone Number(s)
Address, City, State, Zip Code	Name of Plan
Previous Employer (Required if this is a TSA Transfer from one Employer's Plan to Another)	Phone Number(s)
Address, City, State, Zip Code	Name of Plan

8. REQUIRED SIGNATURES

Please liquidate and transfer the proceeds identified above and make the check payable to the Company checked on the top of this form for the benefit of the above referenced Participant.

Signed this _____ Day of _____ Year _____ At (City, State) _____

Signature of Employer (if TSA 403(b))	Signature of Owner (Assignor)
Signature of Producer/Witness	Signature of Owner's Spouse (if Community Property State)

9. ANNUITY OPERATIONS OFFICE ACCEPTANCE (TO BE COMPLETED BY THE ANNUITY OPERATIONS OFFICE ONLY)

This is to certify that the above individual has established the following Annuity Contract Type:

- IRA Beneficiary IRA SEP SIM Roth TSA 403(b) Other (specify) _____

The authorized signature below certifies acceptance of the transfer/rollover/conversion as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer and send a check payable to the Company checked on the top of this form.

Signed this _____ Day of _____ Year _____ By _____
Authorized Signature/Title

ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

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ORIGINAL TO CLIENT - COPIES TO COMPANY & PRODUCER

IMPORTANT NOTICE:

This document must be signed by the Applicant/Owner and the Producer, if there is one, and the Original left with the Applicant/Owner.

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:

<u>Insurer Name</u>	<u>Contract or Policy #</u>	<u>Annuitant or Insured</u>	<u>Replaced (R) or Financing (F)</u>

Make sure you know the facts. Contact your existing company or its producer 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 producer in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

REQUIRED SIGNATURES / CERTIFY THAT THE RESPONSES HEREIN ARE, TO THE BEST OF MY KNOWLEDGE, ACCURATE:		
Applicant/Owner Signature	Applicant/Owner Printed Name	Date
Joint Applicant/Owner Signature (if applicable)	Joint Applicant/Owner Printed Name	Date
Producer Signature	Producer Printed Name	Date
Producer Signature (if applicable)	Producer Printed Name	Date

IF MORE THAN ONE APPLICANT/OWNER OR PRODUCER, ALL SIGNATURES ARE REQUIRED.

BOTH PAGES REQUIRED

NOTICE TO APPLICANT OF 30-DAY RIGHT TO EXAMINE THE CONTRACT

I do not want this notice read aloud to me. _____
(Applicant/Owner must initial only if they do not want the notice read aloud.)

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 producer 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 producer 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?

SIGNATURES RECEIVED BY FACSIMILE OR EMAIL SHALL BE AS EFFECTIVE AS ORIGINAL SIGNATURES ON THIS FORM

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