



Bankers Life Insurance Company  
 11101 Roosevelt Blvd N, Ste. 301, St. Petersburg, FL 33716  
 P.O. Box 42020, St. Petersburg, FL 33742  
 Phone (800) 839-2731 Fax (800) 946-3306

**Request for  
 Policy/Account  
 Transfer or  
 Exchange**

Current Trustee/Insurance Company/Financial Institution ("FI")		Policy Owner/Account Owner Name(s)	
Street Address of Current Trustee/Ins. Co./FI		Policy/Account Number(s)	
City State Zip of Current Trustee/Ins. Co./FI		Owner Social Security Number(s) or Tax I. D. Number(s)	
Telephone Number of Current Trustee	Fax Number of current Trustee only if they accept faxes	Annuitant/Insured Name(s) (if other than owner)	

**TRANSFER INSTRUCTIONS:**  
 Please transfer the policy/account values indicated below:  
 **Partial:** Transfer policy/account value totaling: \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 **Complete:** Transfer all policy/account values. Surrender if an annuity policy.  
 **Liquidate Account:** Transfer Investments/CD's/Mutual Funds  
 Approximate Transfer Amount: \$ \_\_\_\_\_  
**For FULL 1035 Exchanges:** I, the owner assign and transfer to Bankers Life all rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.  
**When should the transfer occur?**  
 Transfer policy/account values immediately.  
 Transfer policy/account On or After: \_\_\_\_\_

**NON-QUALIFIED TYPE OF TRANSFER**  
 **Non-Qualified Policy/Account Values, 1035 Exchange**  
 **Non-Qualified Funds, Non-1035 Exchange from:**  
 Mutual Fund  Bank CD  Other Non-Qualified Asset

**QUALIFIED TYPE OF TRANSFER:**  
**From:**  IRA, SEP  Tax-Sheltered Annuity {403(b)}  401(k) Qualified Savings Plan  Other \_\_\_\_\_  
**To:**  IRA, SEP  Tax-Sheltered Annuity {403(b)}  Other \_\_\_\_\_

**Type of Qualified Transfer or Rollover:**  
 Direct Transfer (Rev. Rul. 90-24)  Direct Rollover (UCA-92)  
 Trustee to Trustee Transfer  Non-Direct Rollover

**Retirement Plan to an IRA:**  
*(To be completed only if rolling a Retirement Plan to an IRA)*  
 Plan Termination  Separation from Service  Death  Over age 59 1/2  Disability  Divorce

**REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:**  
 A) Have you reached age 70½ or older in this calendar year?  YES  NO *(If the Answer to A is NO, Disregard B & C.)*  
 B) Have you satisfied you RMD for this taxable year from the distributing plan?  YES  NO *(If the Answer to B is YES, Disregard C.)*  
 C) I direct the present custodian/trustee/insurer to:  Distribute my RMD to me before transferring my Qualified funds or  Transfer the entire amount. The RMD has been or will be made from another account.

**FOR ALL TRANSFERS:** As the owner of the account indicated above, I request the above transfer to Bankers Life Insurance Company (BLIC). I represent and warrant that said policy/account has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy/account (if necessary to keep the policy/account in force) until the surrendering company mails the policy/account proceeds to BLIC. I further agree that BLIC is not responsible for the tax effect of this transfer. I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

My Annuity/Life policy is:  ENCLOSED  NOT REQUIRED to process this transaction  NOT APPLICABLE  
 **LOST/DESTROYED:** I/we 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.

**W9: I (We) certify under penalty of perjury that the Tax ID(s) furnished on this form is/are true and correct.**

Signed at (City, State): \_\_\_\_\_ Date: \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Policy Owner Signature of Joint Owner (If Applicable) Signature of Agent Signature Guarantee (If required)

**ACCEPTANCE BY HOME OFFICE**  
 The Bankers Life Insurance Company acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. Bankers Life will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.  
**Make check payable to: Bankers Life Insurance Company • PO Box 15707 • St Petersburg, FL 33733-3001 • FBO the owner(s) noted above.**

Bankers Life Policy Number \_\_\_\_\_ Authorized Signature/ Title \_\_\_\_\_ Manager \_\_\_\_\_ Date \_\_\_\_\_



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**IMPORTANT NOTICE**

**Replacement of Life Insurance or Annuities**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinued 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 interest. 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:

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 contract or policy number if available) and whether each contract or policy will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)

