



## INDIVIDUAL ANNUITY APPLICATION

HOME OFFICE USE: Certificate \_\_\_\_\_ Effective Date \_\_\_\_\_ Court / Impact Team \_\_\_\_\_

### PLAN INFORMATION – please print full legal names

#### 1) ANNUITANT - please print

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address / Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

SSN / TIN \_\_\_\_\_ DOB   /  /   Age \_\_\_\_\_ Birth State \_\_\_\_\_ Gender:  M  F

Driver's License State & No. \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Annual Income \_\_\_\_\_ Net Worth \_\_\_\_\_ Marital Status:  Married  Single  Widowed  Divorced  Civil Union

#### 2) OWNER - if different from Annuitant (For Trust, use First Name line only and include Trust Date and Trustee Names)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address / Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

SSN / TIN \_\_\_\_\_ DOB   /  /   Age \_\_\_\_\_ Birth State \_\_\_\_\_ Gender:  M  F

Driver's License State & No. \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Annual Income \_\_\_\_\_ Net Worth \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

## BENEFICIARIES

Beneficiaries share equally unless otherwise indicated.

If a percentage is indicated, use whole number percentages and the allocation total must equal 100%.

PRIMARY  CONTINGENT

(For a TRUST, check here  and use First Name line only and include Trust Date and Trustee Names)

\_\_\_\_\_  
First Name Last Name Gender:  M  F \_\_\_\_\_%  
Percentage

\_\_\_\_\_  
Address / Apt. No. City State Zip

\_\_\_\_\_  
Primary Phone No. Alternate Phone No. E-Mail Address

\_\_\_\_\_  
SSN / TIN DOB (MM/DD/YYYY) Relationship

PRIMARY  CONTINGENT

(For a TRUST, check here  and use First Name line only and include Trust Date and Trustee Names)

\_\_\_\_\_  
First Name Last Name Gender:  M  F \_\_\_\_\_%  
Percentage

\_\_\_\_\_  
Address / Apt. No. City State Zip

\_\_\_\_\_  
Primary Phone No. Alternate Phone No. E-Mail Address

\_\_\_\_\_  
SSN / TIN DOB (MM/DD/YYYY) Relationship

PRIMARY  CONTINGENT

(For a TRUST, check here  and use First Name line only and include Trust Date and Trustee Names)

\_\_\_\_\_  
First Name Last Name Gender:  M  F \_\_\_\_\_%  
Percentage

\_\_\_\_\_  
Address / Apt. No. City State Zip

\_\_\_\_\_  
Primary Phone No. Alternate Phone No. E-Mail Address

\_\_\_\_\_  
SSN / TIN DOB (MM/DD/YYYY) Relationship

PRIMARY  CONTINGENT

(For a TRUST, check here  and use First Name line only and include Trust Date and Trustee Names)

\_\_\_\_\_  
First Name Last Name Gender:  M  F \_\_\_\_\_%  
Percentage

\_\_\_\_\_  
Address / Apt. No. City State Zip

\_\_\_\_\_  
Primary Phone No. Alternate Phone No. E-Mail Address

\_\_\_\_\_  
SSN / TIN DOB (MM/DD/YYYY) Relationship

## ANNUITY DETAILS

1) **PREMIUM** \$ \_\_\_\_\_ and/or approximate amount of transfer \$ \_\_\_\_\_

(Flexible Only) Additional Contributions: \$ \_\_\_\_\_

Reminder Frequency  Annual  Monthly  Quarterly  Semi-annual

### 2) PRODUCT SELECTION

#### Single Premium:

5-year MYGA Premier Plus

#### Automatic Riders

- Free Partial Withdrawal
- Enhanced Death Benefit
- Terminal Illness/Nursing Home Care or Hospital Confinement

#### Flexible Premium:

- 3-year Surrender Period
- 7-year Surrender Period
- 10-year Surrender Period

### 3) TAX STATUS - Choose one of the three options (a, b, or c)

**a) Non-Qualified** – check all that apply and submit all related forms

- New Purchase  Transfer
- Other \_\_\_\_\_

**b) Traditional Individual Retirement Annuity (IRA)** – check one and submit all related forms

- New Purchase [Tax Year: \_\_\_\_\_]  Rollover
- Transfer  Other \_\_\_\_\_

**c) Roth Individual Retirement Annuity** Five-year holding period start year: \_\_\_\_\_

– check one and submit all related forms

- New Purchase [Tax Year: \_\_\_\_\_]  Rollover
- Conversion  Transfer
- Other \_\_\_\_\_

## EXISTING PLANS AND REPLACEMENT INFORMATION

Does the applicant have any existing or pending life insurance, annuities, or long-term-care insurance with this company or any other company?

