



PRODUCER DISCLOSURE FOR ANNUITIES

(Do not sign unless you have read and understand the information in this form)

CONSUMER INFORMATION

Full Name (First, Middle, Last) _____

PRODUCER INFORMATION

Full Name (First, Middle, Last) _____ National Producer Number: _____

Business/Agency Name: _____ Website: _____

Business Mailing Address: _____

Business Telephone: _____ Email Address: _____

Types of products I can sell

I am licensed to sell annuities to you in accordance with state law. If I recommend that you buy an annuity, it means I believe that it effectively meets your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet your needs.

I offer the following products:

- Fixed or Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificate of Deposits

Annuities I am authorized to sell:

- Annuities from only one (1) Insurer
- Annuities from two or more insurers
- Annuities from two or more insurers although I primarily sell annuities from: _____

How I'm paid for my work:

It's important for you to understand how I'm paid for my work. Depending on the particular annuity you purchase, I may be paid a commission or a fee. Commissions are generally paid to me by the insurance company while fees are generally paid to me by the consumer. If you have questions about how I'm paid, please ask me.

Depending on the particular annuity you buy, I will or may be paid cash compensation as follows:

Commission, which is usually paid by the insurance company or other sources.

If other sources, describe: _____

Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the consumer.

Other, describe: _____

If you have questions about the above compensation I will be paid for this transaction, please ask me.

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

By signing below, you acknowledge that you have read and understand the information provided to you in this document.

Consumer/Owner Signature

Date

Consumer/Joint Owner Signature

Date

Producer Signature

Date