

APPLICATION FOR ANNUITY CERTIFICATE



[PO BOX 100, Temple, TX 76503]

ANNUITANT		LODGE #
<hr/>		<input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/> Name (First, Middle, Last)		<hr/> SSN/Taxpayer ID
<hr/> Address 1 (Street Number, Apartment Number)		<hr/> Birthdate (mm/dd/yyyy)
<hr/> Address 2 (City, State, Zip)		<hr/> Home/Mobile Telephone
<hr/> Government Issued Photo ID Type and ID No. (Provide State for Drivers License)		<hr/> ()
		<hr/> Business Telephone
		<hr/> Email
OWNER (Complete only if Owner is different from Annuitant.)		
<hr/>		<input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/> Name (First, Middle, Last)		<hr/> SSN/Taxpayer ID
<hr/> Address 1 (Street Number, Apartment Number)		<hr/> Birthdate (mm/dd/yyyy)
<hr/> Address 2 (City, State, Zip)		<hr/> ()
<hr/> Government Issued Photo ID Type and ID No. (Provide State for Drivers License)		<hr/> Home/Mobile Telephone
<hr/> Relationship to Annuitant		<hr/> ()
		<hr/> Business Telephone
JOINT OWNER		
<hr/> Not Applicable at this time		<input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/> Name (First, Middle, Last)		<hr/> SSN/Taxpayer ID
<hr/> Address 1 (Street Number, Apartment Number)		<hr/> Birthdate (mm/dd/yyyy)
<hr/> Address 2 (City, State, Zip)		<hr/> ()
<hr/> Government Issued Photo ID Type and ID No. (Provide State for Drivers License)		<hr/> Home/Mobile Telephone
<hr/> Relationship to Annuitant		<hr/> ()
		<hr/> Business Telephone
MAILING ADDRESS (Complete if different than Owner's address above)		
<hr/>		
<hr/> Address 1 (Street Number, Apartment Number)		
<hr/>		
<hr/> Address 2 (City, State, Zip)		

JOINT OWNERS BENEFICIARY DESIGNATION					
<input type="checkbox"/> If there are Joint Owners, check here to designate the surviving Owner as the sole primary beneficiary. If you do not want the surviving Owner to receive 100% of the Death Benefit, leave this box blank and complete the Primary Beneficiary section below.					
BENEFICIARY (Use "mm/dd/yyyy" format for Birthdate. Percentage must equal 100%.) (Attach signed & dated sheet if multiple beneficiaries) <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes If nothing is checked it will be defaulted to stirpes					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Annuitant	Percentage	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Annuitant	Percentage	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Annuitant	Percentage	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Annuitant	Percentage	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name	Birthdate	SSN	Relationship to Annuitant	Percentage	
PREMIUM PAYMENT					
Check or New Money Purchase Amount*			\$		
Rollover (from retirement account)**			\$		
Transfer (from money market account, CD, mutual fund, brokerage account)***			\$		
Replacement (Annuity and/or Life)***			\$		
Total Premium			\$		
*(Remitter's name MUST match Annuitant Name or Owner name, if different from Annuitant) **I understand that, except in the case of a Roth Conversion, I can make only one rollover from an IRA (including a Traditional IRA, Roth IRA, or SEP IRA) to an IRA in any 1-year period regardless of the number of IRAs I own. ***Please complete a separate Transfer/Replacement/1035 form for each account.					
PRODUCT SELECTION			TAX QUALIFICATION STATUS		
Single Premium <input type="checkbox"/> 1 Year Guarantee Period <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year			<input type="checkbox"/> Roth IRA <input type="checkbox"/> IRA <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Other <input type="checkbox"/> Other Description _____		
			IRA/Roth IRA Tax Contribution Year: _____		
REPLACEMENT OF OTHER CONTRACTS					
Do you have any existing life insurance policies or annuity contracts?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this contract replace or change any existing annuity contracts or life insurance policies?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
FRAUD NOTIFICATION					
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense subject to penalties under state law.					
ACKNOWLEDGEMENT AND SIGNATURES – Owner(s)					
I affirm that I understand: <ol style="list-style-type: none"> The single premium annuity has a market value adjustment provision which may increase or decrease cash surrender values. Withdrawal / surrender charges apply. This annuity is designed to accumulate funds for retirement and other long-term objectives. This annuity is not a registered security. This annuity is an insurance product. My agent is receiving compensation. 					
I have received a copy of the product brochure and Company disclosure material. I understand that any values shown, other than the Guaranteed Minimum Values, are not guarantees, promises or warranties. I understand the amounts payable under the contract are subject to Market Value Adjustment prior to a date specified in the contract.					

