

IF ANY OF THIS FORM IS LEFT BLANK, THE TRANSACTION WILL NOT BE PROCESSED AND PAPERWORK WILL BE RETURNED TO YOU FOR COMPLETION

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: _____
(if unknown, default to zero) Country of Citizenship _____

Employment Status: _____

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 _____

Is there a joint owner? Yes No

SECONDARY OWNER INFORMATION (OR TRUSTEE INFO)

Function of Client: Owner Trustee Contact T.O.A.

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: _____
(if unknown, default to zero) Country of Citizenship _____

Employment Status: _____

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 _____

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 _____

is Legal/Residential Address the same as the Mailing Address? Yes No

Legal/Residential Address (if different from mailing address) _____ City _____ State _____ Zip _____ Country _____

CLIENT'S OBJECTIVE: (CHECK ONLY ONE)

- Conservative Income Moderate Income Aggressive Income Trading & Speculation
 Conservative Growth & Income Moderate Growth & Income Aggressive Growth & Income
 Conservative Growth Moderate Growth Aggressive Growth

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%
- 7) **Is the client's current gross annual income (stated above) sufficient to cover all household living expenses and income needs?** If No, Question 1 in Section 2 must also be answered. Yes No
- 8) **If No to question 7 above, please provide the current annual income need that is required from investments or cash savings that is above their gross annual income.** \$ _____

SECTION 2 - ADDITIONAL SUITABILITY QUESTIONS (IF APPLICABLE)

- 1) **If the client answered No to question 7 above, then please describe the client's current financial condition and how this purchase will not create a liquidity event.**
- 2) **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 annuity 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)
From the list below, how many sources of funds will be there be? _____
- | | |
|--|---|
| <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 annuity is 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.**

Section 3a - Annuity Exchange and Replacement (to be completed if Full or Partial Exchange/Replacement has been checked)

| | Policy Being Surrendered | Proposed Policy |
|---|--------------------------|--------------------------|
| 1) Market Value (plus applicable bonus): | \$ _____ | \$ _____ |
| 2) Existing Policy Surrender Charges: | \$ _____ % | |
| 3) Cash Surrender Value (market value less surrender charges): | \$ _____ | |
| 4) Surrender Period: (Provide <u>Original</u> Surrender Schedule for Policy Being exited; <u>Not Remaining Schedule on Policy Being Exited</u>) | _____ Yrs | _____ Yrs |
| 5) Total Annual Charges (M&E, Admin., and Add-on Features): | _____ % | _____ % |
| Check all Death Benefit Options that apply: | | |
| 6) Amount of Guaranteed Death Benefit: | \$ _____ | \$ _____ |
| 7) Premium Guarantee Death Benefit (e.g. Standard) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Step-up to Account Value Death Benefit (e.g. MAV) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Guarantee Step-Up Death Benefit (e.g. 4%, 5%, 6%) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Earnings Enhancement Death Benefit (EEB) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) No Guaranteed Death Benefit (beneficiaries receive contract value which may be lower than amount invested) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) If the proposed exchange/replacement will result in a reduction of the guaranteed death benefit, please explain why this is suitable: | | |
| <p>List the guaranteed amounts of any existing living benefit. Check all living benefits elected in the proposed policy.</p> | | |
| | Policy Being Surrendered | Proposed Policy |
| 13) Guaranteed Minimum Income Benefit base (GMIB) | \$ _____ | <input type="checkbox"/> |
| 14) Guaranteed Minimum Withdrawal Benefit base (GMWB) | \$ _____ | <input type="checkbox"/> |
| 15) Annual Income Withdrawal Rate Allowed (GMIB or GMWB; Use Percentage allowed For Time Period when client Anticipates Starting Withdrawal) | _____ % | _____ % |
| 16) Principal Guarantee base (GMAB) | \$ _____ | <input type="checkbox"/> |
| 17) No Income Guarantee | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other: | \$ _____ | \$ _____ |
| 19) If the proposed exchange/replacement will result in a reduction of the living benefit, please explain why this is suitable. | | |
| 20) Is the existing contract eligible for enhanced riders? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 21) Reason for replacement transaction: (Check all that apply) | | |
| <input type="checkbox"/> Need for on-going advice <input type="checkbox"/> (must check this box for fee based annuity in addition to any other applicable boxes) <input type="checkbox"/> Reducing Market Risk <input type="checkbox"/> Deferral of Annuitization <input type="checkbox"/> Lower Costs | | |
| <input type="checkbox"/> Adding/ Removing/Replacing a Living/Death Benefit (please explain below) <input type="checkbox"/> Other (please explain below) | | |
| 22) 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: | | |

Section 4 - Please complete the following questions regarding the Annuity being purchased

| | |
|---|-----------------------|
| Name of New Investment Being Purchased: | Amount of Investment: |
|---|-----------------------|

1) Is this transaction? An initial purchase of an indexed annuity A subsequent or add-on to an existing annuity

2) If the client purchasing this annuity is either 65 or older or younger than 46, please explain why this annuity, including its riders and benefits, is suitable.

