

12. JOINT ANNUITANT: (full name, mailing address, and relationship to Proposed Annuitant) _____

13. BENEFICIARY (Subject to change. Full Name, Address, Phone, and Relationship)

14. ADDITIONAL OTHER, DETAILS, AND SPECIAL REQUESTS (Indicate Question Number)

THOSE WHO SIGN THIS APPLICATION AGREE THAT:

1. All of the statements in this application are correctly recorded, and are complete and true to the best of the knowledge and belief of those who made them.
2. No Agent is authorized to accept risks, make or change contracts, or give up any of the Insurer's rights or requirements.
3. Unless otherwise stated in question 14, the Applicant will own the policy and the Proposed Annuitant (if not Applicant) will be the successor owner.
4. To put the policy issued in force, the policy must be delivered to applicant.

Dated at _____ on _____ day of _____, 20____

Signature of Proposed Annuitant (applicant), _____

Signature of Applicant (if not Proposed Annuitant), _____

(PRINT Applicant's Name, Address, Relationship to Proposed Annuitant, Social Security Number)

To the best of my knowledge and belief this annuity will will not replace any life insurance policy or annuity.

I represent that: 1) I am a duly licensed agent of this insurance company; 2) I have truly and accurately recorded all answers given to me; 3) I have explained the provisions of the policy being applied for; and 4) if a deposit has been rendered, I have given a company receipt for initial premium in the amount of \$ _____ which as been paid to me by: check cash money order.

Witness _____ Agent _____ Date _____

Countersigned by licensed resident agent (if required)

ANNUITANT _____

LIVING BROTHERS AND SISTERS OR FOUR REFERENCES (Addresses and Phone Numbers)

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 3. _____

_____ |
| 2. _____

_____ | 4. _____

_____ |

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AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY
Administrative Offices: P.O. Box 9510 Wichita, Kansas
(316) 794-2200

Received from _____ on _____, 20__

the sum of _____ Dollars (\$_____)

the amount specified in Question 8 of the application bearing the same date as this receipt. This payment is received subject to the provisions of this receipt and its conditional Temporary Coverage Agreement below. Any check rendered must be made payable to American Underwriters Life Insurance Company and will be received subject to collection.

This receipt is not transferable.

Agent

CONDITIONAL TEMPORARY COVERAGE AGREEMENT

Coverage provided by this receipt is temporary and limited to the amount of the initial premium deposit. Full Coverage under the annuity policy will take affect on the later of _____, the date the policy is issued, or the requested policy date; provided all written representations are true and complete. Interest credited to the initial deposit will not begin until the later of the effective date of the policy or the requested policy date.

NOTE: If no premium deposit is received with the application, this receipt and Conditional Temporary Coverage Agreement must remain attached to the application.

AGENT REPORT

Agent Name (Please Print) (split)	Agent Number	% of Commission

Deliver policy to: _____