

**Single Premium
Deferred Annuity Application**

MVA Term Selected: 6 Year Term

OWNER (All Policyholder correspondence will be sent to this address.)

Name: _____ Sex: _____ Age: _____ DOB: _____
Address: _____ Marital Status: _____ SSN: _____
Daytime Phone: _____

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ Sex: _____ Age: _____ DOB: _____
Marital Status: _____ SSN: _____ Daytime Phone: _____

ANNUITANT (If different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ Sex: _____ Age: _____ DOB: _____
Address: _____ Daytime Phone: _____ SSN: _____
Relationship to Owner: _____

OWNER'S BENEFICIARY DESIGNATION - In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: _____ Relationship: _____

Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for the applicable term without any withdrawals.)

The Interest Rate on the Single Premium, excluding any enhancement, is guaranteed for _____ year(s).

MVA Term Periods: 6 Year

PURCHASE PAYMENT

Policy Number: _____ Policy Date: _____
Single Premium Payment: \$ _____ Annuity Date: _____

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: Traditional IRA Roth IRA Other: _____

Check one: Initial Contribution for Tax Year Transfer Rollover Roth IRA Conversion Year

SIGNATURES Checks must be made payable to **Western National Life Insurance Company**.

Do you have any existing life insurance policies or annuity contracts? Yes No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? Yes No (If yes, complete the following.) Company _____ Policy No. _____
Are you an active duty service member of the United States Armed Forces? Yes No

I understand this annuity is not federally insured. I represent that all statements and answers in this application are complete and true, on behalf of myself and any person who may claim any interest under this policy, to the best of my knowledge and belief.

Please initial if applicable: _____ I am applying for a market-value adjustment annuity. I understand that amounts payable under the policy are subject to a market value adjustment and to an early distribution charge for the period specified in the policy.

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Owner's Signature

Joint Owner's Signature (if applicable)

Signed at (city/state): _____

on (date): _____

REPRESENTATIVE INFORMATION

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No
Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? Yes No
As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? Yes No
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent's Signature

Agency Name and Number

Branch #: _____

Agent's Florida License #: _____

Licensed Agent (Print name)

This is a summary of the provisions of your annuity, but it is not a part of your contract. Your annuity policy contains complete details. The UltraMYG Annuity is a single premium deferred annuity with a market value adjustment ("MVA") issued by Western National Life Insurance Company ("Company").

ANNUITIES: are not a deposit; are not FDIC-insured; are not insured by any federal government agency; are not guaranteed by the bank; and may lose value.

Initials

Effective Annual Interest Rate: The present effective annual interest rate on the single premium is _____% and is guaranteed to be in effect for one year from the Policy Date. This rate includes a _____% enhancement to the current credited interest rate and is payable for the first twelve (12) months only. The rate for years two through six is _____%. To achieve this rate, the premium must be left in the annuity for one full year without any withdrawals. Interest is credited and compounded daily to achieve the annual rate.

Guaranteed Minimum Interest Rate: (The current guaranteed minimum interest rate is predetermined by the Company.) The effective annual interest rate after the six-year period will be declared from time to time by the Company's Board of Directors and is guaranteed to always be at least _____%. This guaranteed minimum interest rate will remain in effect for the life of your policy and is not subject to change.

Permitted Free Withdrawals: After the first policy year, you may take one free withdrawal each policy year, not exceeding 10% of the annuity value as of the previous policy anniversary. This withdrawal is not subject to any market value adjustment or early withdrawal charge. During the first nine years from the Policy Date, withdrawals in excess of permitted free withdrawals will be subject to a market value adjustment and an early withdrawal charge. The withdrawal charges decrease monthly on a pro rata basis after the first year.

Withdrawal Charge Schedule									
Policy Year	1	2	3	4	5	6	7	8	9
Withdrawal Charge*	9%	8%	7%	6%	5%	4%	3%	2%	0%

*Percentages shown are end-of-year charges. Percentages decrease monthly on a pro rata basis after the first year.

Market Value Adjustment: A market value adjustment may be positive or negative. The MVA is an amount determined by the relationship of an index rate** determined as of the Policy Date to an index rate** determined at the time of withdrawal or cancellation. Generally, if interest rates rise, the MVA will decrease your contract value, and if interest rates fall, the MVA will increase your contract value.

