

AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY

P.O. Box 9510, Wichita, Kansas 67277-0510
Overnight Address: 1035 S. 183rd Street W.; Goddard, Kansas 67052
316-794-2200

ANNUITY APPLICATION

In Arizona: Upon your written request we will provide you, within a reasonable period of time, reasonable factual information concerning the benefits and provisions of the annuity contract. If for any reason you are not satisfied with the contract, you may return it within 30 days after it is delivered and receive a refund of all monies paid. You and we will be in the same position as if no contract had been written.

1. **PRODUCT APPLIED FOR:** CD Annuity Money Market Annuity Flexible Premium Single Premium

2. **ANNUITANT** (Must be a natural person.)

Name _____ SSN/TIN: _____
Street Address (no PO Box or c/o) _____ City: _____ State: _____ Zip: _____
Sex: Male Female Date of Birth: _____ Age _____ Place of Birth: _____
Phone Number(s) _____ Relationship to Owner: _____

3. **JOINT ANNUITANT** (For non-qualified situations only, unless purchasing an IRA for immediate joint annuitization.)

Name _____ SSN/TIN: _____
Street Address (no PO Box or c/o) _____ City: _____ State: _____ Zip: _____
Sex: Male Female Date of Birth: _____ Age _____ Place of Birth: _____
Phone Number(s) _____ Relationship to Owner: _____

4. **OWNER** (complete if other than person named in #2 above)

Name _____ SSN/TIN: _____
Street Address (no PO Box or c/o) _____ City: _____ State: _____ Zip: _____
Sex: Male Female Date of Birth: _____ Age _____ Place of Birth: _____
Phone Number(s) _____

5. **JOINT OWNER** (For non-qualified situations **only**.)

Name _____ SSN/TIN: _____
Street Address (no PO Box or c/o) _____ City: _____ State: _____ Zip: _____
Sex: Male Female Date of Birth: _____ Age _____ Place of Birth: _____
Phone Number(s) _____ Relationship to Owner: _____

6. **OWNER TYPE** (Non-natural owners, except Grantor Trusts, generally do not receive tax deferral.)

Individual Partnership Minor (UTMA/UGMA) Charitable Remainder Trust¹ Corporation/Association
 Custodial Account Non-Grantor Trust^{1,2} Tax Exempt/Non Profit Organization

¹Trustee Name(s) _____ Date of Trust _____

²Grantor name _____ ²Grantor Date of Birth _____

7. BENEFICIARY (If a non-living entity is the Owner or if Joint Owners are named, death benefits will be paid to the non-living entity or surviving owner pursuant to the contract provisions, regardless of any primary beneficiary that is named.)

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____%	Name _____ Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____ Relationship _____ Date of Birth _____ Place of Birth _____ SSN/TIN _____
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____%	Name _____ Street Address (No PO Box or c/o) _____ City _____ State _____ Zip _____ Relationship _____ Date of Birth _____ Place of Birth _____ SSN/TIN _____
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8. CITIZENSHIP (Non-resident alien owners may be subject to a mandatory 30% federal withholding. An IRS form W8 is required prior to issue.)

Are the following U.S. Citizens?

Owner(s): Yes No Annuitant(s): Yes No Beneficiaries: Yes No

(If no, complete this entire section.)

Full Name _____ Party Owner Annuitant Beneficiary

Country of Citizenship _____

Permanent Resident Card No. (Attach a copy of card.) _____ Visa Number and Type (Attach a copy of visa.) _____

9. PAYMENT INFORMATION

- a. Cash with Application: \$ _____
- b. Approximate 1035 or Transfer/rollover Amount \$ _____
- c. Total Initial Amount \$ _____
- d. Source of Payment Regular Transfer^{1,2} Rollover^{1,2} 1035 Exchange^{1,2}
¹Origin of Payment Fixed Annuity Variable Annuity Fixed Life Variable Life Non-Insurance Asset
²Additional form required to request funds
- e. Method of Payment: Personal Check Cashier's Check Money Order Wire Other _____
- f. Billing Information: Single Payment Bill for Payments of \$ _____
- g. Billing Mode: Monthly EFT* Quarterly Semi-annual Annual

*I authorize the Company to collect \$ _____, on the due date specified _____ (mm/dd), by initiating electronic debit entries to my account. An initial premium must be received before the program can commence. ATTACH VOIDED CHECK.