Yes (please list below)  No

<u>Name of Company</u>	<u>Date of Issue</u>	<u>Amount</u>	<u>Purpose (Business/Personal)</u>	<u>ADB Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is the insurance applied for intended to replace or change any life insurance, annuities, or long-term-care insurance in force with this company or any other company?

Yes (indicate below and complete Replacement Form)  No

<u>Name of Company</u>	<u>Date of Issue</u>	<u>Amount</u>	<u>Purpose (Business/Personal)</u>	<u>ADB Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**AGREEMENT and ACKNOWLEDGEMENT**

I, \_\_\_\_\_, Annuitant, agree to abide by the articles of incorporation, constitution and laws, rules and regulations of 1891 Financial Life which are now in force or may be adopted by 1891 Financial Life in the future.

I also acknowledge receipt of the Notice of Information Practices.

The Annuitant and Owner, if any, agree that:

they have read the application and all statements and answers as they pertain to them, and that these statements and answers are true and complete to the best of their knowledge and belief, and

the statements and answers in the application are the basis for any contract issued by 1891 Financial Life, and that no information about them will be considered to have been given to 1891 Financial Life unless it is stated in the application, and that they will notify 1891 Financial Life of any changes in the statements or answers given in the application between the time of the application and delivery of the contract, and

That 1891 Financial Life will have no liability until:

- (i) A contract is issued on this application and delivered to and accepted by the owner; and
- (ii) The first premium due is paid in full while each proposed owner and annuitant is alive.

No producer has authority to waive any question or otherwise modify this application, or to bind 1891 Financial Life in any way by making any promise or representation which is not set out in writing in this application.

1891 FINANCIAL LIFE IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY 1891 FINANCIAL LIFE.

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

Signed at \_\_\_\_\_ on \_\_\_\_\_  
CITY STATE DATE

X \_\_\_\_\_  
SIGNATURE OF ANNUITANT  
*-if age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery*

X \_\_\_\_\_  
SIGNATURE OF OWNER – *If not the Annuitant*  
*-if the Owner is a Trust or other entity, give title of signee(s)*

**PRODUCER'S REPORT**

**Producer Checklist (Provide details in Additional Remarks Section below)**

- a) Is replacement of existing insurance involved in this application? .....  Yes  No  
*If Yes, submit the appropriate replacement forms.*
- b) Did you give the applicant all disclosure forms required by 1891 Financial Life and/or state regulation?  
 .....  Yes  No
- c) Was this application taken in person? .....  Yes  No
- d) How long have you known the Proposed Annuitant? ..... Yrs
- e) Are you related to the Proposed Annuitant? .....  Yes  No
- f) How did Proposed Annuitant learn of 1891 Financial Life? \_\_\_\_\_

**If the proposed annuitant is age 0-16, please answer questions below:**

- a) Number of brothers \_\_\_\_\_ and sisters \_\_\_\_\_.  
 Do they all have the same amount of insurance as the proposed annuitant? .....  Yes  No  
 If amount of insurance differs, explain in Addition Remarks section below.
- b) If less than 1 year of age, what was the birth weight? \_\_\_\_\_ lb. \_\_\_\_\_ oz.
- c) Did you see the child? .....  Yes  No
- d) Amount of life insurance in force and/or requested on  
 father: \$ \_\_\_\_\_ and mother \$ \_\_\_\_\_

**To the best of my knowledge and belief:**

- 1. I asked all questions and recorded all answers as they were given to me by the Proposed Annuitant and/or applicant.
- 2. I provided the Applicant with the appropriate Buyer's Guide(s) for annuities.

**I claim full credit for this application unless a 2<sup>nd</sup> Producer is listed below.**

\_\_\_\_\_  
DATE

_____ NAME OF INSURANCE PRODUCER	_____ SIGNATURE	_____ WRITING NO.	_____ SPLIT
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_____ NAME OF INSURANCE PRODUCER	_____ SIGNATURE	_____ WRITING NO.	_____ SPLIT %
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**ADDITIONAL REMARKS**

**ANNUITY PURCHASE PAYMENT RECEIPT**

Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ to purchase a 1891 Financial Life annuity contract bearing the same date as this receipt.

1891 Financial Life shall be entitled to a period of 90 days from date hereof in which to act upon this application. In the event it is not approved, and a certificate issued within said period, this application shall be deemed to have been declined. The initial deposit and any additional deposits shall be refunded.

If this Application is an IRA, then the Annuitant hereby certifies that he/she has received, read and understands the IRA Disclosure Statement.

**ALL PREMIUM CHECKS MUST BE PAYABLE TO 1891 FINANCIAL LIFE**  
*DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK*

By \_\_\_\_\_  
INSURANCE PRODUCER

\_\_\_\_\_  
DATE

**NOTICE OF INFORMATION PRACTICES – This Notice Must Be Given to Proposed Annuitant**

FAIR CREDIT REPORTING ACT NOTICE

In making this application for insurance it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete accurate disclosure of additional information concerning the nature and scope of the investigation.