**Index rates are based on the Treasury Constant Maturity Series published by the Federal Reserve.

By signing below, I/we acknowledge that I/we have read and understand the above items, **including the information on the back of this form**, have received a copy of this acknowledgement and certify that I/we have paid an initial premium of \$_____ to purchase an UltraMYG Annuity from Western National Life Insurance Company. I/we further certify that my/our financial objectives and situation were assessed and that this annuity is suitable for me/us.

Signed this _____ day of _____, _____.

_____	_____	_____
AGENT'S NAME	OWNER'S NAME (Please Print)	JOINT OWNER'S NAME, IF ANY (Please Print)
_____	_____	_____
AGENT'S SIGNATURE	OWNER'S SIGNATURE	JOINT OWNER'S SIGNATURE, IF ANY

The expense charges may be higher and/or the interest credits may be lower for a contract with a bonus than the charges or credits for a contract without a bonus. The amount of the bonus may be more than offset by the charges and/or reduced interest associated with the bonus.

Death Benefit: A death benefit is paid to the beneficiary upon the death of an owner. A surviving joint owner is deemed to be the primary beneficiary of a deceased owner unless another beneficiary is specifically designated. If the death occurs before an income plan begins, the beneficiary will be paid the withdrawal value. The withdrawal value is equal to the annuity value less any early withdrawal charge without an MVA. If the beneficiary elects an income plan option of at least five years, the annuity value will be payable. In any event, the death benefit is guaranteed to equal at least the single premium paid, less any partial withdrawals.

Extended Care Rider: (Not available in all states and provisions may vary from state to state.) Early withdrawal charges may be waived in the event an Owner receives qualifying extended care. I/we understand that:

- Extended care must begin at least one year after the Policy Date;
- Extended care must be provided in a qualified institution for at least ninety consecutive days; and
- Coverage terminates on the date income payments begin or the date on which the annuity policy terminates.

Waiver of Early Withdrawal Charges: (Not available in all states and provisions may vary from state to state.) Early withdrawal charges and any market value adjustment may be waived if:

- A Licensed Health Care Practitioner certifies that the Owner is unable to perform at least 2 of 6 Activities of Daily Living for at least 90 consecutive days; and
- Certification by a Licensed Health Care Practitioner occurs at least one year after the Policy Date (coverage terminates on the date income payments begin or the date on which the policy terminates.)

Federal Tax Penalty: Withdrawals from your annuity prior to age 59-1/2 are generally subject to a 10% federal income tax penalty.

Annual Statements: A statement of your account will be provided at least once each policy year.