Make sure you know the facts. Contact your existing company or its agents 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 materials used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_  
 I certify that the responses herein are, to the best of my knowledge, accurate:

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

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

AZ REP 02/10

**ORIGINAL – APPLICANT COPY – REPLACING INSURER**

\*dba Western Bankers Life Insurance Company in Texas



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EXISTING INSURANCE STATEMENT/CERTIFICATION PROPOSED

ANNUITANT/INSURED [Redacted]

OWNER(S)/APPLICANT(S) [Redacted]

[Hereinafter the Owner(s)/Applicant(s) shall be referred to as "Applicant"]

EXISTING INSURANCE STATEMENT

Do you have existing individual life insurance policies or individual annuity contracts with this or any other company?

[ ] YES [ ] NO

If "Yes," then the Agent and Applicant(s) must sign below and the Agent must present and read to the Applicant(s) at the time of application (unless reading is voluntarily waived) the Important Notice: Replacement of Life and Annuities Form. Both this Statement and the Important Notice must be completed, signed and submitted to the Company with the application.

If "No," then the Agent and the Applicant(s) must sign below and submit this Statement with the application.

[Redacted]
Proposed Annuitant/Insured

[Redacted]
Date

[Redacted]
Applicant(s) (If not Proposed Annuitant/Insured)

[Redacted]
Date

[Redacted]
Agent

[Redacted]
Date

If a Replacement is involved with this transaction, then the following must be completed by the Agent:

I hereby certify that in connection with my presentation to the Applicant(s) herein, I only used sales material that were previously approved by Bankers Life Insurance Company and that I left with or provided the Applicant(s) a copy of all sales material used in my presentation.

[Redacted]
Agent

[Redacted]
Date

"Sales Material" means a sales illustration and any other written, printed, or electronically presented information created, completed or provided by the Company and that I left with or provided the Applicant in connection with the policy or contract purchased.



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## **ANNUITY SUITABILITY QUESTIONNAIRE AND ACKNOWLEDGMENT**

This form is designed to help you, our customer, determine if purchasing a Bankers Life annuity contract meets your financial needs. Please complete the questionnaire and acknowledgment in its entirety and submit with your application.

### **PERSONAL INFORMATION – Individuals and Trusts**

1. Owner Name: \_\_\_\_\_
2. Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 (If a Trust, age of Person who established the trust) (Please note if retired)

### **FINANCIAL PROFILE – For Joint Owners – information may be combined**

3. Approximate Household Income: \$ \_\_\_\_\_ (If a trust, estimated value of trust)
4. Approximate Net Worth: \$ \_\_\_\_\_ (Net Worth = Total Assets, Excluding home and automobile, minus Total Debts)
5. Do you have sufficient liquid assets (assets that can be easily converted to cash without incurring penalty charges) available for monthly living expenses and emergencies, such as medical expenses, in addition to the premium you are paying for this annuity?  
 Yes: Please list amount of liquid assets \$ \_\_\_\_\_
- No: Please list amount of liquid assets \$ \_\_\_\_\_ and explain why you believe an annuity contract, which typically has withdrawal limitations and surrender charges, is suitable for your financial needs.  
 \_\_\_\_\_.

6. Primary Source of Income (check all that apply)  
 Employment    Retirement    Social Security    Investment    Other \_\_\_\_\_

7. Federal Income Tax Bracket:  
 0%    10%    15%    25%    28%    33%    35%

8. What is your financial objective in purchasing a Bankers Life annuity? (check all that apply)  
 Income Now    Flexibility    Tax Deferral  
 Provides Guarantees    Potential Growth Followed by Income    Pass Assets to Beneficiaries  
 Lifetime Income Payment    Other \_\_\_\_\_

9. Single Premium Amount remitted with application or estimated amount of 1035 Exchange/Transfer: \$ \_\_\_\_\_

10. This annuity transaction represents approximately the following percentage of your Net Worth:  
 0-25%    25% -50%    50% - 75%    75% - 100%

11. Do you now, or have you previously owned any of the following financial products? (Check all that apply)  
 Certificate of Deposit    Fixed Annuity    Variable Annuity  
 Stock/Bond/Mutual Funds    Other Investments    Other \_\_\_\_\_

12. What is the source of premium funds for this annuity? (Check all that apply)  
 Annuity    Life Insurance    CD    Cash  
 Other Investments    Reverse Mortgage/Home Equity Loan    Other \_\_\_\_\_

13. Are there any settlement fees, surrender charges or penalties of any kind associated with any source(s) of the annuity's premium?  
 Yes       No

**If Yes:** List the percentage, or amount if known, of any settlement fees, surrender charges or penalties of any kind associated with any source(s) of this annuity's premium. List total percentage for each premium source, including MVAs, if applicable. Do not deduct any applicable income bonus percentages received on the new annuity.

