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PRIMARY OWNER INFORMATION (OR TRUST INFO)

FUNCTION OF CLIENT: ☐ Owner ☐ Trust ☐ Company ☐ Organization (Non-Profit)

CLIENT FULL NAME (NO INITIALS) SOCIAL SECURITY No/TAX ID BIRTH DATE/ESTABLISHED DATE

HOME/CELL PHONE WORK PHONE E-MAIL ADDRESS

MARITAL STATUS: ☐ SINGLE ☐ MARRIED NUMBER OF DEPENDENTS: CITIZENSHIP: ☐ U.S. ☐ RESIDENT ALIEN: COUNTRY OF CITIZENSHIP
(IF UNKNOWN, DEFAULT TO ZERO)

EMPLOYMENT: EMPLOYER OCCUPATION (TYPE OF BUSINESS AND POSITION TITLE)

EMPLOYER ADDRESS CITY STATE ZIP

AFFILIATIONS: PLEASE IDENTIFY ANY AFFILIATION CLIENT HAS WITH A SECURITIES FIRM, EXCHANGE OR AGENCY:

IS CLIENT A SENIOR FOREIGN POLITICAL FIGURE OR FAMILY MEMBER OR ASSOCIATE OF A SENIOR FOREIGN POLITICAL FIGURE (DEFAULT="No"): ☐ YES

I CERTIFY THAT I HAVE PREPARED AND FILED THE MOST RECENT TAX RETURN FOR THIS CLIENT: ☐ YES ☐ NO (IF NO, PLEASE SUPPLY ID INFORMATION BELOW)

ISSUED PICTURE ID TYPE: ID No: STATE/COUNTRY OF ISSUANCE: ISSUE DATE: EXPIRATION DATE:

SECONDARY OWNER INFORMATION (OR TRUSTEE INFO)

FUNCTION OF CLIENT: ☐ Owner ☐ Trustee ☐ Contact ☐ POA

CLIENT FULL NAME (NO INITIALS) SOCIAL SECURITY No/TAX ID BIRTH DATE/ESTABLISHED DATE

HOME PHONE WORK PHONE E-MAIL ADDRESS

MARITAL STATUS: ☐ SINGLE ☐ MARRIED NUMBER OF DEPENDENTS: CITIZENSHIP: ☐ U.S. ☐ RESIDENT ALIEN: COUNTRY OF CITIZENSHIP
(IF UNKNOWN, DEFAULT TO ZERO)

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I CERTIFY THAT I HAVE PREPARED AND FILED THE MOST RECENT TAX RETURN FOR THIS CLIENT: ☐ YES ☐ NO (IF NO, PLEASE SUPPLY ID INFORMATION BELOW)

ISSUED PICTURE ID TYPE: ID No: STATE/COUNTRY OF ISSUANCE: ISSUE DATE: EXPIRATION DATE:

INVESTMENT EXPERIENCE: IF LEFT UNCHECKED, "NONE" WILL BE ASSUMED

STOCKS

- ☐ NONE
☐ LESS THAN 5YRS
☐ 5-10 YRS
☐ OVER 10 YRS

MUTUAL FUNDS

- ☐ NONE
☐ LESS THAN 5YRS
☐ 5-10 YRS
☐ OVER 10 YRS

BONDS

- ☐ NONE
☐ LESS THAN 5YRS
☐ 5-10 YRS
☐ OVER 10 YRS

OPTIONS

- ☐ NONE
☐ LESS THAN 5YRS
☐ 5-10 YRS
☐ OVER 10 YRS

ANNUITIES-LIFE INS

- ☐ NONE
☐ LESS THAN 5YRS
☐ 5-10 YRS
☐ OVER 10 YRS

ACCOUNT INFORMATION

MAILING ADDRESS (OR P.O. BOX) CITY STATE ZIP COUNTRY

LEGAL/RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) CITY STATE ZIP COUNTRY