1. PERSONAL INFORMATION	
Owner: _____	Joint Owner: _____
Annuitant (if different from owner): _____	Social Security Number: _____
Address: _____	
City/State/Zip: _____	Phone: _____
2. CONTRACT/POLICIES TO BE TRANSFERRED	
Account/Policy Number _____	Company _____
	Address _____
The above contract(s) is <input type="checkbox"/> enclosed <input type="checkbox"/> misplaced	Phone _____
3. TYPE OF WITHDRAWAL	
<input type="checkbox"/> Total withdrawal	<input type="checkbox"/> Partial Withdrawal _____
FROM <input type="checkbox"/> Annuities <input type="checkbox"/> Life Insurance	
4. SOURCE OF TRANSFER (For Direct Rollovers, use form number WNL 175)	
TYPE OF REQUEST	
<input type="checkbox"/> Trustee-to-Trustee Transfer	<input type="checkbox"/> Non-Qualified Funds (Non-Insurance)
<input type="checkbox"/> IRA/SEP <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____	<input type="checkbox"/> Certificate of Deposit:
<input type="checkbox"/> Liquidate on maturity date of _____	<input type="checkbox"/> Before the maturity date, I understand there may be a penalty
(Before the maturity date, I understand there may be a penalty.)	<input type="checkbox"/> On the maturity date of _____
<input type="checkbox"/> Immediately	<input type="checkbox"/> Mutual Fund / Money Market
Participants who are age 70 1/2 or older may be required to take a required minimum distribution prior to completing this transaction, if this a complete transfer.	
<input type="checkbox"/> IRC Section 1035(a) Non-Taxable Exchange of Non-Qualified Funds (For partial exchanges, use form WNL 163.)	
ABSOLUTE ASSIGNMENT	
I do absolutely assign and transfer the above identified life/annuity contract to Western National Life Insurance Company (WNLIC), its successors and/or assigns, along with any and all claims, options, privileges, rights, title, and interest therein, and subject to all conditions of such contract as consideration and in exchange for an annuity contract to be issued by WNLIC in conformance with section 1035 of the Internal Revenue Code. All power, election, appointments, options or rights exercisable by me as owner of the contract (including the right to surrender this contract) are now exercisable by WNLIC, subject to acceptance by the issuing company.	
The contract I am assigning is not subject to any prior assignment. It is not subject to proceedings in bankruptcy, federal tax levy, collection proceedings or any other legal action. There is no outstanding loan on the contract.	
No coverage takes effect with WNLIC because of this assignment or any application for an WNLIC policy. The policy issued by WNLIC will be deemed to be issued in exchange for the contract listed above when the proceeds of such contract are received by WNLIC and applied to its policy. If a claim should arise before payment of the surrender value in full is received by WNLIC, the undersigned understands no insurance has taken effect with WNLIC and the undersigned agrees to look solely to the insurer of the contract number noted above for relief. For ALL 1035 Exchanges, please provide the cost basis information for the current policy.	
5. SIGNATURES	
I understand and agree that if I establish more than one non-qualified annuity contract with Western National Life Insurance Company (WNLIC) in the same calendar year, WNLIC will be required to treat all such contracts as a single contract for tax purposes. Such policies are referred to as "serial policies." I understand and agree that this means that because serial policies are treated as one policy, all interest must be withdrawn and taxes paid on each policy in succession before any withdrawals of principal are allowed. I also understand and agree that an exchange of one non-qualified annuity contract for multiple non-qualified annuity contracts issued by more than one insurance company may not qualify for treatment as a nontaxable Section 1035 exchange of contracts. I hereby authorize WNLIC to rely upon the information provided by the current insurer, trustee, or custodian, and to assume, in the absence of such information, that more restrictive and/or less beneficial tax rules apply to the amounts transferred.	
I request that the above referenced contract/policy/account(s) be liquidated and transferred to Western National Life Insurance Company. I am aware of any penalties or surrender charges that will result from this liquidation by the previous company. I am further aware that any tax consequences of this transaction are solely my own and that I may wish to consult my tax advisor.	
Contract Owner: _____	Date: _____
Joint Owner: _____	Date: _____
Spouse/Irrevocable Beneficiary (if any) _____	Date: _____
Witness to all signatures: _____	Date: _____
6. ACCEPTANCE	
For transfers of tax-qualified funds, the new contract must meet the same Internal Revenue Code requirements as the existing contract. On the above authorization and/or assignment, please liquidate the above assets.	
Assets will be accepted in new contract # _____ or existing contract # _____	
Make check(s) payable and mail to: Western National Life Insurance Company	Or if IRA Transfer Western National Life Insurance Company
FBO: _____ SSN: _____	FBO: _____
P.O. Box 2754 Dept 16	
Amarillo, Texas 79105-2754	
By: _____ Date: _____	
Western National Life Representative/Title	

Partial Withdrawal and Assignment of Proceeds to:

TO BE COMPLETED ON THE EXISTING CONTRACT:	
CONTRACT NO.: _____	Proceeds being assigned (please complete only one line)
OWNER(S): _____	_____ % (Gross) (percent of current value to be withdrawn prior to application of surrender or early withdrawal charges)
SSN OR TAX ID NO.: _____	
ADDRESS: _____	
PHONE NO. _____	OR
ANNUITANT: _____	_____ % (Net) (percent of current value I desire to have sent to new insurer after surrender or early withdrawal charges) OR
EXISTING INSURER'S NAME/ADDRESS/PHONE:	
_____	\$ _____ (Gross) OR
_____	\$ _____ (Net)

Instructions:

To the Existing Insurer: It is my desire to withdraw a part of the proceeds of my existing contract as described above and assign those proceeds to Western National Life Insurance Company in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code. My signature below is authorization to withdraw from my contract the proceeds described above and pay those funds directly to Western National Life Insurance Company.

