



INDIVIDUAL SINGLE PREMIUM IMMEDIATE 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 _____ / / _____ Age _____ Birth State _____ Gender: M F

Driver's License State & No. _____ Occupation _____ Employer _____

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 _____ / / _____ Age _____ Birth State _____ Gender: M F

Driver's License State & No. _____ Occupation _____ Employer _____

Relationship to Insured _____

3) JOINT ANNUITANT – *if payment option selected is based on both the Annuitant's and Joint Annuitant's lives*

 First Name Middle Name Last Name

 Address / Apt. No. City State Zip

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

 SSN / TIN DOB MM/DD/YYYY Age Birth State Gender: M F

 Driver's License State & No. Occupation Employer

Marital Status: Married Single Widowed Divorced Civil Union

BENEFICIARIES

Beneficiaries share equally unless otherwise indicated.

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

If additional space is needed, please attach a separate sheet.

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) **SINGLE PREMIUM** \$ _____ and/or approximate amount of transfer \$ _____

2) **OPTIONAL RIDERS** none available

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

Non-Qualified

Traditional Individual Retirement Annuity (IRA)

Roth Individual Retirement Annuity

4) **PAYMENT OPTION** - Choose one of the options shown below. The payment option cannot be changed after issue.

a) **Life Annuity**

b) **Life Annuity with Guaranteed Installments** Guarantee Period: _____

c) **Life Annuity with Cash Refund**

d) **Annuity Certain** Guarantee Period: _____

e) **Joint and Survivor Annuity** Percent Payable After First Death: _____

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)

X _____
SIGNATURE OF JOINT ANNUITANT – if applicable

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) Is another application currently pending or being submitted to any other insurance company? Yes No
- g) Has any Proposed Annuitant applied elsewhere for any insurance coverage within the past 6 months? .. Yes No
- h) 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 2nd 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 an 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.



SPIA EFT CERTIFICATE PAYMENT

Certificate Number: _____ **Insured:** _____

Payor's Full Name: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Email: _____

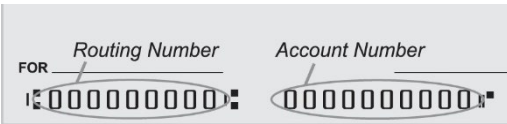
Premium Amount: \$ _____

Premium payment will be drafted on certificate's effective date. No notice will be sent when drafted.

Electronic Funds Transfer (EFT)

PLEASE ATTACH A VOIDED CHECK

Account Type: Checking Savings



ROUTING NUMBER _____ ACCOUNT NUMBER _____

FINANCIAL INSTITUTION _____ BANK PHONE NO. _____

Authorization

I (we) request and authorize 1891 Financial Life ("the Organization") to obtain premium payment requested by the policyowner/payor by initiating charges to my (our) account in the form of electronic debit entries 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 annuity. 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 premium has been paid to and accepted by the Organization or authorization to draft the payment has been given and the financial institution has not notified the Organization that the draft will not be honored.

ACCOUNT OWNER SIGNATURE _____

DATE _____



SPIA DIRECT DEPOSIT AUTHORIZATION

Certificate Number: _____ **Insured:** _____
Payee's Full Name: _____
Address / Apt. No: _____
City: _____ State: _____ ZIP: _____
Primary Phone No: _____ Email: _____

Income Option Selection

Your income option selection will be paid to you on the Installment Date, the date on which the first annuity payment under this certificate will be made. The installment date will occur no later than one payment interval following the issue date. 1891 Financial Life will not process any payment amount that is less than \$100.

Income Mode Monthly Quarterly Semi-Annual Annual

Elective Withholding (Please select only one): Consult your tax advisor for more information.

- I wish to have _____ % or \$ _____ Federal Income Tax withheld from the taxable portion of this payment.
- I do not wish to have federal income tax withheld from the taxable portion of this payment.

If an election is not checked, we are required to withhold 10% Federal Income Tax from the taxable portion of this payment.

If you elect to not have withholding apply to your payment, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Electronic Funds Transfer (EFT)

Deposit Funds To Account Type: Checking Savings **PLEASE ATTACH A VOIDED CHECK**

FOR	Routing Number	Account Number	ROUTING NUMBER	ACCOUNT NUMBER
			_____	_____
			FINANCIAL INSTITUTION	BANK PHONE NO.