**If multiple sources of premium, list each percentage separately.**

Source of Premium (Name of Product and Company Name)	Date of Purchase	Penalty Percentage	Penalty Amount (if Known)
_____	_____	_____	_____
_____	_____	_____	_____

14. How do you anticipate taking distributions from this annuity? (Check all that apply)

- Free/Systematic Withdrawals or Income Option       Lump Sum       Annuitize  
 Required minimum distribution       Leave to Beneficiary

15. When do you anticipate taking your first distribution from this annuity? (Choose one)

- Less than one year       Between one and five years  
 Between six and nine years       10 or more years       None anticipated

16. Have you purchased or replaced any annuities within the preceding 36 months?  Yes     No

If yes, please explain: \_\_\_\_\_

17. Did you discuss your current financial and insurance products with your agent before deciding to purchase this Bankers Life annuity?  Yes     No

18. Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust?  Yes     No

If yes, please explain: \_\_\_\_\_

19. What other information, if any, did you consider material in deciding to purchase this annuity?

If any, please explain: \_\_\_\_\_

20. Do you currently reside in a nursing home or assisted living facility or do you plan to enter a nursing home in the next 6 months?  
 Yes       No

If yes, please explain: \_\_\_\_\_

21. With the exception of any free withdrawals, required minimum distribution, etc., do you expect to take any money out of this product before the end of the withdrawal charge period?  Yes       No

If yes, please explain: \_\_\_\_\_

22. Did your insurance agent explain that if you take money out of this product in excess of the free withdrawal amount provided in the contract during the withdrawal charge period you would incur a penalty? (Please check your policy terms for withdrawal availability.)  Yes     No

If no, please explain: \_\_\_\_\_

23. Describe your risk tolerance (check all that apply)

- Conservative       Moderate  
 Moderately Conservative       Moderately Aggressive  
 Aggressive

Explain \_\_\_\_\_

- Client refused to provide some or all of the above information.

**ANNUITY ACKNOWLEDGMENT**

This form is designed to help you determine if purchasing a Bankers Life annuity contract meets your financial needs. By initialing below (both Owner and Co-Owner if applicable), I am stating that I agree and understand that:

\_\_\_\_ I understand that the interest credited will not offset any surrender charges that I may incur as a result of  
*Initials* purchasing this annuity.

\_\_\_\_ I am applying to purchase an annuity contract that has fixed account strategies.  
*Initials*

\_\_\_\_ The Bankers Life annuity contract is not a mutual fund, savings account, certificate of deposit, bond,  
*Initials* security or similar financial product.

\_\_\_\_ The Bankers Life annuity contract is not a short-term investment. Any withdrawal of funds before the last  
*Initials* day of the withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract.

\_\_\_\_ I have reviewed, understand, and signed the Certificate of Disclosure and consider the matters addressed in this  
*Initials* Annuity Suitability Acknowledgement. I believe the Bankers Life annuity contract is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest.

\_\_\_\_ Bankers Life does not permit its Independent Agent to advise me with respect to the tax consequences associated  
*Initials* with a purchase of an annuity contract, including any exchange of the annuity contract or withdrawal of funds from any other source, for the purpose of purchasing the annuity contract. I am not relying on any tax advise from the Independent Agent or Bankers Life and will consult with my own tax professional to the extent necessary.

\_\_\_\_ If I am purchasing the annuity contract for inclusion in an IRA, 401(k) or other self-directed qualified plan, I  
*Initials* understand that I receive no additional tax deferral.

\_\_\_\_ Capital gains or tax liability may be incurred as a result of liquidating or withdrawing funds from any existing  
*Initials* investment for the purpose of purchasing this annuity contract.

\_\_\_\_ The Independent Agent and Bankers Life may rely upon the information provided by me in this Annuity Suitability  
*Initials* Acknowledgement and all such information is true and accurate to the best of my knowledge and the Independent Agent and Bankers Life may rely on such information.

