

Completion of form sections are determined by product type being purchased and the source of the funds for the transaction. Below are some guidelines on when to use this form that will help assist as to what sections are required. Please note multiple sections may be required. Please be sure to remove this page prior to submitting to client.

Form is always required for the following transaction scenarios:

- All Variable Annuity initial purchases
- All mutual fund switch or insurance product replacement transaction
- All rollovers (qualified plan assets into an IRA)

Section A: New Product Information

- Complete this section when the client is purchasing a Variable Annuity
- Complete this section when the client transaction is part of a switch/replacement

Section B: Existing Investment/Insurance Product Information

- Complete this section when the client transaction is part of a switch/replacement

Section C: For Purchasers of Variable Annuity Contracts

- Complete this section when the client is purchasing a Variable Annuity

Section D: Rollovers to Individual Retirement Accounts

- Complete this section when the client is rolling over qualified assets into an IRA

Section E: Client Acknowledgement

- Complete this section for every type of transaction

Client/Owner Name(s) or Account Registration (First, Last)

Representative Name (First, Last)

Account Number	SSN/Tax ID
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Mutual Funds, Annuities, and Life Insurance products are generally designed to be long-term investments. The purchase and/or surrender of a fund or contract should be initiated after careful consideration and complete understanding of the proposed product, associated expenses and tax implications of such a transaction/purchase, as well as any changes to your financial situation or time horizon. The purpose of this form is to obtain information about purchases you are making and/or products you are selling. Please review it carefully and ask your representative for clarification of any items that you do not completely understand. You may also visit the FINRA website (www.finra.org) and view the Investor Information section.

A. New Product Information (fill this section out for the product you are purchasing)

The purchase of this product was initiated by: Representative Client

1. Product Type
 Mutual Fund Variable Annuity Variable Life Insurance Advisory Direct Participation Program Indexed Annuity
 Product Company: _____ Product Name: _____
 Purchase Amount Plus Any Anticipated Contributions: _____ New Contestability Period (VUL only): _____

2. Mutual Funds - Fill out the chart below for each fund you are purchasing (attach additional page(s) if necessary)

Fund Family	Fund Name	Share Class	Initial Sales Charge	Potential CDSC
			%	%
			%	%
			%	%
			%	%
			%	%

3. Product Fees and Charges

Advisory Products: Annual advisory fee: _____%

VA/VUL/EIA: Proposed contract: M/E charges _____% Administrative charges _____% Rider charges _____% Total charges _____%

Free Amount Percentage of (please check one of the following) _____%
 Cumulative Purchase Payments available each year or Account Value (Tax liabilities and/or penalties may be incurred)

What is the schedule of surrender charges for the new product?

 Year 1
 Year 2
 Year 3
 Year 4
 Year 5
 Year 6
 Year 7
 Year 8
 Year 9
 Year 10
 Year 11

Underlying Sub-account Expenses vary from _____% to _____% (This annual charge covers the expenses associated with the management of the investment sub-accounts. My actual fee will depend on the allocation of investments chosen.)

4. Reasons For Purchase - Please provide an explanation for the purchase (required).

5. Acknowledgement of Surrender charges and Tax consequences (check all that apply to this purchase)

- I do not expect to need these funds during the contract's surrender charge period.
- I understand that withdrawing funds prior to age 59 ½ may result in a tax penalty and do not expect to need these funds prior to 59 ½.
- I understand that withdrawals may adversely affect features associated with elected optional benefits purchased with the contract.
- Surrender charge free withdrawals will meet my liquidity requirements if available.
- I am 70 years of age or more and this purchase meets my time horizon and liquidity needs.

B. Existing Investment/Insurance Product Information (Fill out this section ONLY if you are selling an existing investment. If not, skip to next section.)

If using money from another product to fund this purchase, please provide information about the asset you are liquidating.