INVESTMENT INFORMATION

- ☐ CONSERVATIVE INCOME ☐ MODERATE INCOME ☐ AGGRESSIVE INCOME ☐ TRADING & SPECULATION
- ☐ CONSERVATIVE GROWTH & INCOME ☐ MODERATE GROWTH & INCOME ☐ AGGRESSIVE GROWTH & INCOME
- ☐ CONSERVATIVE GROWTH ☐ MODERATE GROWTH ☐ AGGRESSIVE GROWTH

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SECTION 1 - FINANCIAL INFORMATION * HOUSEHOLD SHOULD INCLUDE THE COMBINED FIGURES OF THE PURCHASER AND SPOUSE

- 1) **GROSS ANNUAL HOUSEHOLD* INCOME:** (WAGES, COMMISSIONS, BONUSES, SOCIAL SECURITY, PENSION/ RETIREMENT BENEFITS, INVESTMENT INTEREST AND DIVIDENDS, DISABILITY, UNEMPLOYMENT COMPENSATION, AND RENTAL INCOME) \$ _____
- 2) **TOTAL NET WORTH OF HOUSEHOLD*:** NET WORTH IS THE VALUE OF YOUR ASSETS MINUS YOUR LIABILITIES. FOR PURPOSES OF THIS APPLICATION, DO NOT INCLUDE YOUR PRIMARY RESIDENCE AMONG YOUR ASSETS AND FOR LIABILITIES, DO NOT INCLUDE THE MORTGAGE ON YOUR PRIMARY RESIDENCE. \$ _____
- 3) **TOTAL LIQUID NET WORTH OF HOUSEHOLD*:** LIQUID NET WORTH IS YOUR TOTAL NET WORTH OF HOUSEHOLD MINUS ASSETS THAT CANNOT BE CONVERTED QUICKLY AND EASILY TO CASH, SUCH AS REAL ESTATE, BUSINESS EQUITY, PERSONAL PROPERTY, AUTOMOBILES, EXPECTED INHERITANCES, ASSETS EARMARKED FOR OTHER PURPOSES. WHEN YOU INCLUDE INVESTMENT ACCOUNTS IN THE TOTAL LIQUID NET WORTH OF HOUSEHOLD CALCULATION, YOU MUST SUBTRACT ANY SURRENDER CHARGES, FEES, AND PENALTIES FOR EARLY WITHDRAWAL. \$ _____
- 4) **VALUE OF HOUSEHOLD* INVESTMENTS: STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES AND OTHER SECURITIES** INVESTMENTS HELD IN QUALIFIED AND NON-QUALIFIED REGISTRATIONS SHOULD BE INCLUDED. YOU MUST SUBTRACT ANY SURRENDER CHARGES, FEES, AND PENALTIES FOR EARLY WITHDRAWAL. \$ _____
- 5) **CASH & CASH EQUIVALENTS OF HOUSEHOLD*:** (E.G. CHECKING, SAVINGS, CDS, ETC.) \$ _____
- 6) **TAX BRACKET:** ☐ 0% ☐ 1 – 10% ☐ 11 – 15% ☐ 16 – 25% ☐ 26 – 28% ☐ 29 – 33% ☐ 34 – 35% ☐ OVER 35%

SECTION 2 - ADDITIONAL SUITABILITY QUESTIONS (IF APPLICABLE)

- 1) **IF THE CLIENT'S GROSS HOUSEHOLD INCOME IS LESS THAN \$25,000 AND/OR THE TOTAL LIQUID NET WORTH OF THE HOUSEHOLD IS LESS THAN \$50,000, PLEASE EXPLAIN HOW THE PURCHASE OF AN VUL IS FINANCIALLY SUITABLE** (BASED ON NUMBER PROVIDED TO QUESTION 3 IN SECTION 1 LISTED ABOVE):

SECTION 3 - SOURCE OF FUNDS (IF LIQUIDATING MORE THAN ONE INVESTMENT, PLEASE COMPLETE A NEW PAGE FOR EACH INVESTMENT LIQUIDATED)