\_\_\_\_\_  
Owner's signature Date

\_\_\_\_\_  
Co-Owner's signature Date

**AGENT CONFIRMATION**

Please describe how the annuity you recommended will assist the applicant in meeting his or her financial needs and objectives.

\_\_\_\_\_

Please describe any disadvantages for your client in selecting this annuity. \_\_\_\_\_

By signing below, I acknowledge that:

- ◆ The Owner's decision to purchase this annuity is based on my recommendation.
- ◆ I have made a reasonable effort to obtain information from the Owner concerning the Owner(s)' financial status, tax status, financial objective and other information considered reasonable.
- ◆ It is my belief that based on the information the Owner provided, and based on all the circumstances known to me at the time the recommendation is suitable for the Owner(s) insurance needs and /or financial objectives.
- ◆ I have verified the identity of the Owner(s) and believe the information the Owner(s) provided to me regarding his or her identity is true and accurate.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**BANKERS LIFE INSURANCE COMPANY**

**OVERNIGHT DELIVERY: 11101 Roosevelt Blvd N., Ste. 301, St. Petersburg, FL 33716 (800-839-2731)**

REGULAR MAIL: P. O. Box 42020, St. Petersburg, FL 33742

Application for Single Premium Immediate Annuity

<b>Part A: Personal Data</b>				
Proposed Annuitant	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary		Relationship to Annuitant		
<b>Part B: Owner if other than Proposed Annuitant</b>				
Name	Date of Birth/ Inc	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary		Relationship to Owner		
<b>Part C: Co-Owner (if Applicable)</b>				
Name	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary		Relationship to Co-Owner		
The Owner is:    Individual    Partnership    Corporation    Trustee				
<b>Part D: Payee Information</b>				
Name	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
<b>Part E: Coverage Information</b>				
Plan: <b><u>The Bankers Income Annuity</u></b>		Amount applied for\$ _____ (estimated amount)		
<b>Part F : General Information</b>				
This annuity is being applied for as:    Non-Qualified    1035 Exchange    IRA Rollover    Other _____				
<p>Upon written request, an insurer is required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the contract holder and that if for any reason the contract holder is not satisfied with the annuity contract the contract holder may return the annuity contract within ten days, or within thirty days if the contract holder is sixty-five years of age or older on the date of the application for the annuity contract, after the contract is delivered and receive a refund of all monies paid.</p>				
<b>Part G: Benefit Options: (Please check one (1) of the following options)</b>				
<input type="checkbox"/> <b>Payment for a Fixed Period of Time</b> <input type="checkbox"/> <b>Payments of a Fixed Amount</b>		<input type="checkbox"/> <b>Payment for a Fixed Period and Life</b> <input type="checkbox"/> <b>Life Income</b>		
<b>Part H: Payment Plan: (Please check one (1) in each payment category)</b>				
<b>Please check one of the following:</b> Five (5) years      Ten (10) years      Fifteen (15) years Twenty (20) years    Thirty (30) years    Other _____ Payments of a Fixed Amount, amount of each payment \$ _____			<b>Please specify one payment interval:</b> Monthly      Quarterly Semi-Annually      Annually	

**Agreements:**

This application will be a part of the annuity issued by Bankers Life Insurance Company (the "Company"). It is agreed that: (1) This application shall be the basis for any annuity issued on this application; (2) Any annuity issued on this application shall not take effect until the contract is delivered to the applicant/proposed owner and the single premium has been paid in full; (3) No information acquired by any representative of the Company shall be binding upon the Company unless set out in writing in this application; (4) No waiver or modification shall be binding upon the Company unless in writing and signed by a President or a Vice President and the Secretary or an Assistant Secretary; and (5) I/We have acknowledged and read the fraud warnings below;

**Any person who, knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.**

I hereby declare the application was signed and dated at: \_\_\_\_\_  
City State Date

To the best of my knowledge, replacement of an existing life insurance policy or annuity is is not needed in this transaction.