3) The client anticipates using this annuity investment for? (Please check all that apply)

Current Income Future Income Estate Planning Growth of Principal

Tax Deferral (NQ Only) Principal Protection Other:

4) If the Client Intends to Use this Annuity for Income, When Does the Client Anticipate Starting Distributions?

Within the 1st Year Between 1 and 5 Years Between 6 and 10 Years More Than 10 Years Income is not Intent

5) If the objective is to obtain a death benefit for beneficiaries, has life insurance been considered as an alternative to this annuity? Yes No N/A (Death Benefit is not primary objective)

If yes, please explain why life insurance was not selected:

6) What Percentage of the Client's Total Liquid Net Worth is Being Used for This Purchase?

0-25% 26%-50% 51%-70% 61%-75% 76% or more

7) What Percentage of the Client's Total Liquid Net Worth will be In Annuities after this purchase? (This % includes any pending or in transit Business)

0-25% 26%-50% 51%-60% 61%-75% 76% or more

8) If the client has more than 50% of their LNW invested in annuities, please explain why this is suitable:

9) Please indicate the total number of annuity exchange/replacements the client has transacted within the past 36 months.

0 Replacements 1 Replacements 2 Replacement 3 Replacements 4 or more Replacements

10) If the client answered yes to 1 or more replacements in question 10, Identify: (product names)

| | | | |
|----------------------|--------------------|---|--|
| Contract Surrendered | Contract Purchased | Were you the financial professional (FP) on the surrendered contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contract Surrendered | Contract Purchased | Were you the financial professional on the surrendered contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11) If there is a Rider associated with this Product (elected or included in the product) **please provide the following:**

Rider Name _____ Cost = _____ %

Section 5 -SURRENDER CHARGES - Fixed annuities generally have surrender charges for a specified period of time.

The surrender charge means that you may not get all your money back if you surrender your contract. In the case of a full or partial surrender (defined as withdrawals in excess of the allowable amount specified by the issuing insurance company), you will incur the following penalties during the surrender charge period, as set forth in the annuity contract or disclosure document, and summarized below:

| Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | thereafter |
|---------|---|---|---|---|---|---|---|---|---|----|----------------|
| penalty | % | % | % | % | % | % | % | % | % | % | Check Contract |

1) Does the client anticipate needing funds from this contract above and beyond the allowed withdrawal amount prior to the Surrender Period Ending? Yes No

2) If Yes to Question 1 listed above, please explain:

Client Acknowledgement

SURRENDER

- I/We understand that if I/we change my/our mind regarding this purchase I/we may cancel the contract within a predetermined period of time as provided for by the “free look” provision specified in the prospectus, which allows me/Us to surrender the contract for any reason without incurring any charges (account value may fluctuate if proceeds are invested during free look period).
- I/We understand that should I/we surrender my/our contract, the rider I/we have purchased will be forfeited and I/we will only be able to redeem or transfer the surrender contract value.
- I/We understand that if this product has a surrender charge, we will pay that charge during the surrender period on any withdrawals in excess of permitted amounts.

WITHDRAWALS & TAXATION

- I/We understand that, under current tax laws, withdrawals from my/our investment made prior to age 59½ generally are subject to ordinary income taxes and a 10% IRS tax penalty.
- I/We understand non-annuitized withdrawals from variable annuities purchased after August 1982 are taxed as earnings first, principal last (Last In First Out or “LIFO”), meaning that when I/we withdraw my/our earnings will be taxed as ordinary income.
- I/We understand that Avantax does not provide tax advice and I/we should consult my/our tax advisor regarding any tax-related matters.

GENERAL

- I/We have received information for the product being purchased and have had ample opportunity to review the information in the insurers contract and/or insurers client guide.
- I/We have determined that my investment portfolio should include this product. I/We have determined that this investment is consistent with my risk tolerance and overall investment strategy.
- 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 read the carriers annuity disclosure statement and understand how the interest is credited to accumulation value, specifically, I/we understand the participation rates, caps and or spreads and I/we understand that the rates may change during the contract period.
- I/We understand a fixed annuity is a contract that pays a fixed, stated rate of return on invested funds. The interest rate guaranteed for a certain period of time, such as a year, and then the rate may change, based on current market conditions. Most fixed contracts include a minimum guarantee rate so the annuity will always earn a certain minimum amount no matter how low interest rates fall. Any guarantees are dependent on the financial strength of the issuing insurance company.
- I/We have been informed of the features of this product including the death benefits and income benefits and understand how they work, including restrictions, exclusions and limitations.
- I/We understand that if I/we elect to purchase a rider, the expenses will be charged as long as I/we hold the contract and may increase after issue. The carriers disclosure statement contains detailed information about riders.
- If requesting a 1035 exchange, I/we have been shown a comparison in Section 3A of this disclosure displaying the difference of the 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 understand interest in this product grows tax-deferred. If this product is placed in a retirement account, I/we do not

gain any additional tax-deferred advantages.