- 1) **WHAT IS THE SOURCE OF FUNDS THAT IS BEING USED TO PURCHASE THIS INVESTMENT?** (ANNUITY ASSETS LIQUIDATED WITHIN THE LAST 6 MONTHS SHOULD BE CONSIDERED AN EXCHANGE/REPLACEMENT)

<input type="checkbox"/> SECURITIES OTHER THAN ANNUITIES OR INSURANCE	<input type="checkbox"/> CD
<input type="checkbox"/> FULL EXCHANGE OR REPLACEMENT OF ANNUITY/INSURANCE CONTRACT	<input type="checkbox"/> INHERITANCE/GIFTS/ESTATE ASSETS
<input type="checkbox"/> PARTIAL EXCHANGE OR PARTIAL LIQUIDATION OF ANNUITY/INSURANCE CONTRACT	<input type="checkbox"/> EMPLOYER SPONSORED PLAN ROLLOVER (401K, SIMPLE, SEP)
<input type="checkbox"/> SALARY / SAVINGS (NOT PREVIOUSLY INVESTED CASH)	<input type="checkbox"/> OTHER - DETAIL SOURCE
- 2) **NAME OF SPECIFIC INVESTMENT PRODUCT, FUND OR EQUITY EXITED:**
- 3) **DATE EXITING PRODUCT WAS ORIGINALLY PURCHASED:**
- 4) **IS THE SOURCE OF FUNDS COMING FROM A SALE/LIQUIDATION WHERE YOU WERE THE SELLING AGENT ON THE ORIGINAL PRODUCT?**
☐ Yes ☐ No
- 5) **IF THIS PRODUCT IS BEING FUNDED FROM THE LIQUIDATION OF ANOTHER INVESTMENT PRODUCT THAT IS SUBJECT TO A CDSC, WHAT IS THE SURRENDER CHARGE THAT WILL BE INCURRED?** ☐ NO SURRENDER CHARGE ☐ 0.1%-2.99% ☐ 3.0-3.99% ☐ 4% OR MORE
- 6) **IF THE FUNDS ARE COMING FROM THE LIQUIDATION OF ANOTHER PRODUCT AND THERE IS A CDSC OF 3% OR MORE, PLEASE EXPLAIN WHY THIS IS SUITABLE.**
- 7) **IF THIS IS AN EXCHANGE/REPLACEMENT, PLEASE EXPLAIN WHY THE EXISTING CONTRACT CANNOT MEET THE CLIENT'S NEEDS/OBJECTIVES:**

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ONLY COMPLETE IF FULL OR PARTIAL EXCHANGE/REPLACEMENT HAS BEEN CHECKED IN SECTION 3 ON PREVIOUS PAGE

SECTION 3A - ANNUITY EXCHANGE AND REPLACEMENT (TO BE COMPLETED IF FULL OR PARTIAL EXCHANGE/REPLACEMENT HAS BEEN CHECKED)