Product Type (check all that apply):

- Mutual Fund Variable Annuity Variable Life Insurance Advisory Fixed/Indexed Annuity Traditional Life Insurance

For Life Insurance or Annuity Contracts is this a: Surrender Loan Withdrawal Dividend Surrender

Product Company: _____ Product Name: _____

Year of First Purchase: _____ Year of last purchase: _____ Current Value: _____

Additional Product Information:

Life Insurance: Current Amount Insured: _____ Current Outstanding Loan: _____ Current Dividends: _____

VA/VUL: Current contract M/E charge: _____% Remaining time on surrender charges: _____
Potential surrender charges: _____

Advisory Products: Annual Advisory fee: _____%

For Multiple Sale of Mutual Funds: Fill out for each fund you are liquidating (attach additional page if necessary)

Fund Family	Fund Name	Share Class	Initial Sales Charge	Potential CDSC
			%	%
			%	%
			%	%
			%	%

The surrender/exchange/liquidation of the current product was initiated by: Representative Client
 Did you purchase this product from your current representative? Yes No
 Did you incur a sales charge when you purchased this product? Yes No Sales Charge: \$ _____ Sales Charge: _____%
 Will you incur a surrender charge/CDSC? Yes No Amount: \$ _____ Amount: _____%

The representative has explained the following potential disadvantages associated with this change (check all that apply):

- Surrender or CDSC charges for: current product and/or new product
- Higher expenses on a new product
- Possible loss of any existing Death benefit or Living benefit
- Unfavorable tax consequences by surrendering an existing policy
- Cash value of the original policy may be applied to the new life insurance policy's first year expenses, including commissions
- New contestability period (Life insurance)
- Other: _____

C. For Purchasers of Variable Annuity Contracts Only (fill out only if you are purchasing a VA)

Have you exchanged any annuity contract (fixed or variable) in the past 36 (60 in CA) months? Yes No If no, skip this section.
 What was exchanged (product)? _____
 What was the reason for the exchange? _____
 Did you incur any surrender charges as a result of the exchange? Yes No
 Have your needs or objectives changed? Yes No (If yes) How? _____
 Was your current representative involved in the exchange? Yes No

D. Rollovers to Individual Retirement Accounts (Fill out this section ONLY if you are rolling over qualified plan assets into an IRA. If not, skip to the next section.)

When considering a rollover of assets from an existing qualified plan account (401(k), 403(b), etc.) you should review with your advisor all available options. Each option may present benefits and considerations that should be evaluated carefully. These options may include leaving the funds in the existing plan (if permitted), rolling the assets to a new employer plan (if permitted), rolling the assets to a new IRA or cashing out the existing plan.

- 1. Employer plan being rolled over _____
 - a. Does this plan require the participant to transfer out the assets? Yes No
- 2. Is the Client/Owner currently employed? Yes No
 - a. If yes, does their current employer offer a plan that accepts rollovers? Yes No
- 3. Is the client eligible for penalty free withdrawals from the existing plan? Yes No
- 4. Does the existing plan hold a concentration of Company stock? Yes No
- 5. Have the fees, tax implications, asset protections, disbursement requirements and service models of each option been discussed with the Client/Owner? Yes No

6. Please provide Reason for Rollover (required)

E. Client Acknowledgement

I have reviewed this form with my representative and have received and read a current prospectus and (if applicable) investment advisory disclosure statement for the investment I am purchasing. I am aware of the sales charges, fees, and expenses associated with this investment and that my representative may receive a portion of the commissions/fees as compensation for services. If I am surrendering a current investment product, I believe that the new investment is suitable for my current needs including liquidity, risk tolerance and time horizon. I affirm by my signature, my desire to proceed with the above outlined transaction and that I may request of a copy of this document.

The information contained on this form is an accurate description of my (our) investment objectives, financial situation, and employment as it pertains to this account, policy, or contract.

_____/_____/_____
 Print Client/Owner Name Date (mm/dd/yyyy)

_____/_____/_____
 Print Joint Client/Co-owner Name Date (mm/dd/yyyy)

 Client/Owner Signature

 Joint Client/Co-owner Signature

_____/_____/_____
 Print Representative Name Date (mm/dd/yyyy)

_____/_____/_____
 Supervising Principal Signature Date (mm/dd/yyyy)

 Representative Signature Rep Number