



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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## **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



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NOTICE TO THE APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE.

THIS NOTICE IS FOR YOUR PROTECTION AND IS REQUIRED BY REGULATIONS OF THE MICHIGAN COMMISSIONER OF INSURANCE. PLEASE READ CAREFULLY.

Dropping or changing your existing life insurance to replace it with a new life insurance policy may be disadvantageous because:

A company can deny a claim during the first two years if it can be shown that you withheld information from your application which was important to the decision of whether to insure you. This is called the "CONTESTABLE PERIOD." If you drop or change policies, you may have to go through the two year period again.

You may pay HIGHER RATES for identical coverage because of your age. Life insurance rates go up as you get older.

BEFORE YOU DROP, CHANGE OR CASH IN YOUR PRESENT INSURANCE and apply for new insurance, you should:

- 1. Compare the BENEFITS and OPTIONS. The agent is required by law to provide you with all pertinent facts of the change and the insurance company you are considering must notify the company that issued your existing policy.
2. Be aware that you may be required to provide EVIDENCE OF INSURABILITY. If your health condition has changed since the application was taken on your present policy, you may be required to pay additional premiums under the new policy, or be denied coverage.
3. Compare the LOAN INTEREST RATE. The interest rate for new policies is probably higher than for existing policy. Therefore you will pay more when you want to borrow the cash value. If you are considering borrowing against your existing policy to pay premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy.
4. Find out if the existing policy and/or the proposed policy offers DIVIDENDS OR EXCESS INTEREST. Dividends or excess interest can have a significant impact on net policy cost. Remember that no company can guarantee the amount of dividends it will pay in the future, nor can express interest projections be presented as to imply a guarantee.
5. CONTACT THE AGENT OF YOUR PRESENT COMPANY. Your present company can often make changes in your existing insurance on terms which are more favorable to you than can another company.
6. Find out if there are income or estate tax consequences if you drop or change your present policy.

You should not drop or change your existing life insurance coverage until after you have been issued a new policy, examined it and found it to be acceptable to you. REMEMBER YOU HAVE TEN DAYS AFTER RECEIPT OF THE POLICY TO CANCEL AND OBTAIN A FULL REFUND.

Applicant's Name (printed)

Producer's Name (printed)

Applicant's Signature

Producer's Signature

Date

Date



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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**