## CERTIFICATE PAYMENT OPTIONS

**Certificate Number:** \_\_\_\_\_ **Insured:** \_\_\_\_\_

Payor's Full Name: \_\_\_\_\_

Address / Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

**Premium Amount:** \$ \_\_\_\_\_ **Payment Type:**  Electronic Funds Transfer **OR**  Debit/Credit Card

**Payment Frequency**  Monthly  Quarterly  Semi-Annual  Annual  Single Premium

Premium payments will be drafted within seven (7) days after application approval.

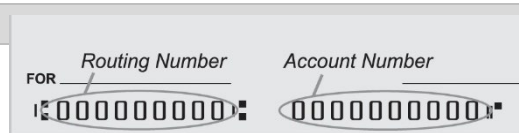
**Dates NOT available for premium payment: 29th – 30th – 31st**

*The premium will be automatically drafted each billing cycle. No notice will be sent when drafted.*

### Electronic Funds Transfer (EFT)

**Please Attach a Copy of a Voided Check to Verify Account Number Accuracy.**

Account Type:  Checking  Savings



Financial Institution \_\_\_\_\_ Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

### Debit/Credit Card

Name on the Card \_\_\_\_\_ Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV/CSV \_\_\_\_\_

### Authorization

I (we) request and authorize 1891 Financial Life ("the Organization") to obtain premium payment of amounts becoming due the Organization or amounts as scheduled and requested by the policyowner/payor by initiating charges to my (our) account in the form of checks, drafts, share drafts, or electronic debit entries, credit card and I (we) request and authorize the financial institution named above to accept and honor the same and charge the same to my (our) account. This Authorization will remain in effect until I (we) notify the Organization or financial institution in writing to terminate and the Organization or the financial institution has a reasonable time to act on the termination. This Authorization will become effective only upon acceptance by the Organization of approval of this life insurance policy. The Organization address 200 N. Martingale Rd., Ste. 405, Schaumburg, IL 60173. 1891 Financial Life reserves the right to discontinue this program at any time.

### Payment Terms and Conditions

The Organization will have no liability under this application unless and until: (a) it has been received and approved by the Organization; (b) the Certificate has been issued and delivered to the Certificate Owner; (c) the first premium has been paid to and accepted by the Organization or authorization to draft first payment has been given and the financial institution has not notified the Organization that the draft will not be honored; and (d) at the time of delivery and payment, the facts concerning the insurability of the Proposed Insured are as stated in this application. The Proposed Insured, Owner, or Payor will not receive any premium notices.

ACCOUNT OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_







## INSURANCE AGENT DISCLOSURE FOR ANNUITIES

Do Not Sign Unless You Have Read and Understand the Information in this Form

Date: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business\Agency Name: \_\_\_\_\_ Website: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Producer Number in issue state: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### What Types of Products Can I Sell You?

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

I offer the following products:

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

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

- Mutual Funds
- Stocks/Bonds
- Certificates of Deposits

**Whose Annuities Can I Sell to You?**

I am authorized to sell:

- 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'm paid for my work. If You have questions about how I'm paid, please ask Me.

When you buy an annuity from 1891 Financial Life, I will or may be paid cash compensation which is called a Commission and is paid by the insurance company.

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

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

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

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Date



# financial life

200 N. Martingale Rd., Ste. 405  
Schaumburg, IL 60173  
847-342-4500  
info@1891FinancialLife.com  
www.1891FinancialLife.com

## Consumer Decision to Purchase an Annuity NOT Based on a Recommendation

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

### Why are You being given this form?

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 sign this form, it means You know that you're buying an annuity that was not recommended.

### Statement of Purchaser:

I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it without a recommendation, I understand I may lose protections under the Insurance Code of issue state:

\_\_\_\_\_.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CONSUMER REFUSAL TO PROVIDE INFORMATION

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

### Why are You being given this form?

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 sign this form, 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 Insurance Code of issue state: \_\_\_\_\_ 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.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ANNUITY SUITABILITY QUESTIONNAIRE

Thank you for your interest in 1891 Financial Life Annuity products. We are required by various states to ask for information that will help determine whether an annuity contract is suitable for your financial goals and situation. This information will not be used for any other purpose and will remain confidential.

Using the information provided, 1891 Financial Life may elect not to issue an annuity contract based on a reasonable determination that the product may not be suitable for you.

You have the legal right to not complete this questionnaire. Should you choose not to answer the questions, 1891 Financial Life will not be in a position to review the suitability of the transaction.