Signature of Authorized Account Owner _____ Date _____

ALL CHECKS MUST BE MADE PAYABLE TO THE COMPANY. Do not make checks payable to the agent

10. DEFERRED ANNUITY

Guarantee Period (CD Annuities):

\$ _____ % 15 months \$ _____ % 3 years
 \$ _____ % 5 years \$ _____ % 10 years

11. IMMEDIATE ANNUITY (Must complete and attach REQUIRED Federal Election Withholding Form.)

Payout Plan**

- Fixed Period of ____ Years Life Annuity with ____ Years Certain
- Interest Only Fixed Amount of \$ _____

**For qualified situations: Not all payout plans offered will satisfy the required minimum distribution. Please consult your tax advisor prior to electing a payout plan.

Payout Frequency: Monthly Quarterly Semi-Annual Annual

Person to Receive Annuity Payments:

Annuitant Owner Other - Provide full name and address in Section ??

Bank Account (Complete and attach Electronic Funds Transfer Form)

Payment Start Date (must be within 12 months of issue): _____

12. TAX QUALIFICATION STATUS OF ANNUITY APPLIED FOR

Non-Qualified

Payment Tax Year (if applicable) _____

Qualified:

Contribution Amount: \$ _____

Traditional IRA

SEP*

*For SEP only: Traditional IRA Contribution

SIMPLE IRA

Roth IRA

SEP IRA

13. TAX QUALIFICATION STATUS OF PREMIUM SOURCE

Non-Qualified

***Qualified:**

Traditional IRA

SEP*

TSA

Keogh/401 Plan/403(b)

SIMPLE IRA

Roth IRA**

457Plan

Other _____

* If indirect rollover, the owner has 60 days from the date they receive the funds to reinvest the funds.

** A Roth IRA may only transfer/rollover into another Roth IRA

14. REPLACEMENT

1. Do you have any existing annuity or life insurance contracts? Yes No

2. List all personal and business life insurance and annuities. If "none" state "none".

Company	Policy Number	Cost Basis Amount	Policy Issue Date

3. Will an existing annuity or life insurance contract be replaced, changed, or borrowed against due to

This application (if yes, circle which contract(s) listed above are to be replaced.)

Yes No

15. REMARKS AND/OR SPECIAL INSTRUCTIONS

16. **IMPORTANT INFORMATION AND SIGNATURES**

For applicants in Arkansas, Kentucky, Louisiana, New Mexico, Ohio, and Tennessee: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For applicants in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to any insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, or civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Applicants in Oklahoma: WARNING: any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

I declare: to the best of my knowledge and belief, all statements and answers are true, complete and correctly reported. I also understand information provided is representations and not warranties

Substitute Form W-9

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
3. I am a U.S. person (including U.S. resident alien).

The penalty of perjury certification applies only to the certifications in this substitute Form W-9.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Signed at _____
City/State

Signature of Owner

On _____
Month/Day/Year

Signature of Joint Owner (if any)

Signature of Annuitant

Signature of Joint Annuitant (if any)

- Annuities and insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC), Federal Reserve Board, National Credit Union Association (NCUA), National Credit Union Share Insurance Fund (NCUSIF), or any other agency of the United States, or the bank or credit union, or an affiliate of the bank or credit union.
- Annuities are not deposits or obligations of, or guaranteed by, any bank, affiliate of any bank or credit union.
- The financial institution does not guarantee performance by the insurer issuing the annuity

AGENT USE ONLY

- 1. To the best of your knowledge does the applicant have any existing life insurance or annuity in this or any other company? Yes No
- 2. To the best of your knowledge will this contract replace or change any existing life insurance or annuity in this or any other company? Yes No

Print Agent's Name

Signature of Agent

Agent's Email Address

Agent Number

Agent's Phone Number

Print Additional Agent's Name

Signature of Additional Agent

Additional Agent's Email Address

Additional Agent Number

Additional Agent's Phone

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American Underwriters Life Ins. Co.
P.O. Box 9510, Wichita, Kansas 67277

RECEIPT

(This receipt should be detached and delivered to the applicant only when a payment with application is received.)