	POLICY BEING SURRENDERED	PROPOSED POLICY
8) MARKET VALUE (PLUS APPLICABLE BONUS):	\$ _____	\$ _____
9) EXISTING POLICY SURRENDER CHARGES:	\$ _____ %	
10) CASH SURRENDER VALUE (MARKET VALUE LESS SURRENDER CHARGES):	\$ _____	
11) SURRENDER PERIOD: (PROVIDE <u>ORIGINAL</u> SURRENDER SCHEDULE FOR POLICY BEING EXITED; <u>NOT</u> REMAINING SCHEDULE ON POLICY BEING EXITED)	_____ YRS	_____ YRS
12) TOTAL ANNUAL CHARGES (M&E, ADMIN., AND ADD-ON FEATURES):	_____ %	
LIST THE DEATH BENEFITS THAT APPLY:	POLICY BEING SURRENDERED	PROPOSED POLICY
13) AMOUNT OF GUARANTEED DEATH BENEFIT:	\$ _____	\$ _____
14) TYPE OF DEATH BENEFIT ON EXITING CONTRACT:		
15) IF THE PROPOSED EXCHANGE/REPLACEMENT WILL RESULT IN A REDUCTION OF THE GUARANTEED DEATH BENEFIT, PLEASE EXPLAIN WHY THIS IS SUITABLE:		
LIST THE GUARANTEED AMOUNTS OF ANY EXISTING LIVING BENEFIT:	POLICY BEING SURRENDERED	PROPOSED POLICY
16) TYPE OF INCOME BENEFIT ON EXITING CONTRACT:	\$ _____	
17) OR CHECK IF NO INCOME GUARANTEE	<input type="checkbox"/>	
18) IF THE PROPOSED EXCHANGE/REPLACEMENT WILL RESULT IN A REDUCTION OF THE LIVING BENEFIT, PLEASE EXPLAIN WHY THIS IS SUITABLE.		
19) IS THE EXISTING CONTRACT ELIGIBLE FOR ENHANCED RIDERS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20) REASON FOR REPLACEMENT TRANSACTION: (CHECK ALL THAT APPLY)		
<input type="checkbox"/> ADDITIONAL FEATURES	<input type="checkbox"/> TAX FREE DEATH BENEFIT	<input type="checkbox"/> LARGER DEATH BENEFIT
<input type="checkbox"/> REMOVING/REPLACING A LIVING/DEATH BENEFIT (PLEASE EXPLAIN BELOW)	<input type="checkbox"/> OTHER (PLEASE EXPLAIN BELOW)	
21) IF ADDING/ REMOVING/ REPLACING A BENEFIT RIDER (LIVING OR DEATH BENEFIT) OR OTHER IS MARKED ABOVE, PLEASE EXPLAIN WHY THE EXISTING CONTRACT CAN NO LONGER MEET THE CLIENT'S NEEDS/OBJECTIVES:		

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SECTION 4 - PLEASE COMPLETE THE FOLLOWING QUESTIONS REGARDING THE INVESTMENT BEING PURCHASED

NEW INVESTMENT BEING PURCHASED:	AMOUNT OF INVESTMENT:
1) HOW LONG DOES THE CLIENT ANTICIPATE HOLDING THIS CONTRACT FOR? <input type="checkbox"/> 0 AND 4 YEARS <input type="checkbox"/> 5 AND 9 YEARS <input type="checkbox"/> 10+ YEARS	
2) LENGTH OF TIME THE SURRENDER OR CONTINGENT DEFERRED SALES CHARGE IS IN EFFECT: <input type="checkbox"/> 0 YRS <input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YRS <input type="checkbox"/> 3 YRS <input type="checkbox"/> 4 YRS <input type="checkbox"/> 5 YRS <input type="checkbox"/> 6YRS <input type="checkbox"/> 7YRS <input type="checkbox"/> 8YRS <input type="checkbox"/> 9YRS <input type="checkbox"/> 10+ YRS	
3) INTENDED USE OF CONTRACT: <input type="checkbox"/> LIFE INSURANCE PROTECTION FOR FAMILY MEMBERS AND HEIRS <input type="checkbox"/> CASH VALUE ACCUMULATION <input type="checkbox"/> OTHER(PLEASE EXPLAIN): _____	
4) IF THE PURPOSE OF THIS CONTRACT IS CASH VALUE ACCUMULATION, PLEASE EXPLAIN HOW/WHEN THE CLIENT INTENDS TO USE THIS: 	

5) EXPLAIN HOW THE PROPOSED INVESTMENT IS CONSISTENT WITH THE CLIENT'S AGE, INVESTMENT TIME HORIZON AND NEEDS/OBJECTIVES, TAKING INTO ACCOUNT SURRENDER PERIODS, AGE RESTRICTIONS OR ANY OTHER MATERIAL FEATURES OF THIS INVESTMENT:

PLEASE NOTE THE FOLLOWING WHEN PURCHASING A VUL:

- EACH SEPARATE ACCOUNT CHARGES A DIFFERENT ANNUAL MANAGEMENT FEE. PLEASE CONSULT THE PROSPECTUS FOR THE FEES ASSOCIATED WITH YOUR SUB-ACCOUNT CHOICES.
- I/WE UNDERSTAND THAT ANY PAYMENTS I/WE MAKE TO THE POLICY ARE INSURANCE PREMIUMS, WHICH ARE INVESTED IN UNDERLYING SUB-ACCOUNTS THAT I/WE SELECT. THE VALUE OF THE SUB-ACCOUNTS MAKES UP THE CASH VALUE OF MY/OUR POLICY AND MAY FLUCTUATE IN VALUE DEPENDING ON THE PERFORMANCE OF THE UNDERLYING SUB-ACCOUNTS.
- I/WE UNDERSTAND THE COST OF INSURANCE VARIES BY AGE, SEX, AND CLASSIFICATION AND MAY CHANGE ANNUALLY.
- I/WE UNDERSTAND I/WE MAY SURRENDER MY VUL AT ANY TIME AND THE VALUE I/WE RECEIVE ON SURRENDER IS THE CASH VALUE LESS ANY SURRENDER CHARGES AND ANY OUTSTANDING LOANS. SURRENDER CHARGES VARY BY PRODUCT AND INSURER.
- FIGURES IN ILLUSTRATIONS ARE HYPOTHETICAL AND ACTUAL RESULTS MAY VARY SIGNIFICANTLY.

CLIENT ACKNOWLEDGEMENT

SURRENDER

- I/WE UNDERSTAND THAT IF THE PRODUCT DOES NOT MEET MY/OUR INVESTMENT STRATEGY, THE CONTRACT MAY BE EXITED WITHIN A PREDETERMINED PERIOD OF TIME AS PROVIDED FOR WITH THE FREE LOOK PROVISION. FOR ADDITIONAL INFORMATION REGARDING THE FREE LOOK PROVISION PLEASE REFER TO THE PROSPECTUS.
- I/WE UNDERSTAND THAT THIS PRODUCT MAY INCUR A CONTINGENT DEFERRED SALES CHARGE AND I/WE MAY HAVE TO HOLD THE PRODUCT FOR A CERTAIN PERIOD SPECIFIED BY THE INSURANCE CARRIER IN ORDER TO AVOID A SALES CHARGE ON FUNDS ATTEMPTING TO BE WITHDRAWN.

WITHDRAWALS & TAXATION

- I/WE UNDERSTAND THAT POLICY LOANS AND WITHDRAWALS REDUCE MY/OUR POLICIES CASH VALUE AND DEATH BENEFIT AND MAY CAUSE THE POLICY TO LAPSE, AND MAY HAVE ADVERSE TAX IMPLICATIONS.
- I/WE UNDERSTAND THAT AVANTAX INVESTMENT SERVICES® DOES NOT PROVIDE TAX ADVICE AND I/WE SHOULD CONSULT MY/OUR TAX ADVISOR REGARDING ANY TAX-RELATED MATTERS.