### Questionnaire:

TO **WAIVE** QUESTIONNAIRE, COMPLETE SECTION 1, THEN GO TO SECTION 5 – OTHERWISE PLEASE CONTINUE

#### 1) Proposed Annuitant Information

\_\_\_\_\_ FULL LEGAL NAME OF INDIVIDUAL

\_\_\_\_\_ ADDRESS / APT. NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP

\_\_\_\_\_ PRIMARY PHONE NO. \_\_\_\_\_ ALTERNATE PHONE NO. \_\_\_\_\_ EMAIL ADDRESS

\_\_\_\_\_ SSN / TIN \_\_\_\_\_ DOB MM/DD/YYYY \_\_\_\_\_ AGE \_\_\_\_\_ Sex:  M  F

\_\_\_\_\_ OCCUPATION \_\_\_\_\_ Marital Status:  Married  Widowed  Divorced  Single

#### 2) Existing Accounts

What is the source for this annuity's premium?

Annuity  Life Insurance  CDs  Savings  Other: \_\_\_\_\_

Are there surrender charges associated with the above-mentioned existing policy(ies), contract(s) or CDs?

Yes  No  Not Applicable

If yes, what is/are the current surrender charge(s)? \_\_\_\_\_

How long have the policy(ies), contract(s) or CDs been in force? \_\_\_\_\_ # of years

What other financial products do you currently own?

Stocks  Bonds  Mutual Funds  Treasury Bills  Annuity  CDs  
 Real Estate  Options  Derivatives  Foreign Currency  Precious Metals

How would you rate your Investment Experience?

None  Little Experience  Moderate  Significant  Expert

How would you describe your risk tolerance?

Low  Conservative  Average  High  Very Aggressive

### 3) Financial Objectives

Which of the following best describes your long-term objective(s) for this annuity?

- Tax Deferral     Future Income     Inheritance     Immediate Income  
 Other: \_\_\_\_\_

How do you anticipate withdrawing your money from this product?

- Annuitize in the future     Lump Sum     Free/Systematic Withdrawals     RMD  
 Other: \_\_\_\_\_     I don't anticipate taking any distributions

How long do you plan to keep this annuity?

- Less than 1 year     1-3 years     4-7 years     8-10 years     More than 10 years

### 4) Financial Information

Annual Household Income \$ \_\_\_\_\_ Annual Household Living Expenses \$ \_\_\_\_\_

Net Worth (excluding home and automobile) \$ \_\_\_\_\_ My tax bracket is \_\_\_\_\_%

Source of Income:  Employment     Investments     Social Security     Retirement Plans  
 Other: \_\_\_\_\_

Do you have sufficient liquid assets available to you (not including this annuity), in case of an emergency?

- Yes     No

### 5) Annuity Suitability Questionnaire: Confirm or Waive

**CONFIRM.** I confirm the information given in the questionnaire above is accurate and I believe a 1891 Financial Life annuity certificate is suitable for my financial situation.

**WAIVE.** I will *not* answer the questions above; I believe a 1891 Financial Life annuity certificate is suitable for my financial situation.

I understand that the annuity certificate being applied for has surrender charges for early termination.

By signing below, I confirm that I understand that if I take money out of this annuity in excess of the penalty-free withdrawal amount, I will incur a surrender charge.

I acknowledge that I reviewed the plan with my insurance producer and that I understand the costs and features of the annuity I am purchasing. I have adequate income or available liquid assets to meet my financial obligations and emergency expenses without using the money I am investing in this annuity.

I also understand that 1891 Financial Life encourages me to discuss this proposed purchase with my personal financial advisors.

\_\_\_\_\_  
PROPOSED ANNUITANT'S PRINTED NAME

\_\_\_\_\_  
PROPOSED ANNUITANT'S SIGNATURE

\_\_\_\_\_  
DATE

### Insurance Producer:

By signing below, I acknowledge that based on the information the Annuitant provided and based on all circumstances known to me at the time the recommendation was made, the annuity being applied for is suitable for the financial needs/objectives of the Annuitant. In addition, I have verified the identity of the Annuitant and believe the information the Annuitant provided to me regarding his or her identity is true and accurate.

\_\_\_\_\_  
INSURANCE PRODUCER'S PRINTED NAME

\_\_\_\_\_  
INSURANCE PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE



## ANTI-MONEY LAUNDERING (AML) PROGRAM USA PATRIOT Act- Section 326 CUSTOMER IDENTIFICATION PROCEDURES

Insured/Annuitant's Name – *please print*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*The following is to be read by the Insured/Annuitant, or read to the Insured/Annuitant by the Insurance Producer, at time of application:*

**Important Information about Purchases of Covered Products:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all fraternal benefit societies to obtain, verify and record information that identifies each person who purchases a covered product.

**What this means to you:** When you apply for any form of life insurance, a fixed deferred or immediate annuity, or any other form of insurance that has cash value, we will ask for your name, address, date of birth and other information that will allow us to identify you. You will be required to show a driver's license or other requested form(s) of identification.