- 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 this product.
- I/We understand that my Agent and Avantax will be compensated for the sale of this product.
- I/We understand that if I/we have any questions about the information contained in this document, and I/we would like to speak with someone at the Avantax home office, I/we can contact the Sales Supervision department at (866) 218-8206, option 8,option 1. My/Our Avantax Agent will be notified and given the opportunity to participate in the conversation.

FEE BASED ANNUITY

- This annuity is a fee-based offering in which an on-going investment advisory fee will be charged instead of a commission. Please consult with your financial professional about the differences between a commission-based annuity and a fee-based annuity to determine which is the right choice for you. Generally, a fee-based annuity is suitable for a client who wants on-going investment advice from the investment advisor representative who is compensated through the on-going advisory fee. In a commission-based offering there is NO obligation for the financial professional to provide you with on-going monitoring or advice once the annuity transaction is complete and the commission has been paid.
- The investment advisory fee is in addition to any additional expenses (such as mortality and expense fees) charged by the annuity carrier as disclosed in the carrier’s disclosure documents.

I/We acknowledge review and approval of all the information contained on all pages of this variable annuity disclosure form.

| | |
|---------------------------------|-------|
| Client Signature: | Date: |
| Client Signature (Joint Owner): | Date: |

DO NOT USE

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

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 Investment Advisor Representative or Securities licensing (3 state rule).
3. I have completed the required training for the annuity product being sold.
4. I verify that the application is complete (including product name, subaccounts, riders, signatures, etc.).
5. 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.
6. I verify that if the client purchasing this annuity is either 65 or older or younger than 46 that proper documentation has been provided explaining why this is appropriate.
7. 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.
8. I verify that if the client anticipates needing funds above and beyond the allowed withdrawal rate, that proper documentation has been provided explaining why this is appropriate.
9. I verify that the subaccount allocations match the investment objectives of the client and that the subaccount allocation is not 100% into the money market or that proper documentation has been provided explaining why this is appropriate.
10. I verify that the client does not have an over concentration in annuities or that proper documentation has been provided explaining why this is appropriate.
11. I verify that if the client is doing an exchange/replacement that proper documentation has been provided explaining why this is appropriate.
12. I verify that if the client is doing an exchange/replacement that the most recent statement for the clients existing annuity contract has been included with the paperwork.
13. I verify that the disclosure form is complete including signature and date signed.

I have a reasonable basis to believe the purchase of this annuity is suitable and the customer has been informed of all material facts and expenses, including but not limited to: the potential surrender period and surrender charge; potential tax penalty if they sell or redeem this annuity before reaching the age of 59½; mortality and expense fees; investment advisory fees; potential charges for and features of riders; the insurance and investment components of annuities; and market risk.

| | |
|--|------------|
| Financial Professional Signature: | Date: |
| Financial Professional Name (Printed): | FP Number: |

Internal Use Only

| | |
|--|--|
| <input type="checkbox"/> Approve <input type="checkbox"/> Reject Reason for Rejection: _____ | |
| 1. I have verified that the application is complete (including product name, subaccounts, riders, signatures, etc.). | <input type="checkbox"/> Yes |
| 2. I have verified that the disclosure form is complete including signature and date signed. | <input type="checkbox"/> Yes |
| 3. Does the product being exited have a CDSC greater than 3%? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the client purchasing this annuity age 65 and older or younger than 46? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does the client have income less than \$25,000 or a LNW under \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the client anticipate needing funds above and beyond the allowed withdrawal rate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does the subaccount allocation match the investment objective? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is the subaccount allocation 100% invested in the money market? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Does the client have more than 50% of LNW invested in annuities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. I have run the asset report to verify holdings at Avantax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. For exchange/replacements, is the client losing or reducing any benefits to exit their current policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. For exchange/replacements, a third-party statement has been included and the information appears consistent with the information provided on the disclosure form. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In approving this deferred annuity purchase, I have a reasonable basis to believe that this transaction is suitable in accordance with FINRA's general suitability rule and meets the guidelines set forth in FINRA Rule 2330. | |
| Sales Supervisor: | |
| Sales Supervisor Signature: | Date: |
| Supervisor Notes: | |

DO NOT USE