To the New Insurer: I hereby transfer and assign to Western National Life Insurance Company the above-described proceeds from my existing annuity contract, subject to your acceptance. Please issue a new contract upon your receipt of the proceeds. The Owner and Annuitant on the new contract will be the same as on the existing contract.

I UNDERSTAND THAT UPON RECEIPT OF THE PROCEEDS BY WESTERN NATIONAL LIFE INSURANCE COMPANY, THE PROCEEDS WILL BE APPLIED AS AN INITIAL PREMIUM FOR THE NEW ANNUITY CONTRACT. The proceeds assigned shall not be considered a premium until the assigned proceeds are actually received by Western National Life Insurance Company. A contract will not be in effect until the first premium is paid. If a claim should arise before payment of the initial premium is received by Western National Life Insurance Company, I agree to look solely to the issuer of the existing contract noted above for relief.

I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the existing contract in regard to those proceeds assigned to Western National Life Insurance Company.

I understand that the exact amount of the proceeds may vary depending upon the date of the partial transfer, and I agree to execute any additional documents required to complete the transfer.

To the extent that Section 1035 of the Internal Revenue Code permits certain nontaxable partial exchanges of annuity contracts, it is my intention that said partial exchange qualify as a Section 1035 exchange. As such, I affirm that it is not my desire or intention to avoid the 10% premature withdrawal penalty imposed by Section 72(q) by virtue of said partial exchange.

I understand that my tax basis in the above-referenced annuity contract shall be allocated to said partial exchange on a pro-rata basis after the assessment of any surrender or early withdrawal charge due to the existing insurer. I agree to the transfer of a pro-rata part of my tax basis to Western National Life Insurance Company based on the methodology disclosed herein.

I represent that the existing contract is not subject to any prior assignment; the contract is not subject to proceedings in bankruptcy, federal tax levy, or collection proceedings resulting from an unpaid assessment, or any other legal action; and that there is no outstanding loan on the contract.

I understand that a partial exchange is subject to applicable tax rules and requirements, including but not limited to IRS Revenue Procedure 2008-24 which requires that the cost basis of the original contract be reduced pro rata by the amount of the exchange to the new contract. That guidance includes specific rules intended to prevent the use of partial exchanges to avoid tax obligations, and provides that any distribution from either the surrendering or receiving contract involved in a partial exchange within 12 months from the date of the exchange may result in the partial exchange being treated as a taxable withdrawal from the original contract rather than a tax-free exchange.

I represent and agree that Western National Life Insurance Company is furnishing this form and is participating in the transaction at my specific request and as an accommodation to me. I understand and agree that neither Western National Life Insurance Company nor its agent(s) make any representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise, and that Western National Life Insurance Company has no responsibility or liability for the validity of the Assignment.

I understand that the transactions associated with the above-referenced existing annuity contract will be reported to the IRS by the existing insurer as a Section 1035 exchange, and that I will be responsible for any federal income tax consequences, interest and penalties, if any, associated with said transactions. Further, I agree to hold harmless and indemnify Western National Life Insurance Company and its affiliates from any federal income taxes that may be incurred, if any, as a result of said transactions associated with the above-referenced annuity contract.

I UNDERSTAND THAT THE CASH VALUE OF THE ASSIGNED PROCEEDS SHALL NOT BE CONSIDERED PART OF THE PREMIUM UNTIL THE ASSIGNED PROCEEDS ARE ACTUALLY RECEIVED BY WESTERN NATIONAL LIFE INSURANCE COMPANY. I FURTHER UNDERSTAND THAT AN ANNUITY CONTRACT WILL NOT COME INTO FORCE SIMPLY AS A RESULT OF THIS ASSIGNMENT.

Signed this _____ day of _____, 20____ at _____
CITY, STATE

WITNESS

SIGNATURE OF OWNER/ASSIGNEE

WITNESS

SIGNATURE OF CO-OWNER (IF APPLICABLE)

ACCEPTANCE
(To be Completed by the New Insurer)

To the Existing Insurer: The above-named individual has applied for a Non-Qualified Annuity with _____. We will accept the above-described assignment of a portion of the proceeds currently held in your contract for placement into the Non-Qualified Annuity established at _____. This transaction is to be accomplished in accordance with Internal Revenue Code Section 1035(a).

