

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 BOA

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

<u>Stocks</u>	<u>Mutual Funds</u>	<u>Bonds</u>	<u>Options</u>	<u>Annuities-Life Ins</u>
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Less Than 5yrs	<input type="checkbox"/> Less Than 5yrs	<input type="checkbox"/> Less Than 5yrs	<input type="checkbox"/> Less Than 5yrs	<input type="checkbox"/> Less Than 5yrs
<input type="checkbox"/> 5-10 yrs	<input type="checkbox"/> 5-10 yrs	<input type="checkbox"/> 5-10 yrs	<input type="checkbox"/> 5-10 yrs	<input type="checkbox"/> 5-10 yrs
<input type="checkbox"/> Over 10 yrs	<input type="checkbox"/> Over 10 yrs	<input type="checkbox"/> Over 10 yrs	<input type="checkbox"/> Over 10 yrs	<input type="checkbox"/> 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 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 Original Surrender Schedule for Policy Being exited; Not Remaining Schedule on Policy Being Exited)	_____ 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 a variable 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)

<input type="checkbox"/> Current Income	<input type="checkbox"/> Future Income	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Access to Proprietary/ Alternative Funds
<input type="checkbox"/> Growth of Principal	<input type="checkbox"/> Tax Deferral (NQ Only)	<input type="checkbox"/> Limited Market Protection (Indexed Linked Annuities Only)	

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 Intend

5) What type of Death Benefit is being Purchased on this annuity contract?

Premium Guarantee (Standard DB) Step-up to Account Value (i.e. MAV) Guarantee Step-Up (i.e. 4%, 5%, 6%)

Earnings Enhancement Benefit (EEB) None – Market Value/Contract Value

6) 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: _____

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

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

8) 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

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

10) 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

11) 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 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

Section 5 - Fees and Expenses

FEES AND EXPENSES - For a variable annuity, consider any charges and fees, including mortality and expense charges, administrative charges, and investment management fees and applicable 12b-1 fees for the portfolio options. If you have selected a rider, or optional feature, there may be an additional cost. Variable annuity contracts are generally available in four share classes:

Share Class	Typical M&E/A/D ¹	Average CDSC
Advisory Share Class I	0.20% - 1.05%	0-6.5 years dependent on carrier

A. Class I share annuities are fee-based. Depending on the carrier, the annuity may have a contingent-deferred sales charge ("surrender charge") if a partial or full surrender of the annuity is taken within the defined surrender period.

1) Please indicate the M&E/A/D ¹	Cost = _____	% 1
+ Rider Name _____	Cost = _____	% 2
+ Rider Name _____	Cost = _____	% 3
= Total* add lines 1-3	Total Cost = _____	

*Please note the total cost listed above does not include the annual expense of the sub accounts. Please refer to the products prospectus for those costs.

2) THE CONTINGENT DEFERRED SALES CHARGE IS IN EFFECT FOR: _____ YEARS
 A **contingent deferred sales charge** ("Surrender Charge") is a fee paid by you when you liquidate a contract (or makes a partial withdrawal in excess of a specified amount) during the surrender-charge period. The Surrender Charge is generally a percentage of the amount withdrawn and may decline gradually during the "surrender period." Depending on the insurance company, this fee may also be called an exit fee or a redemption charge.

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

4) If Yes to Question 3 listed above, please explain:

Index Linked Variable Annuities (applicable only to clients purchasing index linked variable annuities)

- Please refer to the product prospectus for contract terms and conditions. The prospectus contains important information about contract features and risk factors you should consider before investing.
- In considering an investment in an index linked variable annuity you should consider your individual financial condition and risk tolerance. You may lose money investing in the index linked options.
- The existence and terms of the index linked options and the limitations on the gains and losses, among other things, differentiate the index linked variable annuity from the risk and features of other variable annuity sub accounts. Each indexed linked variable annuity is a combination of a level of protection, index, term and cap on gains. Please see prospectus for more specific information.
- Index linked options are generally intended to be held for the entire length of index term period. If you die, make withdrawals, or surrender your contract before the index term, you may only receive the interim value which may be less than the amount received if the index option was held to maturity and you will forfeit some or all of your downside protection. You should carefully consider this risk if you anticipate making withdrawals before the index maturity.
- Indexed linked variable annuities may not contain a guaranteed death benefit. If a guaranteed death benefit is not available, beneficiaries may only receive the contract value, which may be less than the amount invested.
- Indexed linked variable annuities may not offer guaranteed living or withdrawal benefit. The contract may lose value and you are not guaranteed to receive back the amount you invested. If the indexed linked variable annuity does offer an optional withdrawal rider, it may carry an additional cost that you should consider before electing.
- The insurance carrier reserves the right to remove certain index options in the future therefore limiting you to investing in the remaining index options.
- You may not be able to transfer out of an index option until the end of the term. Once the term matures you will need to select a new index option, otherwise you will automatically be allocated to a default index option. Therefore, you must monitor the contract to ensure your index options and terms continue to be consistent with your investment goals.
- The index linked variable annuity does not involve an investment in any underlying portfolio. Instead, it is an obligation of and subject to the claims paying ability of the insurance carrier.
- Index linked variable annuities may offer index options that do not track a common index. These index account options may track a managed index strategy. You should read and understand how the managed index works before electing this index option.

Investment Only Variable Annuities (applicable only to clients purchasing IOVAs)

- Please refer to the product prospectus for contract terms and conditions. The prospectus contains important information about contract features and risk factors you should consider before investing.
- Investment only variable annuities may contain no guaranteed death benefit. If no guaranteed death benefit is available, beneficiaries will receive the contract value, which may be less than the amount invested.
- Investment only variable annuities may not offer guaranteed living benefits. The contract may lose value and you are not guaranteed to receive back the value you invested.
- Investment only variable annuities may contain alternative investment options which have different risk than other traditional equity and fixed income variable options. In considering this investment you should consider your individual financial condition and risk tolerance.

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 riders 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, I/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”), and that when I/we withdraw my/our earnings will be taxed as ordinary income.
- I/We understand that taking withdrawals from this product may decrease the amount of guaranteed income received and/or lower the guaranteed income or death benefit amount I/we would be eligible to receive.
- I/We understand that the gains in this product grow tax-deferred and that if this product is placed in a qualified retirement account, I/we would not gain any additional tax-deferral advantages.
- 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 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 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 have been informed that any guarantees associated with this product are subject to the ongoing claims paying ability of the issuer.
- 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 prospectus contains detailed information about riders.
- If requesting a 1035 exchange, I/we have been shown a comparison in Section 2A 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 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 investment objectives.
- 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 either on a commission basis or on an on-going basis for the sale of this product and that specific information about Avantax’s compensation is available in the prospectus or by asking my/our Financial Professional.
- 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. Unless I/we request otherwise, my/our Avantax Financial Professional may be notified and/or 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

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