*To be completed by the Insurance Producer at time of application:*

1) **Did you personally verify the identity of the Insured/Annuitant?**  Yes  No

Insurance Producer's Signature: \_\_\_\_\_

2) **Please check below all forms of verification documentation(s) viewed.**

Acceptable forms of identification to be verified by 1891 Financial Life Insurance Producer.

a) The following must have a photo on the identification card:

- Valid Driver's License
- Valid U.S. Passport
- Valid "Green Card"
- Government Employer Identification Card
- State Issued Identification Card
- Armed Forces Identification Card

b) If no photo identification is available, three (3) different forms from the following secondary documentation list must be verified. Two (2) of the three (3) must include an address:

- Birth Certificate
- Original Social Security Card issued by the Social Security Administration
- TVDL Card
- Voter's Registration Card
- Utility or Telephone Bill (must be in the applicant's name)
- Checking or Savings Account Statement
- State Issued Vehicle Registration Card or Title
- County Property Tax Bill or Receipt (not more than 12 months old)
- Check with Imprinted Name and Address
- First Class Mail form any U.S. Government Agency
- Paycheck/Stub with Imprinted Name and Address
- IRS W-2 Form (not more than 12 months old)
- Signed Federal/State Income Tax Return (not more than 12 months old)
- \*Verification by field representative of an immediate family member who identifies applicant

\* NOTE: For verification purposes, immediate family member is defined as a spouse, child, parent, sister, brother, grandparent or grandchild related to the applicant. Any other family member is considered a non-immediate family member.



## ANTI-MONEY LAUNDERING (AML) PROGRAM USA PATRIOT Act- Section 326 CUSTOMER IDENTIFICATION PROCEDURES

Owner's Name – *please print*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Complete only if Owner and Insured/Applicant are not the same person.**

*The following is to be read by the Owner, or read to the Owner by the Insurance Producer, at time of application:*

**Important Information about Purchases of Covered Products:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all fraternal benefit societies to obtain, verify and record information that identifies each person who purchases a covered product.

**What this means to you:** When you apply for any form of life insurance, a fixed deferred or immediate annuity, or any other form of insurance that has cash value, we will ask for your name, address, date of birth and other information that will allow us to identify you. You will be required to show a driver's license or other requested form(s) of identification.

*To be completed by the Insurance Producer at time of application:*

1) **Did you personally verify the identity of the Owner?**  Yes  No

Insurance Producer's Signature: \_\_\_\_\_

2) **Please check below all forms of verification documentation(s) viewed.**

Acceptable forms of identification to be verified by 1891 Financial Life Insurance Producer.

a) The following must have a photo on the identification card:

- Valid Driver's License
- Valid U.S. Passport
- Valid "Green Card"
- Government Employer Identification Card
- State Issued Identification Card
- Armed Forces Identification Card

b) If no photo identification is available, three (3) different forms from the following secondary documentation list must be verified. Two (2) of the three (3) must include an address:

- Birth Certificate
- Original Social Security Card issued by the Social Security Administration
- TVDL Card
- Voter's Registration Card
- Utility or Telephone Bill (must be in the applicant's name)
- Checking or Savings Account Statement
- State Issued Vehicle Registration Card or Title
- County Property Tax Bill or Receipt (not more than 12 months old)
- Check with Imprinted Name and Address
- First Class Mail form any U.S. Government Agency
- Paycheck/Stub with Imprinted Name and Address
- IRS W-2 Form (not more than 12 months old)
- Signed Federal/State Income Tax Return (not more than 12 months old)
- \*Verification by field representative of an immediate family member who identifies applicant

\* NOTE: For verification purposes, immediate family member is defined as a spouse, child, parent, sister, brother, grandparent or grandchild related to the applicant. Any other family member is considered a non-immediate family member.





### IMPORTANT NOTICE

#### DEFINITION

REPLACEMENT is any transaction where, in connection with the purchase of New Insurance or a New Annuity, you LAPSE, SURRENDER, CONVERT to Paid-up Insurance, Place on Extended Term, or BORROW all or part of the policy loan values on an existing insurance policy or an annuity. (See reverse side for DEFINITIONS.)

#### IF YOU INTEND TO REPLACE COVERAGE

In connection with the purchase of this insurance or annuity, if you have REPLACED or intend to REPLACE your present life insurance coverage or annuity(ies), you should be certain that you understand all the relevant factors involved.

You should BE AWARE that you may be required to provide **EVIDENCE OF INSURABILITY** and

- (1) If your HEALTH condition has CHANGED since the application was taken on your present policies, you may be required to pay ADDITIONAL PREMIUMS under the NEW POLICY, or be DENIED coverage.
- (2) Your present occupation or activities **may not be covered or could require additional premiums.**
- (3) The INCONTESTABLE and SUICIDE CLAUSE will begin anew in a new policy. This could RESULT in a **CLAIM under the new policy BEING DENIED** that would otherwise have been paid.
- (4) Current law MAY NOT REQUIRE your present insurer(s) to REFUND any premiums.
- (5) It is to your advantage to OBTAIN INFORMATION regarding your existing policies or annuity contracts **from the insurer or agent from whom you purchased the policy or annuity contract.**

(If you are purchasing an annuity, clauses (1), (2), and (3) above would not apply to the new annuity contract.)