Does the applicant have an existing life insurance policy or an annuity contract? Yes No

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

\_\_\_\_\_  
Signature of Agent Date Agent Number Agent's Telephone Number  
(FL License if applicable)

Please *print* agent/broker name \_\_\_\_\_

<b>Note: Once Owner designates a Payee other than the Owner all rights are released and irrevocable.</b>	
Taxpayer ID Number & Certification (Substitute IRS Form W-9)	
This Certification must be completed and signed by the listed Payee of this Annuity identified above. If you do not provide your tax identification number, we are required to withhold 31% of the taxable amount distributed. If you do not complete the Certification or if we are so notified by the Internal Revenue Service, we must withhold 31% of the amount subject to federal income taxes.	
<b>1. Taxpayer Identification Number</b>	
Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see IRS form W-9.	
- -	<b>OR</b>
<b>2. Certification ( Please check all of the below items that are true) Under penalties of perjury, I certify that:</b>	
a. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and	
b. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or the IRS has notified me that I am no longer subject to backup withholding.	
c. The Payee is a U.S. Citizen.	
Certification Instructions – DO NOT check item 2b if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.	
<b>3. Tax Withholding Election</b>	
Indicate below whether or not you want Federal Income Tax withheld from the payment (check one):	
I <b>DO NOT</b> want Federal Income Tax withheld.	
I <b>DO</b> want Federal Income Tax withheld. Taxes will be withheld at the rate of 10% unless a higher percentage is indicated here _____ %	





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**ACKNOWLEDGEMENT OF BUYER'S GUIDE**

I hereby acknowledge that my agent furnished me with a copy of the Buyer's Guide.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner's Signature (if applicable)

\_\_\_\_\_  
Date

**Agent:** I certify that a complete copy of the Buyer's Guide for annuities has been provided to the applicant before or at the time of application.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**RETURN WITH APPLICATION**

d.b.a. Western Bankers Life Insurance Company in Texas



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**NON-NATURAL OWNER  
 ACKNOWLEDGEMENT**

Please read and return this form if you intend to designate a non-natural entity as the owner of your Bankers Life Insurance Annuity Contract.

**Definition of non-natural owner** - a non-natural owner is an owner which is not a living person, and would include trusts, estates, corporations, partnerships, charitable entities, and other similar entities.

**Please note the following:** The purpose of this form is to ensure that nonqualified annuity contracts held by a non-natural person or entity will be tax-reported pursuant to the Internal Revenue Code. Under IRC Section 72(u), an annuity contract owned by a trust or other entity, rather than a natural person, generally is not treated as an annuity contract for federal income tax purposes. Instead, the earnings under the contract are currently taxable to the owner, even if the earnings are not immediately withdrawn from the contract.

There are several exceptions to this general rule, however, and it is possible that one of these exceptions applies to your contract. If one of the exceptions applies, your contract will be treated for federal income tax purposes as an annuity, and thus the earnings typically will not be taxed until you withdraw them from the contract.

Name of Annuitant: \_\_\_\_\_ Tax ID# \_\_\_\_\_

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

Name of Owner: \_\_\_\_\_ Tax ID# \_\_\_\_\_

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

Type of Entity - Please specify the type of entity from the options below (check only one):

**Trusts**       Revocable Trust     Irrevocable Trust     Charitable Trusts (CRT, CLT, CRAT, etc)

The Company takes the position that for tax purposes, if all the beneficiaries are individuals, an annuity contract held by a trust may be treated as holding the annuity contract as agent for a natural person. Therefore, if we have documentation that all beneficiaries are individuals, we will treat such trusts as having tax deferral and will only issue an IRS Form 1099R when there has been a distribution for that year.

Charitable trusts are tax-exempt entities and therefore not subject to taxation. Consequently, the Company will not issue an IRS Form 1099R to reflect any income to such trusts. All necessary tax reporting of income to the settlor is the responsibility of the trustee(s).

Please list the beneficiary of the Trust below:

Print Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Use a separate sheet and attach if more beneficiaries for the Trust)

*The above beneficiary information is for tax reporting purposes only and does not determine the beneficiary of the contract. Bankers Life will pay any death benefit according to the beneficiary listed on the contract.*

**NON-NATURAL OWNER  
ACKNOWLEDGEMENT**

Type of Entity (continued)

**Taxable Entities**

- Partnership (including LLP and Family Partnerships)
- Corporations
- Limited Liability Company
- Other \_\_\_\_\_  
Subject to Company Approval

Annuity contracts owned by any of the taxable entities above, do not generally receive tax deferral. The Company will issue a Form 1099 annually to report any gain within the contract as well as any distributions from the contract. Corporations however will not receive any 1099 (for gain or distribution) and all necessary tax reporting of income is the responsibility of the Corporation.

Bankers Life Insurance Company expresses no opinion with respect to the suitability of an annuity as an investment in a nonqualified deferred compensation plan. The administration of any such plan is the sole responsibility of the employer. Employees should consult with their legal and tax counsel before using an annuity in a nonqualified deferred compensation plan.