ACKNOWLEDGEMENT AND SIGNATURES – Owner(s) - Continued

I declare that I have read this Application and, to the best of my knowledge and belief, the information and statements on this form are complete and true. I agree the information and statements shall be the basis for any annuity issued. I further understand that a sales representative does not have the Company's authorization to make, void, waive, or change any conditions or provisions of the Application or contract. I certify that the Social Security Number(s) and / or Taxpayer's Identification Number(s) provided in this Application are correct.

Date: _____ City: _____ State: _____ Email: _____

Owner Signature: _____ Joint Owner Signature: _____

ACKNOWLEDGEMENT AND SIGNATURES - Agent

Do you have any knowledge or reason to believe that this annuity contract may replace any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

By signing below, I certify that:

1. Replacement questions were answered;
2. A copy of any sales material shown to the applicant(s) was left with the owner(s);
3. I used only insurer-approved sales material;
4. I have truly and accurately recorded on this application the information provided by the applicant(s);
5. I made no promises about the future values of any contract elements that are not guaranteed; and
6. I understand this application is subject to a minimum/maximum premium and /or age guidelines that may vary by products.

Method of Delivery of Annuity

Delivery by Mail to Owner ☐ Agent ☐

I have personally verified the identities of the Owner, Joint Owner, and Annuitant in this Application by reviewing a government issue photo ID. I certify that I have correctly recorded the Information supplied to me in this Application.

Agent Name

Agent Number

Agent Signature

Date

Agent Email

(_____) Agent Phone

Complete the following section for any additional agent and indicate split percentages:

Agent Name	Agent Number	Agent Phone/Email	Split %

SPECIAL INSTRUCTIONS

Does the Proposed Insured wish to receive the newspaper (*Vestnik*)? ☐ Yes ☐ No ☐ Mail ☐ Email

Email address _____

Comments _____

SUITABILITY IN ANNUITY TRANSACTIONS

Thank you for your interest in an SPJST Life Insurance **Annuity**. Before we can process your application and issued your contract, we need to confirm that your annuity purchase suits your current financial objective and long-term goals.

Please complete this form in its entirety and submit with your application.

Owner's Name:	Occupation:	Owner's SSN:	Date of Birth:
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Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality.

Financial information:

1. Approximate annual **household income**: ☐ Less than \$49,999 ☐ \$50,000 to \$99,999 ☐ \$100,000 to \$149,999
☐ \$150,000 to \$199,999 ☐ More than \$200,000
2. **Marital Status**: ☐ Single ☐ Married ☐ Divorced ☐ Widowed **Number of Dependents**: _____
3. **Federal Tax Rate**: ☐ 0% ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35% ☐ 40%
4. What is your **source** for this annuity's purchase payment? **(Check all that apply)**
☐ Annuity ☐ Life Insurance ☐ CD ☐ Inheritance ☐ Savings/checking ☐ Current income
☐ 1035 Exchange/IRA Rollover/401K Rollover ☐ Other _____

Financial objectives:

5. What are your **financial objectives(s)** in purchasing this product? **(Check all that apply)**
☐ Income now ☐ Future income ☐ Tax-deferred growth ☐ Growth ☐ Pass on to heirs
☐ Other _____
6. After purchasing this annuity, will you have sufficient funds available without penalty for emergencies?
☐ Yes ☐ No
7. If you are replacing an existing annuity or life contract, is there a **surrender charge**? ☐ Yes ☐ No
If there is a charge, what is the amount? \$ _____
8. **When** do you anticipate taking your **first distribution** from this annuity? **(Choose one)**
☐ Less than 1 year ☐ Between 1 to 5 years ☐ Between 6 to 9 years ☐ 10 or more years ☐ None anticipated

Reason for purchase:

9. I believe this product meets my needs at this time. ☐ Yes ☐ No

To the best of my knowledge, the information above is accurate and complete.