GENERAL

- I/WE HAVE RECEIVED A PROSPECTUS FOR THE PRODUCT BEING PURCHASED AND HAVE HAD AMPLE OPPORTUNITY TO REVIEW THE INFORMATION IN THE PROSPECTUS.
- I/WE HAVE DETERMINED THAT MY/OUR INVESTMENT PORTFOLIO SHOULD INCLUDE THIS PRODUCT. I/WE HAVE DETERMINED THAT THIS INVESTMENT IS CONSISTENT WITH MY/OUR RISK TOLERANCE AND OVERALL INVESTMENT STRATEGY AND UNDERSTAND THAT THE UNDERLYING SUB ACCOUNTS HAVE MARKET RISK.
- I/WE HAVE BEEN INFORMED THAT ANY GUARANTEES ASSOCIATED WITH THIS PRODUCT ARE BACKED BY THE ONGOING CLAIMS PAYING ABILITY OF THE ISSUER.
- I/WE HAVE BEEN INFORMED OF ANY APPLICABLE FEES AND EXPENSES ASSOCIATED WITH THIS PRODUCT. I/WE HAVE DETERMINED THAT THE COSTS ASSOCIATED WITH THIS PRODUCT ARE ACCEPTABLE GIVEN MY/OUR OBJECTIVES.
- I/WE HAVE BEEN INFORMED OF THE FEATURES OF THIS PRODUCT INCLUDING THE DEATH BENEFITS AND LIVING BENEFITS AND UNDERSTAND HOW THEY WORK, INCLUDING RESTRICTIONS, EXCLUSIONS AND LIMITATIONS.
- IF REQUESTING A 1035 EXCHANGE, I/WE HAVE BEEN SHOWN A COMPARISON DISPLAYING THE DIFFERENCE OF THE PREMIUMS, FEES AND EXPENSES, DEATH BENEFITS AND LIVING BENEFITS, AND SURRENDER PERIODS BETWEEN THE PRODUCT BEING SURRENDERED AND THE PRODUCT BEING PURCHASED. I/WE HAVE DETERMINED THAT THE EXCHANGE(S) WILL RESULT IN MY/OUR BENEFIT AND MEET MY/OUR INVESTMENT GOALS.
- I/WE HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND RECEIVE ANSWERS CONCERNING THE TERMS AND CONDITIONS OF THIS INVESTMENT AND HAVE RECEIVED ANY ADDITIONAL INFORMATION I/WE DEEM NECESSARY TO EVALUATE MY INVESTMENT.
- I/WE UNDERSTAND THAT MY/OUR FINANCIAL PROFESSIONAL (FP) AND AVANTAX WILL BE COMPENSATED FOR THE SALE OF THIS PRODUCT. FOR SPECIFIC INFORMATION ABOUT THE COMPENSATION PAID, PLEASE SEE THE PROSPECTUS OR ASK YOUR FINANCIAL PROFESSIONAL.
- IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION CONTAINED IN THIS DOCUMENT, AND YOU WOULD LIKE TO SPEAK WITH SOMEONE AT THE AVANTAX HOME OFFICE, PLEASE FEEL FREE TO CONTACT THE SALES SUPERVISION DEPARTMENT AT (866)218-8206, OPTION 8, OPTION 1.

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AVANTAX CLIENT PRE-DISPUTE ARBITRATION AGREEMENT

THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS:

- (i.) ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- (ii.) ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY ARBITRATION AWARD IS VERY LIMITED.
- (iii.) THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- (iv.) THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.
- (v.) THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- (vi.) THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- (vii.) THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PRE-DISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL:

- (i) THE CLASS CERTIFICATION IS DENIED; OR
- (ii) THE CLASS IS DECERTIFIED; OR
- (iii) THE CLIENT IS EXCLUDED FROM THE CLASS BY THE COURT.

SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN.

