

**GREAT FIDELITY LIFE INSURANCE COMPANY**  
P.O. Box 9510, Wichita, Kansas 67277-0510  
Overnight Address: 1035 S. 183<sup>rd</sup> 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.

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1. **PRODUCT APPLIED FOR:**  Fixed Annuity  Flexible Premium  Single Premium

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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) \_\_\_\_\_

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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: \_\_\_\_\_

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

Individual  Partnership  Minor (UTMA/UGMA)  Charitable Remainder Trust<sup>1</sup>  Corporation/Association  
 Custodial Account  Non-Grantor Trust<sup>1,2</sup>  Tax Exempt/Non Profit Organization

<sup>1</sup>Trustee Name(s) \_\_\_\_\_ Date of Trust \_\_\_\_\_

<sup>2</sup>Grantor name \_\_\_\_\_ <sup>2</sup>Grantor 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<sup>1,2</sup>  Rollover<sup>1,2</sup>  1035 Exchange<sup>1,2</sup>  
<sup>1</sup>Origin of Payment  Fixed Annuity  Variable Annuity  Fixed Life  Variable Life  Non-Insurance Asset  
<sup>2</sup>Additional 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 (Fixed 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): \_\_\_\_\_

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## 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

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## 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

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## 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

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## 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.     Century Life Assurance Co.     Great Fidelity 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.

<b>FINANCIAL PROFILE</b>		
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: _____ _____		
<b>Customer Signature</b>		
_____	_____	_____
Owner/Applicant Signature	Printed Name Owner/Applicant	Date
_____	_____	_____
Joint Owner/Applicant Signature (if any)	Printed Name Owner/Applicant	Date
<b>Producer's Statement</b>		
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