Owner Signature

Date

Agent Signature

Date

SPJST® and the SPJST logo are registered service marks of SPJST Life Insurance Company

IMPORTANT! Your policy cannot be issued without your signature below, and on the front of the Suitability Questionnaire.

Statement of Annuity Suitability

SPJST Surrender charges will apply to your Contract if early withdrawals are made:

Initial/Renewal Guarantee Period	Surrender Charge Schedule (%)						
	1	2	3	4	5		
1	8						
2	8	7					
3	8	7	6				
4	8	7	6	5			
5	8	7	6	5	4		
7	10	9	8	7	6	4	2

COMMISSIONS:

SPJST will pay commissions to the Agent or broker when the contract Owner purchases this annuity contract. In addition, SPJST may pay an additional amount to a managing agent, supervising agent, or other third-parties that are involved in the marketing, training, administration, wholesaling, supervision, or issuance of the annuity contract. The commission is paid by SPJST and 100% of your premium payment will be credited to the account value of your annuity contract. Additionally, the Agent may receive commissions as additional deposits are made to the Contract.

Below is a description of the commissions the Agent will receive when you purchase this annuity contract:

The commissions to be paid to the Agent by SPJST in connection with the Contract Owner's purchase of the recommended Contract are:

_____ % of the gross annual premium payment for the first year of the Contract and
_____ % of any additional deposits made to the Contract by the Contract Owner.

Owner's Signature

Date

Sales Agent's Signature

Date

If Applicant Has ANY Existing Life Insurance or Annuity Contracts, This Page Must Be Completed

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the Applicant and the Producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of an annuity contract. In some cases this purchase may involve discontinuing or changing an

existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new annuity contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. There may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the Insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. **Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?** ☐YES ☐NO
2. **Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?** ☐YES ☐NO

If you answered “yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSUROR NAME & ADDRESS	CONTRACT OR POLICY NUMBER	INSURED OR ANNUITANT NAME	REPLACED (R) OR FINANCING (F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an In-Force Illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Proposed Insured's Signature

Date

Sales Agent's Signature

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

— *Return to Home Office* —

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it will perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

- PREMIUMS:
- Are they affordable?
 - Could they change?
 - You're older – are premiums higher for the proposed new policy?
 - How long will you have to pay premiums for the new policy?
 - How long will you have to pay premiums for the old policy?
- POLICY VALUES:
- New policies usually take longer to build cash values and to pay dividends.
 - Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
 - What surrender charges do the policies have?
 - What expense and sales charges will you pay on the new policy?
 - Does the new policy provide more insurance coverage?
- IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
- How are premiums for both policies being paid?
 - How will the premiums on your existing policy be affected?
 - Will a loan be deducted from death benefits?
 - What values from the old policy are being used to pay premiums?
- IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
- Will you pay surrender charges on your old contract?
 - What are the interest rate guarantees for the new contract?
 - Have you compared the contract charges or other policy expenses?
- OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
- What are the tax consequences of buying the new policy?
 - Is this a tax-free exchange? (See your tax advisor).
 - Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
 - Will the existing insurer be willing to modify the old policy?
 - How does the quality and financial stability of the new company compare with your existing company?

— *Return to Home Office* —

SPJST
[PO Box 100 • Temple, TX 76503 • (800) 727-7578]

RECEIPT FOR ANNUITY MONEY

SPJST acknowledges receipt from _____ the sum of \$ _____ paid
by check number _____

Agent: _____ Date: _____