THE LIFE INSURANCE OR ANNUITY I INTEND TO PURCHASE FROM 1891 FINANCIAL LIFE MAY REPLACE OR ALTER EXISTING LIFE INSURANCE POLICY(IES) OR ANNUITY CONTRACT(S)

The following policy(ies) or annuity contract(s) may be replaced as a result of this transaction:

Insurer as it appears on the policy or contract	Insured as it appears on the policy or contract	Policy or Contract Number	Insured Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The proposed policy is:

\_\_\_\_\_ \$ \_\_\_\_\_  
Type of policy or contract generic name Face Amount

\_\_\_\_\_ Date  
Signature of Applicant

\_\_\_\_\_ City State  
Address of Applicant

I certify that this form was given to and signed by \_\_\_\_\_  
(Applicant - Please print or type)  
prior to taking an application and that I am leaving a signed copy for the applicant.

\_\_\_\_\_ Address  
Date Agent's Signature City State

Note important statement on reverse side

## DEFINITIONS

**PREMIUMS:** Premiums are the payments you make in exchange for an insurance policy or annuity contract. They are unlike deposits in a savings or investment program, because if you drop the policy or contract, you might get back less than you paid in.

**CASH SURRENDER VALUE:** This is the amount of money you can get in cash if you surrender your life insurance policy or annuity. If there is a policy loan, the cash surrender value is the difference between the cash value printed in the policy and the loan value. Not all policies have cash surrender values.

**LAPSE:** A life insurance policy may lapse when you do not pay the premiums within the grace period. If you had a cash surrender value, the insurer might change your policy to as much extended term insurance or paid-up insurance as the cash surrender value will buy. Sometimes the policy lets the insurer borrow from the cash surrender value to pay the premiums.

**SURRENDER:** You surrender a life insurance policy when you either let it lapse or tell the company you want to drop it. Whenever a policy has a cash surrender value, you can get it in cash if you return the policy to the company with a written request. Most insurers will also let you exchange the cash value of the policy for paid-up or extended term insurance.

**CONVERT TO PAID-UP INSURANCE:** This means you use your cash surrender value to change your insurance to a paid-up policy with the same insurer. The death benefit generally will be lower than under the old policy, but you will not have to pay anymore premiums.

**PLACE ON EXTENDED TERM:** This means you use your cash surrender value to change your insurance to term insurance with the same insurer. In this case, the net death benefit will be the same as before. However, you will only be covered for a specified period of time stated in the policy.

**BORROW POLICY LOAN VALUES:** If your life insurance policy has a cash surrender value, you can almost always borrow all or part of it from the insurer. Interest will be charged according to the terms of the policy, and if the loan with unpaid interest ever exceeds the cash surrender value, your policy will be surrendered. If you die, the amount of the loan and any unpaid interest due will be subtracted from the death benefits.

**EVIDENCE OF INSURABILITY:** This means proof that you are an acceptable risk. You have to meet the insurer's standards regarding age, health, occupation, etc., to be eligible for coverage.

**INCONTESTABLE CLAUSE:** This says that after two years, depending on the policy or insurer, the life insurer will not resist a claim because you made a false or incomplete statement when you applied for the policy. For the early years, though, if there are wrong answers on the application and the insurer finds out about them, the insurer can deny a claim as if the policy had never existed.

**SUICIDE CLAUSE:** This says that if you commit suicide after being insured for less than two years, depending on the policy and insurer, your beneficiaries will receive only a refund of the premiums that were paid.



## ANNUITY REPLACEMENT POLICY COMPARISON

	EXISTING POLICY A	EXISTING POLICY B	PROPOSED CERTIFICATE
Company Name			1891 Financial Life
Product Name			
Type of Product			
Policy Number			n/a
Issue Date			n/a
Account Value (AV)			
Cash Surrender Value (CSV)			n/a
Surrender Charge (=AV – CSV)			n/a
Remaining Surrender Charge Period (in years)			
Percent of Surrender Charge for remaining years			
Will Replacement result in a Loan against existing policy?			n/a
Will Replacement result in a Partial Surrender?			n/a
Will Replacement result in a Full Surrender?			n/a
Gain, if any			
Is this Replacement taxable to the Owner?			n/a

**Insurance Producer’s Certification.** I certify that I have reviewed the advantages and disadvantages of the replacement(s) with the owner, and that I have determined the replacement is appropriate for the owner.