Please provide us with the pre and post 8/13/82 cost basis allocated to the partial exchange after assessment of any early withdrawal charges.

By: _____
Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Checks should be made payable to Western National Life Insurance Company for the benefit of: _____
Name of Existing Contract Owner

SSN or Contract No: _____

Western National Life Insurance Company
P. O. Box 2754
Department 16
Amarillo, Texas 79105-2754

CUSTOMER INFORMATION

Policyowner / Plan Participant Name & Address

Current Insurer / Trustee / Custodian Name & Address

Telephone Number: _____

Social Security/Tax ID No.: _____

Policy/Account No.: _____

I elect to receive an eligible distribution as a Direct Rollover as described below. (Complete items 1,2,3,4 and 5 or 6). Please read the information provided on page 2 prior to completing this form.

1. Current Retirement Plan

- Qualified Employer Plan - IRC Sec. 401(a), 401(k), 403(a)
- Tax Sheltered Annuity - IRC Sec. 403(b)
- Tax Sheltered Custodial Account - IRC Sec. 403(b)(7)
- Individual Retirement Account or Annuity - IRC Sec. 408(a) or (b)
- Governmental 457(b) Deferred Compensation Plan

2. Basis for Distribution

- Termination of Plan (Not applicable to a TSA)
- Termination of Employment
- Total Disability - IRC Sec. 72(m)(7)
- Age 59 1/2 or Older
- Qualified Domestic Relations Order
- Other _____
(Explain)

3. Type of Distribution

- Partial, % _____ or \$ _____
- Total, full liquidation (Participants age 70 1/2 or older may be required to take a required minimum distribution prior to making a complete rollover.)

4. Direct Rollover to:

- Individual Retirement Annuity - IRC Sec. 408(b)
- Simplified Employee Pension - IRC Sec. 408(k)

5. Rollover to an existing contract, number _____

6. Rollover to a new contract, application attached.

Date

Signature & SSN of Plan Participant or Policy Owner

ACCEPTANCE

On behalf of Western National Life Insurance Company, we agree to accept the Direct Rollover identified above. Further, the rollover proceeds will be applied to the following type of contract _____

Traditional IRA, SEP

Please make check(s) payable and mail to:

Western National Life Insurance Company

FBO: (participant)

SSN or Contract No.

P.O. Box 2754, Dept. 16

Amarillo, Texas 79105-2754

Date

Authorized Officer and Title

LEGAL INFORMATION

The information in this notice applies to IRAs, Roth IRAs, and employer-sponsored plans, including tax-sheltered annuity arrangements and governmental 457 deferred compensation plans.

Direct Transfers

The accumulated value to be transferred may have been subject to sales and/or administration charges. The amount transferred will be subject to the terms of the Western National Life Insurance Company contract. You are responsible for any taxes or penalties due should this transaction not comply with the applicable IRC provisions. Please consult with qualified tax counsel prior to electing this transaction.

Although the amount transferred is in general not subject to withholding requirements because it is not includible in your gross income for the year of transfer, if this transfer does not comply with applicable legal requirements, you may be responsible for estimated tax payments if you do not have enough federal income tax withheld from income.

Eligible Rollovers

Most withdrawals from tax-favored retirement plans are eligible for rollover either to an IRA or to another plan if the receiving plan accepts such rollovers. Some plans do not accept rollovers of certain types of distributions. Check with the administrator of that plan about whether the plan accepts rollovers and, if so, the types of distributions it accepts.

Rollovers by Beneficiary

Only spousal beneficiaries are allowed to roll over distributions to an IRA or another plan. The receiving plan must accept such rollovers. Non-spousal beneficiaries are not allowed to roll over distributions.

Direct Rollovers

Any amounts under your employer-sponsored plan that will not be subject to federal income tax when distributed may be rolled over directly to an employer-sponsored plan, if such plan accepts such rollovers, or to an IRA.

Rollovers may be subject to the plan restrictions of the receiving plan. The new plan restrictions may be different, or more or less restrictive, than the plan from which the amounts were rolled. Check with the administrator of the receiving plan prior to making your decision in order to clearly understand what restrictions may apply.