**Tax-Exempt Entities**

- Charitable Organization or Foundation (including churches or hospitals)
- Educational Institutions
- Other \_\_\_\_\_  
Subject to Company Approval

Tax-exempt entities are not subject to taxation and therefore the Company will not issue a Form 1099R in connection with any gain or distribution from an annuity contract owned by such an entity. Bankers Life Insurance Company expresses no opinion with respect to the suitability of an annuity as an investment in a 457(f) plan. The administration of any such plan is the sole responsibility of the employer. Employees should consult with their legal and tax counsel before using an annuity in a 457(f) plan.

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This document is intended for informational purposes only, in order to explain Bankers Life Insurance Company's general interpretation of federal tax-reporting requirements. **It does not constitute tax advice and you should consult your tax advisor regarding your particular situation before proceeding.** I hereby agree to indemnify and hold Bankers Life Insurance Company harmless from any adverse tax consequences or other liability that may arise as a result of an incorrect interpretation of Section 72(u).

\_\_\_\_\_  
Authorized Signer/Trustee for Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signer/Trustee for Owner

\_\_\_\_\_  
Date

**Form W-9 must accompany this form**



# Bankers Life Insurance Company

**11101 Roosevelt Blvd N., Ste. 301 St. Petersburg, FL 33716 (800) 839-2731**

## Certificate of Disclosure

**Interest Crediting**

An Interest Rate of \_\_\_\_\_% is guaranteed on your account value for the first five years of the contract.

**Sales Load**

A one-time upfront Sales Load of 5% is imposed on your single deposit at the time of policy issue.

**Redemption Fees**

Your annuity has a ten year period of fixed Redemption Fees. There is a 30-day window at the end of the first guarantee period during which redemption fees do not apply. During this time, you may contact the Company to request a partial withdrawal, full surrender or elect an income option without incurring any redemption fees. The following Redemption Fee percentages apply to amounts withdrawn during the first ten contract years:

Contract Year	1	2	3	4	5	30 days	6	7	8	9	10	11+
Redemption Fee %	1%	1%	1%	1%	1%	0%	1%	1%	1%	1%	1%	0%

Withdrawals are subject to a minimum of \$1,000.00 per withdrawal. Withdrawals may be taken periodically on a monthly basis or at any interval. Any and all withdrawals are subject to the 1% Redemption Fee with the following exceptions: 1) withdrawals made during the 30-day window, or 2) if after one year you elect to take distributions over a period of at least 5 years under a Settlement Option. Payments made under a Settlement Option are not subject to a 1% Redemption Fee.

**Automatic Continuation**

If you do not contact us during the 30-day window, the contract will automatically begin a new guarantee period of the same duration. Your money will continue to accumulate with a new guaranteed interest rate declared by Bankers Life. This rate may be higher or lower than the previous period, but it will not be less than 2 percent.

**Taxes**

Neither the Company nor its agents give tax advice. Taxes must be paid on deferred earnings when accessed. You may be responsible for income taxes on amounts distributed under the contract, including a 10% penalty for withdrawals prior to age 59 ½.

**Certification**

I have read this Certificate of Disclosure and understand its contents. I understand that maximizing the value of my contract depends on minimizing cash withdrawals from my contract during the first ten years. I further understand that this Certificate of Disclosure is only a summary of certain terms of my annuity contract and that the contract together with the application, amendments, and any riders or endorsements when issued, will represent the entire agreement between the Company and me.

Signature of Owner  \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Owner (if any)  \_\_\_\_\_ Date: \_\_\_\_\_

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

**A copy of this Certificate of Disclosure will be returned with your annuity contract.**

<b><u>Product/Sale Type</u></b>	<b>FORMS REQUIRED</b>					
	Application	Certificate of Disclosure	Suitability Form	1035 Exchange Form & Contract Being Exchanged	Direct Custodial Transfer Request	State Replacement Form* (if applicable)
Cash w/App	X	X	X			X
1035 Non-Qualified Annuity Exchange	X	X	X	X		X
CD's, Mutual Funds and Qualified Annuity Transfers	X	X	X		X	X

**The following states require annuity replacement forms: AL, AR, AZ, DE, FL, GA, HI, ID, IN, IA, KS, KY, LA, MD, MN, MO, MS, MT, NE, NM, NV, NC, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, WI, WV, WY**