\_\_\_\_\_  
Insurance Producer’s Signature

\_\_\_\_\_  
Insurance Producer’s Printed Name

\_\_\_\_\_  
Date

**Owner’s Acknowledgement.** I have reviewed and understand the potential advantages and disadvantages of replacing my existing policy(ies) with the Insurance Producer and wish to proceed with the replacement.

I understand the following:

- 1) A loan or partial surrender will result in a reduction of value in my existing policy.
- 2) For a Life Insurance policy, a loan or partial surrender will reduce the available death benefit, may result in additional premium payments being required to keep my existing policy in force, and may incur interest charges.

\_\_\_\_\_  
Owner’s Signature

\_\_\_\_\_  
Owner’s Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth



## AUTHORIZATION TO TRANSFER FUNDS

Original paperwork will need to be mailed to 1891 Financial Life as many financial institutions will require originals.

### 1) Financial Institution Holding Assets

Company Name: \_\_\_\_\_  
Contract/Policy/Account Number – *One Per Transfer Form*: \_\_\_\_\_  
Company Address – *No PO Box*: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### 2) Existing Owner Information at Financial Institution - shown in section 1

**OWNER**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address / Apt. No: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ SSN / TIN: \_\_\_\_\_

**JOINT OWNER – if applicable**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_ SSN / TIN: \_\_\_\_\_

**INSURED/ANNUITANT(S) – if other than owner**  
Name(s): \_\_\_\_\_  
Email(s): \_\_\_\_\_  
SSN / TIN No(s): \_\_\_\_\_

**SPOUSE – Only in CA, WA, WI** (If you reside in one of the listed community property states.)  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_

The undersigned requests and directs the following action be taken to transfer the contract, policy, or account funds identified below.

### 3) Type Of Investment Held At Financial Institution - described in section 1 and 2

**THIS SECTION MUST BE FULLY COMPLETED**  
If the assets being transferred are currently or were held in an annuity contract or life insurance policy within the last 12 months, state replacement forms may be required in order to be compliant with your state's replacement regulations.

- Variable Annuity
- Fixed Annuity/Fixed Indexed Annuity
- Life Policy
- Brokerage Account<sup>1</sup>
- Mutual Fund(s)<sup>1</sup>
- Money Market(s)
- Certificate of Deposit - see section 6 for maturity date instructions

1 - Contact financial institution to liquidate the account prior to submitting transfer paperwork for securities.

**4) Existing Plan Tax Qualification - described in section 1 and 2**

- Qualified \_\_\_\_\_ retirement plan - specify type: 401, Pension, PSP, 403(b)<sup>1,2</sup>
- Beneficial \_\_\_\_\_ IRA - specify type: Traditional, Roth, SIMPLE<sup>1</sup>
- Non-Qualified or After Tax       Traditional IRA       Roth IRA
- SEP IRA       SIMPLE IRA<sup>1</sup>       Governmental 457(b)
- Qualified Plan Beneficiary       Life       Other \_\_\_\_\_

1 - SIMPLE IRAs are not available for variable annuities at 1891 Financial Life. 403(b) contracts are not available at 1891 Financial Life for fixed or variable business. However, 403(b) assets can be rolled over to an IRA at 1891 Financial Life if the assets are eligible for rollover.  
 2 - Qualified plans (401(k)/pension plans) generally require their own withdrawal paperwork. Clients should contact their former employer to initiate the transfer. If a tax plan is not specified above, and an IRA is being established at 1891 Financial Life, the transaction will be reported in the Rollover contributions box of IRS Form 5498.

**5) Transaction Type - see page 3 for disclosures on the transaction being requested**

**Non-Qualified Exchange – as indicated in section 4**

- 1035 Exchange (registration of owner must be “like to like” with the same ownership)  
 COST BASIS REQUESTED: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, furnish a statement to the Assignee and to the former contract, policy or account holder of the cost basis in the contract, policy or account if available.
- Non-1035 Exchange/ other non-qualified assets

**Qualified Exchange – as indicated in section 4**

- Direct Rollover (e.g., 401 (k) to IRA)       Direct Transfer (e.g., IRA to IRA)
- Roth IRA Conversion (IRA to Roth IRA) - see disclosure on acceptance letter provided by 1891 Financial Life

**6) Transfer Instructions for Assets - described in section 1 and 2**

**THIS SECTION MUST BE FULLY COMPLETED**

**This is to request liquidation and/or transfer from the contract/policy/account listed in section 1:**

- Full Liquidation – (estimated \$ amount) \$ \_\_\_\_\_
- Partial Liquidation<sup>2</sup> – (\$ amount) \$ \_\_\_\_\_

2 - Partial 1035 exchange(s) is (are) not permitted on life policies. In order to be considered a 1035 exchange by the IRS, the amount being requested must be transferred and retained in the receiving contract/policy/account.