YOU AGREE THAT ALL CLAIMS, CONTROVERSIES AND OTHER DISPUTES BETWEEN YOU AND AVANTAX INVESTMENT SERVICES AND ITS AFFILIATED ENTITIES, INCLUDING AVANTAX INSURANCE AGENCY, LLC (COLLECTIVELY REFERRED TO AS "AVANTAX") AND ANY OF THEIR DIRECTORS, OFFICERS, EMPLOYEES, REGISTERED REPRESENTATIVES OR AGENTS ARISING OUT OF OR RELATING TO THIS AGREEMENT OR ANY ORDERS OR TRANSACTIONS THEREIN OR THE CONTINUATION, PERFORMANCE OR BREACH ANY AGREEMENT BETWEEN YOU AND AVANTAX, WHETHER ENTERED INTO BEFORE, ON, OR AFTER THE DATE THIS ACCOUNT IS OPENED, SHALL BE DETERMINED BY ARBITRATION CONDUCTED BY, AND SUBJECT TO THE ARBITRATION RULES THEN IN EFFECT OF, FINRA. IF FINRA DECLINES JURISDICTION, THEN YOU AGREE TO HAVE THE ARBITRATION CONDUCTED BY AND SUBJECT TO THE RULES THEN IN EFFECT OF THE AMERICAN ARBITRATION ASSOCIATION. THIS AGREEMENT TO ARBITRATE SHALL BE SPECIFICALLY ENFORCEABLE UNDER PREVAILING LAW AND PROCEDURES. ALL FEDERAL AND STATE STATUTES OF LIMITATION, DOCTRINES OF REPOSE AND TIME BARS SHALL APPLY TO ANY ARBITRATION PROCEEDING, AND NOTHING IN THIS AGREEMENT SHALL BE DEEMED TO LIMIT OR WAIVE THE APPLICATION OF ANY SUCH STATUTE OR DOCTRINE. THE AWARD RENDERED BY THE ARBITRATORS SHALL BE FINAL, AND JUDGMENT MAY BE ENTERED UPON IT IN ANY COURT HAVING JURISDICTION OVER THE PARTIES. COUNSEL CAN ADVISE YOU ON HOW THIS PROVISION MAY AFFECT YOU.

I/WE AGREE THAT THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF TEXAS WITHOUT REGARD TO ITS CONFLICT OF THE LAW'S PROVISIONS AND SHALL INURE TO THE BENEFIT OF MY/OUR AND AVANTAX INVESTMENT SECURITIES, INC.'S RESPECTIVE SUCCESSORS AND ASSIGNS, AND SHALL BE BINDING ON ME/US AND MY/OUR REPRESENTATIVES, ATTORNEYS-IN-FACT, HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS.

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY-LAUNDERING ACTIVITIES, U.S. FEDERAL LAW REQUIRES FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON (INDIVIDUALS AND BUSINESSES) WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK FOR YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

THE AVANTAX AFFILIATED COMPANIES EXCLUSIVELY PROVIDE FINANCIAL PRODUCTS AND SERVICES, AND DO NOT PROVIDE TAX OR ACCOUNTING SERVICES. FINANCIAL PROFESSIONALS MAY PROVIDE TAX, ACCOUNTING OR OTHER SERVICES THROUGH THEIR INDEPENDENT OUTSIDE BUSINESSES, BUT THESE SERVICES ARE SEPARATE AND APART FROM, AND ARE NOT SUPERVISED BY, AVANTAX. ALL PAYMENTS FOR THE PURCHASE OF VULS SHOULD BE MADE BY CHECK OR ACH TRANSFER PAYABLE TO THE INSURANCE COMPANY, NOT TO AN AVANTAX FINANCIAL PROFESSIONAL OR HIS/HER INDEPENDENT COMPANY. WHEN YOU PURCHASE A VULTHOROUGH AVANTAX YOU WILL RECEIVE PERIODIC ACCOUNT STATEMENTS REFERENCING AVANTAX DIRECTLY FROM THE INSURANCE COMPANY. IF YOU BELIEVE YOU MADE AN INVESTMENT THROUGH AVANTAX BUT DID NOT RECEIVE A CONFIRMATION OR STATEMENTS, PLEASE CALL US TOLL-FREE AT (866) 218-8206, OPTION 2.

I/WE ACKNOWLEDGE REVIEW AND APPROVAL, AND CONFIRM THE ACCURACY, OF ALL OF THE INFORMATION CONTAINED ON ALL PAGES OF THIS VARIABLE UNIVERSAL LIFE DISCLOSURE, INCLUDING MY FINANCIAL INFORMATION INCLUDED ON PAGE 2.

THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE, WHICH BEGINS ON THE PREVIOUS PAGE.

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, INCLUDING THE AVANTAX PRE-DISPUTE ARBITRATION CLAUSE.