Distributions Paid Directly to You

If the distribution you are rolling over was paid directly to you, you may roll over any pre-tax amounts to another employer-sponsored plan or to an IRA within 60 days. Any distributions of after-tax contributions paid directly to you may not be rolled over to another employer-sponsored plan. However, they may be rolled over to an IRA within 60 days.

Amounts Not Eligible For Rollover

Some amounts not eligible for rollover include amounts paid to non-spousal beneficiaries, amounts paid from a non-qualified (after-tax) annuity that is not part of your employer's plan, financial hardship withdrawals, and amounts paid from certain deferred compensation plans. In addition, non-deductible (after-tax) IRA contributions are not eligible for rollover to an employer-sponsored plan.

Policy Number (if any) _____

Yes No: Are you an active duty service member of the United States Armed Forces?

Instructions to Agents: This form must be provided to any prospective purchasers who you have reason to believe are an active duty (full-time) service member (officer or enlisted) of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, and Coast Guard). This includes members of the National Guard and Reserve while serving under published orders for active duty or full-time training for 31 or more calendar days). See special instructions on the back of this form for Florida, Nevada, Ohio, and Vermont.

If you are considering the purchase of one of our annuity products, please review the following important information before purchasing:

- Subsidized life insurance is available to members of the Armed Forces from the Federal Government under the Servicemembers' Group Life Insurance program (also referred to as "SGLI"), under subchapter III of Chapter 19 of Title 38, United States Code.
- SGLI coverage is available in \$50,000 increments up to the maximum of \$400,000. SGLI premiums are currently \$.07 per \$1,000 of insurance, regardless of the member's age. More details may be obtained on-line at the following website: <http://www.insurance.va.gov/SgliSite/SGLI/SGLI.htm>.
- The product that is the subject of this disclosure is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the product being offered.
- No person has received any referral fee or incentive compensation in connection with the offer or sale of the product that is the subject of this disclosure, unless that person is a licensed agent of Western National Life Insurance Company.

Neither Western National Life Insurance Company, nor its agents or representatives are authorized to give legal or tax advice. Please consult with your personal attorney or accountant regarding your particular situation.

If the solicitation or sale of this product occurred on a military installation, I was provided the Personal Commercial Solicitation Evaluation form DD Form 2885.

Signed this _____ day of _____, _____.

AGENT'S NAME
(Please Print)

OWNER'S NAME
(Please Print)

JOINT OWNER'S NAME, IF ANY
(Please Print)

AGENT'S SIGNATURE

OWNER'S SIGNATURE

JOINT OWNER'S SIGNATURE, IF ANY

Special Instructions

Florida: This form must be provided to any prospective purchasers who you have reason to believe are an active duty (full-time) service member (officer or enlisted) of the U. S. Armed Forces. This includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training or in a drill status in the National Guard or U.S. Armed Forces Reserve. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

Nevada: This form must be provided to any prospective purchasers who you have reason to believe are (i) an officer or enlisted member of the U. S. Armed Forces who is on full-time duty in the active military service of the U.S., or (ii) is a member of a reserve component of the U.S. Armed Forces or the National Guard while serving under published orders for active duty or full-time training. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

Ohio: This form must be provided to any prospective purchasers who you have reason to believe are an active duty (full-time) officer or enlisted member of the U. S. Armed Forces, (including National Guard and Reserve members while serving under published orders for active duty or full-time training, for a period of 31 or more calendar days). The form must also be provided to an officer or enlisted member serving in the uniformed services under the Uniformed Services Employment and Reemployment Rights Act (USERRA), unless the service member is a member of the reserve component who is performing active duty or active duty for training for less than 31 calendar days. USERRA defines "service in the uniformed services" as performance of duty on a voluntary or involuntary basis including active duty, active duty for training, initial active duty for training, full-time National Guard duty, a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty, and a period for a which a person is absent from employment for the purpose of performing funeral honors duty authorized by Section 12503 of Title 10 or Section 115 of Title 32.