**Transfer and/or liquidation effective:**

- Immediately – I am aware of penalties that may occur from an early withdrawal
- On maturity/liquidation date<sup>3</sup> \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3 - Submit all transfer paperwork at least 10 business days prior to maturity date. Do not submit transfer paperwork requesting to hold for a maturity date any later than 15 business days. If outside of the time frame, requested processing cannot be guaranteed. (Does not apply for life policies being established at 1891 Financial Life)

**If neither box is checked, transfer/liquidation will occur immediately.**

- Please waive any conservation period that may apply and process transfer request.

**Optional at the request of writing producer/registered representative:**

Overnight funds to 1891 Financial Life – address on acceptance letter provided by 1891 Financial Life

Overnight Carrier (e.g., UPS, FedEx): \_\_\_\_\_ Overnight Account Number: \_\_\_\_\_

**7) Funds To Be Applied To 1891 Financial Life**

- Annuity**       New 1891 Financial Life contract/policy number: \_\_\_\_\_  
 Existing 1891 Financial Life contract/policy number: \_\_\_\_\_

- Life Policy**       New 1891 Financial Life contract/policy number: \_\_\_\_\_

**8) Lost Contract Statement**

- Contract is attached**
- Certificate of lost contract** – I/We certify that the above referenced contract has been lost or destroyed; and to the best of my/our knowledge and belief is not in anyone’s possession.

**9) Disclosures**

**I am aware of any surrender/withdrawal penalties which may apply, and I authorize the transaction described above. This transfer request also authorizes 1891 Financial Life to receive information on the status of this transfer or exchange by phone or in writing.**

The undersigned represents and agrees that 1891 Financial Life is participating in this transfer at the undersigned's specific request. It is further agreed that 1891 Financial Life has made no representations and that it has neither responsibility nor liability concerning the tax treatment of this transaction under the Internal Revenue Code.

**Transaction Disclosure Information**

**Tax Qualified Transactions:**

*Transfers:* This Certificate of Deposit, brokerage account, mutual fund, money market, and/or annuity contract is held in the IRA type marked above and is to be transferred to the same type of IRA.

*Direct Rollover:* This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.

**Required Minimum Distributions:**

*Important note to existing financial institution:* If I must receive a required minimum distribution (RMD) for any reason (I am age 70-1/2 or older, this is a beneficial IRA, etc.), do not transfer or roll over my current year's RMD calculated for this account.

*Important note to owner:* The existing financial institution has the most accurate information to ensure that you receive the correct RMD from this account. If you do not receive the full amount of your RMD, you may be subject to an IRS penalty of up to 50% of the underpayment. If necessary, instruct your existing financial institution before affecting this transfer to either: (1) pay your RMD to you now, or (2) retain that amount for distribution to you later.

**Non-Qualified Transactions**

*Annuity/Life 1035:* Surrender a non-qualified annuity contract(s) or life insurance policy for the purchase of another non-qualified annuity contract under Sec 1035 of the Internal Revenue Code. Annuities only: For partial 1035 exchanges, any surrender or withdrawal from the existing or new annuity contract within 180 days of the exchange may subject you to adverse tax consequences unless you receive amounts as an annuity for the period of 10 or more years (or+ over your life expectancy). Please see your tax professional for further details.

*Surrender (Annuity/Life):* The undersigned, as owner of this contract or policy specified in this transaction, elects to surrender the assets for its net cash value and directs the transferring company to make payment(s) to the name Assignee. This does not qualify as a 1035 exchange.

**Absolute Assignment for 1035 Exchanges of Life or Annuity Contracts**

The owner of the above contract(s) hereby assigns ownership and beneficial rights under the contract(s) to the following assignee, 1891 Financial Life, Assignee ID Number: #36-1981330.

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s) as to the partial or total amounts shown above, are revoked. The sole beneficiary and payee of the partial or total amounts shown above, shall be the named assignee.

**IRA Rollover**

Please note that, effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA. Please consult your tax advisor with any questions.

**10) Transaction Authorization**

**SIGN AND DATE HERE**

\_\_\_\_\_  
Owner/Plan Administrator Date

\_\_\_\_\_  
Joint Owner – *If Applicable* Date

\_\_\_\_\_  
Insured/Annuitant – *Life Policy Different Than Owner* Date

\_\_\_\_\_  
Spouse<sup>1</sup> – *Only In CA, WA, WI* Date

**Medallion Stamp Guarantee**  
For requesting securities at the transferring company, if required.

Trust: \_\_\_\_\_ as Trustee of the: \_\_\_\_\_  
TRUSTEE'S SIGNATURE TRUSTEE NAME – *printed* DATE

Trust Email: \_\_\_\_\_

1- If you reside in one of the above listed community property states, the spouse must also sign.

**If you have additional questions, please call 1891 Financial Life at 800-344-6273.**