



Bankers Life Insurance Company
 PO Box 15707 • St Petersburg, FL 33733
 11101 Roosevelt Blvd. N. • St. Petersburg, FL 33716



An Affiliate of Bankers Financial Corporation

800.839.2731 • 800.946.3306 (fax)

Application for Individual Single Premium Deferred Annuity

Part A: Personal Data				
Proposed Annuitant	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary(ies)	Relationship to Annuitant			
Part B: Owner if other than Proposed Annuitant				
Name	Date of Birth/Trust Inception	Age	Social Security Number/Tax ID	
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary(ies) for Owner Interest				
Part C: Co-Owner (if applicable)				
Name	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary(ies) for Co-Owner Interest				
Part D: Coverage Information				
<p>Plan <u>SPDA SELECT</u> Single Premium Amount _____ *</p> <p style="text-align: right;">*If a transfer, please estimate the amount to be transferred.</p> <p>Premium Allocation: (Select Initial Interest Guarantee Period Must equal 100%) <input type="checkbox"/> 5 Year _____%</p> <p>Rider Selection Please carefully review the summary of each of the optional riders below to determine which, if any, provide beneficial features that will meet your objectives. This is only a brief description of each rider – the provisions in the rider form will prevail. <u>Note:</u> Addition of riders will affect the Initial and Subsequent Guaranteed Interest Rates.</p> <p><u>Terminal Illness / Nursing Home Rider</u> – This rider allows access to a portion of the Cash Surrender Value under certain conditions upon diagnosis of a terminal illness or confinement in a nursing home. The Market Value Adjustment will be applied and the Withdrawal Charge Percentage will be waived on the amount withdrawn. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Death Benefit Equal to Account Value Rider</u> – This rider ensures that upon death, the death benefit paid will be equal to the Account Value. The Market Value Adjustment will be applied and the Withdrawal Charge Percentage will be waived. This rider also allows selection of additional death benefit payout options. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Free Withdrawal Rider</u> – This rider allows, in any Policy Year after the first Policy Anniversary, on the first withdrawal in each year, withdrawal of up to 10% of the Account Value as of the last Policy Anniversary. The Withdrawal Charge Percentage and Market Value Adjustment will be waived on the amount withdrawn. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Required Minimum Distribution Rider</u> – This rider allows withdrawal of a Required Minimum Distribution (“RMD”). The Withdrawal Charge Percentage and Market Value Adjustment will be waived on the amount of the distribution. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>72(t)/72(q) Rider</u> – For contract owners younger than 59½ years of age, this rider allows for withdrawals under IRS Code 72(t)/72(q). Withdrawal Charge Percentages and Market Value Adjustment will be waived. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Accumulated Interest Withdrawal Rider</u> – This rider allows, during the Withdrawal Charge Period, withdrawal of accumulated interest. The Withdrawal Charge Percentage and Market Value Adjustment will be waived. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Deferred</p>				

Part E: General Information				
Do you have any existing life insurance or annuity contracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Will this annuity replace any existing life insurance or annuity contract? <i>(If yes, please complete and sign the appropriate replacement form for your state.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
This annuity is being applied for as	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> 1035 Exchange	<input type="checkbox"/> IRA Rollover	<input type="checkbox"/> Other _____

I acknowledge and understand that annuities purchased with qualified funds are subject to the Required Minimum Distribution ("RMD") Rules. If I turn 70½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds. I further understand that if an RMD is taken from this contract and the RMD Withdrawal Rider is not selected, withdrawal charges will apply.

I believe this to be a suitable purchase for my financial status. Any applicable withdrawal and market value adjustment provisions have been explained to me. I understand that there are no free withdrawals with the base contract purchase unless a free withdrawal rider is selected.

I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.

I understand that amounts payable under the contract may be subject to a Market Value Adjustment.

I have read and understand the provisions of each of the optional riders described above prior to signing this application. I understand that this application contains only a brief description of each rider.