Vermont: This form must be provided to any prospective purchasers who you have reason to believe are an active duty officer or enlisted member of the U.S. Armed Forces. Active duty means full-time duty in the active military service of the U. S. and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training or in a drill status in the National Guard or U. S. Armed Forces Reserves. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

Annuities are intended to be long term investments and are not intended for short term savings goals. Western National Life Insurance Company requires that the Licensed Agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. The information below will be used in determining whether an annuity is an appropriate recommendation for you.

Personal Information (Please Print)					
Name:		Date of Birth:		Social Security Number:	
Address:			City:	State:	Zip Code:
Home Phone:	Work Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Spouse's Name:		Spouse's Date of Birth:		Spouse's Social Security Number:	
Type of ID verified, number, and expiration date:					

Financial and Investment Information				
Investment Objectives <input type="checkbox"/> Child's Education <input type="checkbox"/> Estate Planning <input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Retirement <input type="checkbox"/> Safety of Principal <input type="checkbox"/> Tax Savings	Investment Experience <input type="checkbox"/> Annuities <input type="checkbox"/> Bonds <input type="checkbox"/> CDs <input type="checkbox"/> Life Insurance <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Other _____	Risk Tolerance <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive	Federal Tax Bracket <input type="checkbox"/> 0% - 10% <input type="checkbox"/> 10% - 15% <input type="checkbox"/> 15% - 25% <input type="checkbox"/> 25% - 28% <input type="checkbox"/> 28% - 33% <input type="checkbox"/> 33% - 35% <input type="checkbox"/> > 35%	Investment Time Frame <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> Longer than 10 years
Estimated Annual Household Income <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> \$150,001 - \$250,000 <input type="checkbox"/> \$250,001 + <input type="checkbox"/> Refused <hr/> Actual	Estimated Net Worth (excluding home and personal property) <input type="checkbox"/> Less than \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> \$150,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$750,000 <input type="checkbox"/> \$750,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001+ <hr/> Actual	Liquid Net Worth (after this purchase) <input type="checkbox"/> \$0 - \$5,000 <input type="checkbox"/> \$5,001 - \$15,000 <input type="checkbox"/> \$15,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001+ <hr/> Actual	Length of Time Liquid Assets will Cover Expenses <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> More than 12 months <hr/> Actual Fixed Monthly Expenses	Anticipate Needing Access to Funds <input type="checkbox"/> Within 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> Longer than 10 years <input type="checkbox"/> Funds will not be needed

Current Investments (Please Print)					
Account Type	Financial Institution	Amount	Account Type	Financial Institution	Amount

Additional information: _____

By signing this form, I agree that the information on this form was obtained prior to purchase of the annuity and the information is correct.

Client's Signature _____ Date _____ Client's Signature _____ Date _____
 Agent's Name (Please Print) _____ Date _____ Agent's Signature _____ Date _____

ANNUITY SUITABILITY QUESTIONNAIRE

PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____
 Date of Birth _____ Age _____ Sex _____ Tax Status _____
 Number and Age of Dependents: _____

JOINT ANNUITANT INFORMATION

Name: Last _____ First _____ Middle _____
 Date of Birth _____ Age _____ Sex _____ Tax Status _____
 Number and Age of Dependents: _____

APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

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

	APPLICANT	JOINT ANNUITANT
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		

Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

Applicant's Signature _____

Date _____

Joint Applicant's Signature _____

Date _____

	APPLICANT	JOINT ANNUITANT
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all that apply)

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

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 long do you plan to keep the proposed annuity? _____

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 \$ _____

Applicant's Signature _____ / _____ Date

Joint Applicant's Signature _____ / _____ Date

Note:

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase:

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

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

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant 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 have chosen NOT to provide this information at this time.

I have chosen to provide LIMITED information at this time.

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 APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Applicant or Owner Signature

Date Signed

Joint Applicant or Owner 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 senior consumer'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, Joint Annuitant if applicable, and the Applicant/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.

“Liquid Assets” are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

“Investment Objectives” are the senior consumer'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 Principal and Income, (4) Safety of Principal 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.

“Intended use of the annuity” means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the Senior Consumer.