Received of _____, \$_____ as payment with application for the annuity applied for. The amount received will be credited to the annuity on the issue date. If the annuity is not issued or if the owner returns the annuity under the right to return provision, the amount received will be refunded.

Date_____

Signed_____
Agent Agent Number

Print Agent's Name

Print Agent's Address

**All checks must be made payable to the life insurance company.
Do not make checks payable to the agent or leave the payee blank.**

SUITABILITY ACKNOWLEDGEMENT FOR ANNUITY SALES

The questions on this form are for your benefit and are designed to help determine if purchasing an annuity contract is suitable for your individual financial situation. The questions also pertain to your understanding of certain product features. You have the right to decline to answer any questions. By signing, you certify your understanding that an annuity is a long-term investment and that withdrawals may be subject to charges.

WE RESPECT YOUR PRIVACY AND PROTECT YOUR INFORMATION. THIS FORM IS FOR YOUR BENEFIT TO ASSIST US IN MONITORING THE SUITABILITY OF ANNUITY SALES. IN MANY STATES WE ARE REQUIRED TO ASK YOU THESE QUESTIONS.

- Yes, I agree to answer the questions below and understand that any recommendations assume the information provided is current and accurate.
- No, I will not answer questions 1 through 10 but I believe an annuity contract is suitable for my financial situation.

FINANCIAL PROFILE		
1. Which of the following best describes your long-term objective(s) for this annuity? (check all that apply). <input type="checkbox"/> Safety of Premium <input type="checkbox"/> Supplemental Retirement Income <input type="checkbox"/> Minimum crediting Guarantees <input type="checkbox"/> Guaranteed Income for life <input type="checkbox"/> Protection for My Beneficiaries <input type="checkbox"/> Tax-Deferred Growth (only applies to non-qualified annuities)		
2. Investment Risk Style: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive		
3. If this annuity is issued in connection with an IRA or a qualified plan, I understand the annuity will provide no additional tax savings. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. Number of years of experience with financial products: <input type="checkbox"/> None <input type="checkbox"/> 1 - 5 years <input type="checkbox"/> 6 - 9 years <input type="checkbox"/> 10 - 19 years <input type="checkbox"/> 20 years and over		
5. Number of dependents: <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four and over		
6. Investments I own: (check all that apply) <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> CDs <input type="checkbox"/> Investment Real Estate <input type="checkbox"/> Ownership of a business <input type="checkbox"/> None		
Estimated annual income: <input type="checkbox"/> \$ 0 - \$9,999 <input type="checkbox"/> \$10,000 - \$14,9999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 and over		
7. Source of income: (check all that apply) <input type="checkbox"/> Social Security <input type="checkbox"/> Wages <input type="checkbox"/> Pensions <input type="checkbox"/> Investments <input type="checkbox"/> Sale of Real Estate		
8. My estimated net worth (excluding home(s), auto(s), and any business(es) owned) is: <input type="checkbox"/> \$25,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 – \$249,999 <input type="checkbox"/> \$250,000 – \$499,999 <input type="checkbox"/> \$500,000 – \$999,999 <input type="checkbox"/> \$1,000,000 & over		
9. My tax bracket is: <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35%		
10. Period of time before the money is needed (for expenses such as major medical, education or major purchases that cannot be satisfied by any free withdrawal amount), or other withdrawals used to satisfy Required Minimum Distributions (RMDs), etc.: None <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> 4 – 6 years <input type="checkbox"/> 7 – 9 years <input type="checkbox"/> 10 – 12 years		
11. Other relevant information I wish to provide: _____ _____		
Customer Signature		
_____	_____	_____
Owner/Applicant Signature	Printed Name Owner/Applicant	Date
_____	_____	_____
Joint Owner/Applicant Signature (if any)	Printed Name Owner/Applicant	Date
Producer's Statement		
I have reasonable grounds for believing that the recommendation for this consumer to purchase/exchange or replace and annuity is suitable on the basis of the facts disclosed by the consumer as to their investments and other insurance products and their financial situation and needs.		
_____	_____	_____
Producer's Signature	Producer's Printed Name	Date

Customer Copy

Agent Copy

Home Office Copy