I hereby declare the application was signed and dated at:

_____ on _____
City State Month Day Year

Signature of Annuitant: _____ Signature of Owner: _____
(If other than the Annuitant)

Signature of Co-Owner (if any): _____

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

All checks must be made payable to **BANKERS LIFE INSURANCE COMPANY.**
DO NOT MAKE CHECKS PAYABLE TO THE PRODUCER OR LEAVE THE PAYEE BLANK.

Producer Information

To the best of your knowledge, is replacement involved? Yes No

If yes, Company Name: _____

By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable withdrawal charges, withdrawal and market value adjustment provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

Producer's Name: _____ Phone #: _____ Producer #: _____

Producer's Signature: _____ Date: _____

Special Requests: _____

Certificate of Disclosure must be completed.



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Certificate of Disclosure

Interest Crediting

Premium Allocation _____% (Select Initial Interest Guarantee Periods) (Must equal 100%)
The Initial Guaranteed Interest Rate of _____% is guaranteed during the Initial Guarantee Period of the contract. You have selected the following Initial Guarantee Period:

[] 5 Year

Withdrawal Charges

During the Initial Guarantee Period and any Subsequent Guarantee Period, a Withdrawal Charge will be assessed if you make a withdrawal or surrender your contract. The Withdrawal Charge will be calculated as follows:

- (1) At partial withdrawal, the partial withdrawal amount, multiplied by the MVA, multiplied by the Withdrawal Charge Percentage shown below; or
(2) At surrender, the Account Value, multiplied by the MVA, multiplied by the Withdrawal Charge Percentage shown below.

Table with 2 columns: Contract Year, Guarantee Period. Rows show percentages for years 1 through 5 (9.0%, 8.0%, 7.0%, 6.0%, 5.0%).

Market Value Adjustment

When you make a withdrawal, we also may increase or decrease the amount you receive based on a market value adjustment (MVA). If interest rates went up after you bought your annuity, the MVA likely will decrease the amount you receive. If interest rates went down, the MVA will likely increase the amount you receive.

Renewal of Guarantee Period

During the last 30 days before the end of any guarantee period, you may Request one of these options to take effect on the next Contract Anniversary:

- (1) Continue the contract for a Subsequent Guarantee Period of the same duration as the preceding guarantee period and at the applicable Subsequent Guaranteed Interest Rate;
(2) Apply the Account Value to a Settlement Option;
(3) Take a partial withdrawal, with waiver of MVA and Withdrawal Charge Percentages, and apply the remaining value to a Subsequent Guarantee Period of the same duration as the preceding guarantee period and at the applicable Subsequent Guaranteed Interest Rate; or
(4) Surrender the entire contract with waiver of MVA and Withdrawal Charge Percentages.

Unless one of the options shown above is Requested, the contract will continue automatically for a Subsequent Guarantee Period, of the same duration as the preceding guarantee period, with a Subsequent Guaranteed Interest Rate. The Subsequent Guarantee Period cannot extend beyond the Maturity Date. If the contract is continued for a Subsequent Guarantee Period, the MVA, and applicable Withdrawal Charge Percentage apply to the new guarantee period.

Taxes

Neither the Company nor its producers give tax advice. Taxes must be paid on deferred earnings when accessed. You may be responsible for income taxes on amounts distributed under the contract, including a 10% penalty for withdrawals prior to age 59½.

Certification

I have read this Certificate of Disclosure and understand its contents. I understand that maximizing the value of my contract depends on minimizing withdrawals from my contract during any guarantee period. I further understand that this Certificate of Disclosure is only a summary of certain terms of my annuity contract, and that the contract together with the application, when issued, will represent the entire agreement between the Company and me.

Signature of Owner: _____ Date: _____

Signature of Co-Owner (if any): _____ Date: _____

A copy of this Certificate of Disclosure will be returned with your annuity contract.

Product/Sale Type	FORMS REQUIRED					
	Application	Certificate of Disclosure	Suitability Form	1035 Exchange Form & Contract Being Exchanged	Direct Custodial Transfer Request	State Replacement Form (if applicable)
Cash with App	X	X	X			X
1035 Non-Qualified Annuity Exchange	X	X	X	X		X
CDs, Mutual Funds and Qualified Annuity Transfers	X	X	X		X	X