Applicant's Signature

Date

Joint Applicant's Signature

Date

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

Annuitant(s): _____
Insurer: _____
Contract #: _____

PROPOSED ANNUITY CONTRACT

Annuitant(s): _____
Insurer: _____
Application #: _____

	EXISTING ANNUITY CONTRACT	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	%	%
Waiver of Surrender Charge Benefit or Similar Benefit? (List limitations, requirements, exclusions of the benefit)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Guaranteed Interest Rate	%	%
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset Fees		
Initial Bonus Percentage or 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		
Interest Rate Cap		
Participation Rate		
Index Type		
Administrative Fees or Margins		
Other:		

Applicant's Signature

Date

Joint Applicant's Signature

Date

DISCLOSURE OF SURRENDER CHARGES
IF EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Valueⁱ \$ _____ Annuity Surrender Valueⁱⁱ \$ _____

Surrender Chargesⁱⁱⁱ Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of _____.

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print) _____

Florida License No. _____

Agent's Signature _____

Date Signed _____

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Applicant's Name (please print) _____

Date Signed _____

Applicant's Signature _____

Joint Applicant's Name (please print) _____

Date Signed _____

Joint Applicant's Signature _____

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 interest earnings that will be credited to the annuity contract.

Applicant's Signature

Date

Joint Applicant's Signature

Date

EXPLANATION OF TERMS
(CONTINUED)

"Participation Rate" is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

"Index Type" is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor's 500 and the Russell 2000.

"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.

ⁱ This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

ⁱⁱ This amount represents the surrender value of the existing annuity.

ⁱⁱⁱ Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

Applicant's Signature

Date

Joint Applicant's Signature

Date

WESTERN NATIONAL
Life Insurance Company

PLEASE READ CAREULLY. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see reverse side of this form for explanatory notes and instructions as to how this form has been completed.

PART A – CURRENT POLICY NOW IN FORCE LIFE ANNUITY

Policyowner's Name: _____ Policy Number _____
 Current Death Benefit: \$ _____ Current Premium Amount: \$ _____ Mode of Payment _____
 Cash Surrender Value: \$ _____ Paid-up Addition Value: \$ _____ Dividend Value: \$ _____
 [The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B, below.]

PART B – PROPOSED NEW POLICY LIFE ANNUITY

Initial Death Benefit: \$ _____ Proposed Premium Amount: \$ _____ Mode of Payment _____
 Proposed Effective Date: _____ Premium Payable to Age _____ or for _____ Years.

NOTE: If you are replacing your policy, or using 25% or more of your policy values, you may request a WRITTEN comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

PART C – SOURCE OF FUNDING FOR THE PROPOSED POLICY

A loan in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode), bearing a current loan interest rate of _____ %.
 A partial surrender in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).
 A dividend withdrawal in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

PART D – YOUR CURRENT POLICY COULD TERMINATE

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on _____ (date).
 It is estimated that you will begin making premium payments for the PROPOSED POLICY from your own funds on _____ (date) in the amount of \$ _____ to be paid each _____ (mode).

NOTE: Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the PROPOSED POLICY may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

Policyowner Signature: _____ Date: _____
 Agent or Company Officer Signature: _____ Date: _____
 Florida License Agent ID No. or Corporate Title: _____

POLICY DISCLOSURE FORM AND INSTRUCTIONS
COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY
ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE COMPLETED
ONE COPY IS DELIVERED TO THE POLICYOWNER AND ONE COPY MAINTAINED BY THE INSURER.

Any and all information applicable to the transaction shall be fully and completely disclosed on Form DI4-1180. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

PART A

The information to be disclosed in Part A of Form DI4-1180 shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

PART B

The information to be disclosed in Part B of Form DI4-1180 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, "proposed premium amount" is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

PART C

The information to be disclosed in Part C of Form DI4-1180 shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is NOT to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Parts A, B, D and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

PART D

The information to be disclosed in Part D of Form DI4-1180 shall apply to the current, in-force policy, and the proposed additional policy, respectively.

SIGNATURES

In order to evidence that the required disclosure has been made, Form DI4-1180 shall be signed and dated by the soliciting agent or by a Corporate Officer, as well as by the Policyowner. For identification purposes, the agent or Corporate Officer shall enter his or her Florida License Number or Corporation title, respectively, in the space provided.

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 of 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 from both 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 box 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 _____

Information on Policies which may be replaced:

Company Name

Policy Number

Name of Insured