Authorization Statement

- By signing the SPIA Direct Deposit Authorization below, I agree to the following:
- If proceeds to which I am not entitled are deposited to my account, I authorize 1891 Financial Life to direct the bank to return said funds to 1891 Financial Life.
 - I understand that it is my responsibility to ensure that proceeds are being deposited correctly into my account.
 - I understand that each new account will go through a pre-notification process.

ACCOUNT OWNER SIGNATURE _____ DATE _____



1891 FINANCIAL LIFE MEMBERSHIP

You are joining a unique member-owned organization. You are more than a customer, you become a member of our Organization. You have a set of member benefits that also includes the opportunity help build stronger communities by supporting service projects that reflect common shared values.

TO BE COMPLETED BY THE PROPOSED INSURED

I am age 16 or older and am applying for membership with 1891 Financial Life.

First Name _____ Middle Name _____ Last Name _____

Address / Apartment Number _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

Number _____ Type _____ Number _____ Type _____

Email Address _____ Date of Birth _____ Gender M F

PUBLICATIONS

Members receive a quarterly newsletter with messages from the CEO and Outreach, or they can view an e-magazine on our website with expanded outreach coverage like scholarship winners, member events and photos, and articles about life insurance and finance.

SURVEY

For survey purposes please select from one of the following:

- I am Catholic
- I am a spouse of a Catholic
- I am not Catholic

MISSION

1891 Financial Life is a community-based insurance organization that offers products and member benefits that assist individuals and their families in achieving financial security, while helping to build stronger communities by supporting service projects that reflect common shared values.

I support the purposes of 1891 Financial Life as described in the Articles of Incorporation as well as its Mission and will comply with the Bylaws of 1891 Financial Life. I also verify that the information I provided is true and correct.



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.

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 insurer or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract.

This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS

- 1) Are they affordable?
- 2) Could they change?
- 3) You're older, are premiums higher for the proposed new policy?
- 4) How long will you have to pay premiums on the new policy? On the existing policy?

POLICY VALUES

- 1) New policies usually take longer to build cash values and to pay dividends.
- 2) Acquisition costs for the existing policy may have been paid, you will incur costs for the new one.
- 3) What surrender charges do the policies have?
- 4) What expense and sales charges will you pay on the new policy?
- 5) Does the new policy provide more insurance coverage?

INSURABILITY

- 1) If your health has changed since you bought your existing policy, the new one could cost you more, or you could be turned down.
- 2) You may need a medical exam for a new policy.
- 3) Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- 4) Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE EXISTING POLICY AS WELL AS THE NEW POLICY

- 1) How are premiums for both policies being paid?
- 2) How will the premiums on your existing policy be affected?
- 3) Will a loan be deducted from death benefits?
- 4) What values from the existing policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT

- 1) Will you pay surrender charges on your existing contract?
- 2) What are the interest rate guarantees for the new contract?
- 3) Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS

- 1) What are the tax consequences of buying the new policy?
- 2) Is this a tax-free exchange? (See your tax advisor)
- 3) Is there a benefit from favorable "grandfathered" treatment of the existing policy under the federal tax code?
- 4) Will the existing insurer be willing to modify the existing policy?
- 5) How does the quality and financial stability of the new insurer compare with your existing insurer?



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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Variable Annuity | <input type="checkbox"/> Fixed Annuity/Fixed Indexed Annuity | <input type="checkbox"/> Life Policy |
| <input type="checkbox"/> Brokerage Account ¹ | <input type="checkbox"/> Mutual Fund(s) ¹ | <input type="checkbox"/> Money Market(s) |
| <input type="checkbox"/> Certificate of Deposit - <i>see section 6 for maturity date instructions</i> | | |

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)^{1,2}
- Beneficial _____ IRA - specify type: Traditional, Roth, SIMPLE¹
- Non-Qualified or After Tax Traditional IRA Roth IRA
- SEP IRA SIMPLE IRA¹ 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 Liquidation² – (\$ 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 date³ ____ / ____ / ____

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

Spouse¹ – *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.