

Immediate Annuity Exception Questionnaire

- Maximum Premium ("Jumbo") Exception Request** - For premium over \$2 million (\$500,000 if over age 65)
- Maximum Issue Age Exception Request** - For issue ages above the published issue age 85
Note: If this box is checked, pages 1 and 2 must be completed and signed.
- Exception Request** - For period certain only payment options less than 5 years
- Exception Request** - Other (specify) _____

<p>Owner's Name: _____</p> <p>Annuitant Information: <i>Complete if a Life Payment Option is selected:</i></p> <p>Annuitant's Name: _____</p> <p>Annuitant's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Annuitant's Date of Birth: _____</p>	<p>Joint Owner Information (if applicable):</p> <p>Joint Annuitant's Name: _____</p> <p>Joint Annuitant's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Joint Annuitant's Date of Birth: _____</p>
<p>Contract State: _____ Tax Status: <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Qualified</p> <p>Specify One: Premium Amount \$ _____ Modal Income Amount \$ _____</p> <p>Income Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly</p> <p>Date of first income payment: _____</p> <p>Payment Option (check one):</p> <p><input type="checkbox"/> Contingent Joint & % to Survivor Life <input type="checkbox"/> Life with Installment Refund <input type="checkbox"/> Life with _____ Years <input type="checkbox"/> Life with _____ Years Certain</p> <p><input type="checkbox"/> Life Joint & % to Survivor Life <input type="checkbox"/> Life Only <input type="checkbox"/> Joint & Survivor Life</p>	

1. Source of Funds: How was money accumulated? _____
2. Percent of Assets: Approximately what percent of the applicant's total assets (excluding home, home furnishings, and auto) does the premium comprise? _____%
3. Purchase Decision: Other than you, the agent, who else assisted in the purchase decision?
 Accountant Attorney Financial Planner Family Member Other (Specify) _____
 Have they been advised that future payments cannot be surrendered or commuted? Yes No
4. Motivation for Purchasing Annuity: What is the primary purpose or motivation for purchasing the annuity?

5. Source of Premium: How will the monies be transferred to us? 1035 Check from US Bank Other (Explain)

6. If a Life Payment Option is selected, check one:
 Applicant does not wish to be considered for an Impaired Risk SPIA
 Applicant wishes to be considered for an Impaired Risk SPIA and is awaiting underwritten decision
 Applicant has submitted medical information to the Company and has been assigned _____ underwriting credits
7. Special Requirements: Are there any other special requirements associated with this case? _____

<p>Agent Information:</p> <p>Name (print name as on licenses): _____</p> <p>Agent Number: _____</p>	<p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>
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Agent's Signature

Date

Owner's/Applicant Signature

Date

Joint Owner's/Applicant Signature

Date

Note: This page 2 is to be completed and signed if the Maximum Issue Age Exception Request box is checked at the top of page 1.

Relationship of person making the statements and request regarding the Owner/Applicant identified at the top of page 1:
(check appropriate box, below)

- Attorney
- Accountant
- Non-Spousal Beneficiary named on the Annuity Application (Note: Does not apply for the Life Only Payment Option.)

Statements and Request:

1. I understand the Owner/Applicant's age is greater than the Company published maximum issue age 85.
2. I understand that the Company will consider a request to issue the annuity policy above the published maximum issue age, but only if the Annuity Application is accompanied by this form signed by the Owner/Applicant's attorney, accountant, or non-spousal beneficiary named on the Annuity Application. (Note: Non-spousal beneficiary does not apply for the Life Only Payment Option.)
3. I believe the annuity policy for which an application has been made is appropriate for the Owner/Applicant.
4. I request that the Company make an exception to its published maximum issue age guidelines and issue to the Owner/Applicant the annuity policy for which an application has been made.

Name of Attorney, Accountant or Non-Spousal Beneficiary (Print)
(Note: Non-spousal beneficiary does not apply for the Life Only Payment Option.)

Signature

Date