CLIENT SIGNATURE:

DATE:

CLIENT SIGNATURE (JOINT OWNER):

DATE:

Avantax Wealth ManagementSM is the holding company for the group of companies providing financial services under the Avantax name. Securities offered through Avantax Investment ServicesSM, Member FINRA, SIPC. Investment advisory services offered through Avantax Advisory ServicesSM. Insurance services offered through licensed agents of Avantax Insurance AgencySM and Avantax Insurance ServicesSM. Not all products and services listed are offered by all firms. Products and services listed may only be offered by properly licensed individuals. 3200 Olympus Blvd, Dallas, TX 75019 972-870-6000

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FINANCIAL PROFESSIONAL USE ONLY	
BY SIGNING BELOW, I ATTEST THAT:	
1. I HAVE THE PROPER INSURANCE LICENSE/APPOINTMENTS (3 STATE RULE).	
2. I HAVE THE PROPER SECURITIES LICENSING (3 STATE RULE).	
3. I VERIFY THAT THE APPLICATION IS COMPLETE (INCLUDING PRODUCT NAME, SUBACCOUNTS, RIDERS, SIGNATURES, ETC.).	
4. I VERIFY THAT IF THE FUNDS ARE COMING FROM THE LIQUIDATION OF ANOTHER PRODUCT AND THERE IS A CDSC OF 3% OR MORE THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.	
5. I VERIFY THAT IF THE CLIENT PURCHASING THIS PRODUCT IS 65 OR OLDER THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.	
6. I VERIFY THAT IF THE CLIENT HAS INCOME LESS THAN \$25,000 OR A LNW UNDER \$50,000 THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE (SEE QUESTION 7 ON PAGE 3).	
7. I VERIFY THAT IF THE CLIENT HAS A TIME HORIZON OF LESS THAN 5 YEARS THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.	
8. I VERIFY THAT THE SUBACCOUNT ALLOCATIONS MATCH THE INVESTMENT OBJECTIVES OF THE CLIENT.	
9. I VERIFY THAT IF THE CLIENT IS DOING AN EXCHANGE/REPLACEMENT THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.	
10. I VERIFY THAT THE VARIABLE UNIVERSAL LIFE FORM IS COMPLETE INCLUDING SIGNATURE AND DATE SIGNED.	
FINANCIAL PROFESSIONAL SIGNATURE:	DATE:
FINANCIAL PROFESSIONAL NAME (PRINTED):	FP NUMBER:

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INTERNAL USE ONLY

☐ APPROVE

☐ REJECT

REASON FOR REJECTION :

1. I HAVE VERIFIED THAT THE APPLICATION IS COMPLETE (INCLUDING PRODUCT NAME, SUBACCOUNTS, RIDERS, SIGNATURES, ETC.).

☐ YES

2. I HAVE VERIFIED THAT THE VUL FORM IS COMPLETE INCLUDING SIGNATURE AND DATE SIGNED.

☐ YES

3. DOES THE PRODUCT BEING EXITED HAVE A CDSC GREATER THAN 3%?

☐ YES ☐ No

4. IS THE CLIENT PURCHASING THIS PRODUCT AGE 65 AND OLDER?

☐ YES ☐ No

5. DOES THE CLIENT HAVE INCOME LESS THAN \$25,000 OR A LNW UNDER \$50,000?

☐ YES ☐ No

6. DOES THE CLIENT HAVE A TIME HORIZON OF LESS THAN 5 YEARS?

☐ YES ☐ No

7. DOES THE SUBACCOUNT ALLOCATION MATCH THE INVESTMENT OBJECTIVE?

☐ YES ☐ No

8. FOR EXCHANGE/REPLACEMENTS, IS THE CLIENT LOSING OR REDUCING ANY BENEFITS TO EXCEED THEIR CURRENT POLICY?

☐ YES ☐ No

SALES SUPERVISOR:

SALES SUPERVISOR SIGNATURE:

DATE:

SUPERVISOR NOTES: