



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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**FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE**

Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth / /  Age \_\_\_\_\_ Sex \_\_\_\_\_ Tax Status \_\_\_\_\_  
 Entity: \_\_\_\_\_  
 Tax Status: \_\_\_\_\_ Relationship to Annuitant(s): \_\_\_\_\_  
 Form of Ownership: \_\_\_\_\_  
 Supporting documents(list): \_\_\_\_\_

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets:	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? \_\_\_\_\_

What are your financial objectives for this purchase? (Check all that apply)

- Income  Growth (long term)  Safety of Principle and Income
- Safety of Principle and Growth  Pass assets to a beneficiary or beneficiaries at death
- Other: \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

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

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

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

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

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

Will the proposed annuity replace any product?

- Yes                       No

If yes, will you pay a penalty or other charge to obtain these funds?

- Yes                       No

If yes, the amount of the charge or penalty

\$ \_\_\_\_\_ . \_\_\_\_\_

Additional Information:

Owner's Signature

Date Signed

**Note:** The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

**Advantages of purchasing the proposed annuity:**

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**Disadvantages of purchasing the proposed annuity:**

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**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):**

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Agent's Signature

Date Signed

**Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.**

**ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I REFUSE to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

**APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

Owner's Signature

Date Signed

## EXPLANATION OF TERMS

**“Age”** is the natural person’s attained age on the day the form is completed.

**“Tax Status”** is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

**“Form of Ownership”** is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

**“Supporting documents”** are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

**“Annual income”** is income received during a calendar year, whether earned or unearned.

**“Source of annual income”** is the income-generating source, such as pension income, dividends, or earned income etc.

**“Annual household income”** is the combined annual income received by all household members each calendar year.

**“Total Net Worth”** is the senior consumer’s total assets minus total liabilities or encumbrances applicable to those assets.

**“Existing Assets”** are financial assets including life insurance and annuities.

**“Existing Liquid Net Worth”** is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

**“Financial Objectives”** are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principle and Income, (4) Safety of Principle and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

**“Risk Tolerance”** means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

**“Source of the funds”** to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

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Owner’s Signature

Date Signed



### **GOV. CRIST SIGNS BILL INCREASING GUARANTY LIMITS FOR ANNUITIES (HB 159)**

We have heard from a few members who asked if Gov. Crist signed House Bill 159 which was pushed through the Legislature by our lobbyist Tim Meenan, and we are happy to report the bill has been signed into law. The new Florida law is effective July 1<sup>st</sup>, 2010 and increases the limits of the Florida Life & Health Insurance Guaranty Association (FLHIGA) from \$100,000 to \$250,000 in cash values of annuity contracts. FLHIGA is the state mechanism to pay life, health, or annuity claims of insolvent insurers.

Currently, under Florida law, FLHIGA may only pay up to \$100,000 in cash values, \$300,000 in death benefit claims, or a combination of cash value and death benefit claims not to exceed \$300,000 for all types of life, health, or annuity contracts. Recently, the Federal Deposit Insurance Company (FDIC) raised the limits that it would pay for bank deposits held by insolvent banks and savings and loans from \$100,000 to \$250,000. This legislation parallels that increase and levels the playing field for investors who want alternatives to putting their money in the bank.

Additionally, this legislation will allow agents to discuss the existence of FLHIGA with consumers who inquire about the protection of their assets. Current law prohibits any entity from advertising or discussing FLHIGA or its limits. The 2009 Legislature allowed agents selling property insurance to discuss with their insured's the existence, purpose, and limits of the Florida Insurance Guaranty Association (FIGA). The bill will allow life agents to furnish written information provided by the FLHIGA Board to customers regarding the FLHIGA limits. NAIFA opposes advertising guaranty fund limits, but agents must be in a position to discuss this issue with their customers. The key issue is that the applicant or insured must first inquire about what guaranties exist regarding funds invested in an annuity, after which the agent may provide the FLHIGA information.



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**Notice to Applicant Regarding Replacement of Life Insurance**

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage for certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear both sides before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate place below.

Yes       No

**DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.**

I have read this notice and received a copy of it.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agent's Name (Printed or Typed)

\_\_\_\_\_  
 Agent's Address (Printed or Typed)

\_\_\_\_\_  
 Agent's Company (Printed or Typed)

**Information on Policies which may be replaced:**

Company Name	Policy Number	Name of Insured



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**DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS**

**EXISTING ANNUITY CONTRACT**

**PROPOSED ANNUITY CONTRACT**

Annuitant(s) \_\_\_\_\_  
 Insurer \_\_\_\_\_  
 Contract # \_\_\_\_\_

Annuitant(s): \_\_\_\_\_  
 Insurer: \_\_\_\_\_  
 Application #: \_\_\_\_\_

	EXISTING ANNUITY CONTRA	REPLACEMENT ANNUITY
Contract Issue Date	Mo Day Yr	Mo Day Yr (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)		
Investment/Insurance components (Describe)		
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riders, Features/Cost (Describe)		
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)		



	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Living Benefits (Describe)		
Minimum Guaranteed Interest Rate	%	%
Limitations on interest return (Describe)		
Interest Rate Cap / Term	/	/
Participation Rate / Term	/	/
Indexing Method / Term	/	/
Other Fees (Describe)		
Initial Bonus Percentage Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)		

Comments and continuation from above:

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

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



## EXPLANATION OF TERMS

**“Generic Contract Type”** is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

**“Marketing Name”** is the name adopted by the insurer to identify the contract form.

**“Qualified Contract”** means a product used to fund any type of pension plan approved by the Internal Revenue Service.

**“Annuity Maturity Date”** is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

**“Surrender Charge”** is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

**“Surrender Charge Period”** is the number of annuity contract years a surrender charge may be applicable.

**“Initial Surrender Charge Percentage Rate”** is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

**“Surrender Charge Percentage Schedule for Remaining Years”** the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

**“Minimum Guaranteed Interest Rate”** is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

**“Initial Bonus Percentage or Amount”** is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

**“Potential Loss of Bonus if Exchanged”** refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

**“Interest Rate Cap”** is the maximum rate of interest the annuity will earn.

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Owner’s Signature

Date

Date Signed

## EXPLANATION OF TERMS

(CONTINUED)

**“Participation Rate”** the participation rate decides how much of the increase in the index will be used to calculate index – linked.

**“Indexing Method”** means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water and point-to-point. The index term is the period over which index-linked interest is calculated. “Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

**“Administrative Fees or Margins”** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

**“Asset Fees”** are the fees the insurer charges that are a percentage of the value of the annuity contract.

**“Death Benefit Amount”** is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

**“Free Withdrawals”** are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

**“Annual Free Withdrawal Percentage Rate”** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

**“Change of Annuitant upon Death”** is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

**“Waiver of Surrender Charge Benefit or Similar Benefit or Provision”** is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

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Owner’s Signature

Date

Date Signed



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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

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## 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.**

<u>Product/Sale Type</u>	<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**