

First Class Mail: P.O. Box 30421
Lansing, MI 48909-7921

Customer Care: 800-873-5654
Bank or Financial Institution Customer Care: 800-777-7779

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Fax: 517-706-5538
Hours: 8:00 a.m. to 8:00 p.m. ET
Email: contactus@jackson.com

Broker/Dealer or External Account No. (if applicable)

PLEASE PRINT

Primary Owner

If Owner (and/or Joint Owner) is not a U.S. Citizen and/or a U.S. Resident, Form W-9 or Form W-8BEN (as applicable) is required with application.

Type of Ownership: Individual/Joint Trust Custodian Corporation/Pension Plan

Social Security Number or **Tax I.D. Number** **Sex** Male Female

U.S. Citizen Yes No

First Name **Middle Name** **Last Name**

Non-Natural Owner/Entity Name (if applicable)

Date of Birth (mm/dd/yyyy) **Telephone Number** (including area code) **Email Address**

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**

Mailing Address Line 1 **Line 2**

City **State** **ZIP Code**

Joint Owner

Proceeds will be distributed in accordance with the Contract on the first death of either Owner.

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth** (mm/dd/yyyy) **Sex** Male Female **U.S. Citizen** Yes No

Email Address **Relationship to Owner** **Telephone Number** (including area code)

 Spouse
 Other

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**





Primary Annuitant

Same as Owner **Sex** Male Female **U.S. Citizen** Yes No

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth** (mm/dd/yyyy) **Telephone No.** (including area code) **Relationship to Owner**

_____ / ____ / ____ () _____ Spouse
 Other _____

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**

• Complete this section if different from Owner.

Joint Annuitant

Same as Joint Owner **Sex** Male Female **U.S. Citizen** Yes No

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth** (mm/dd/yyyy) **Telephone No.** (including area code) **Relationship to Owner**

_____ / ____ / ____ () _____ Spouse
 Other _____

Physical Address Line 1 (No P.O. Boxes) **Line 2**

City **State** **ZIP Code**

• Complete this section if different from Joint Owner.

Beneficiary(ies)

It is required for Good Order that the Death Benefit Percentage be whole numbers and **must** total 100% for each beneficiary type.

Primary _____ % **Percentage of Death Benefit**

Individual Name (First, Middle, Last) or Non-Natural Entity Name

Social Security/Tax I.D. Number **Date of Birth** (mm/dd/yyyy) **Relationship to Owner**

_____ / ____ / ____ Spouse
 Other _____

• For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.

Primary **Contingent** _____ % **Percentage of Death Benefit**

Individual Name (First, Middle, Last) or Non-Natural Entity Name

Social Security/Tax I.D. Number **Date of Birth** (mm/dd/yyyy) **Relationship to Owner**

_____ / ____ / ____ _____

Primary **Contingent** _____ % **Percentage of Death Benefit**

Individual Name (First, Middle, Last) or Non-Natural Entity Name

Social Security/Tax I.D. Number **Date of Birth** (mm/dd/yyyy) **Relationship to Owner**

_____ / ____ / ____ _____



Annuity Type

Jackson® will issue Annuity Type per the bold headings.

IRA:

- IRA - Traditional*
- Stretch IRA

Roth IRA:

- Roth Conversion
- Roth IRA*

*Tax Contribution Years and Amounts:

Year: _____ \$ _____
 Year: _____ \$ _____

Non-Qualified Plan:

- Deferred Compensation
- Non-Tax Qualified

Qualified Plan:

- 401(k) Qualified Savings Plan
- Cash Balance-Defined Benefit
- Cash Balance-Defined Contribution
- HR-10 (Keogh) Plan
- Money Purchase
- Profit Sharing Plan
- Roth 401(k)
- Target Benefit Plan

TSA Plan:

- 403(b) TSA

SEP/IRA (408(k)):

- SARSEP
- SEP

ORP:

- ORP
- Texas ORP

Charitable Remainder Trust:

- Charitable Remainder Annuity Trust
- Charitable Remainder Unitrust

Statement Regarding Existing Policies or Annuity Contracts

It is required for Good Order that this entire section be completed. COMPLETE X0512 "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

I (We) certify that: (please select one)

- I (We) do not have any existing life insurance policies or annuity contracts.
- I (We) do have existing life insurance policies or annuity contracts.

Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form (X0512 - state variations may apply) and return the notice, signed by both the Producer/Representative and Applicant, with the Application.

Are you replacing an existing life insurance policy or annuity contract?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, complete the following Company information.
Company name	Contract number	Anticipated amount		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		

Transfer Information

For transfers, it is required for Good Order that this entire section be completed.

- Non-Qualified Plan Types: IRC 1035 Exchange Non-1035 Exchange
 All Other Plan Types: Direct Transfer Direct Rollover Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." **Jackson will only request the funds if this section is left blank or checked "No."**

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Annuitization/Income Date

Specify Income Date (mm/dd/yyyy)

/ /

If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the Contract.



- Make all checks payable to **Jackson National Life Insurance Company®**.

Premium Payment

Select method of payment

Check \$ _____ Wire \$ _____

External Transfer \$ _____ Internal Transfer \$ _____

Optional Automatic Payment Plans

List Bill (Not available on Target Select) Optional Automatic Payment Plan Minimum Annual Premiums:
 PAC (Quarterly or Monthly only) \$1000 - Traditional Fixed
 \$2000 - Target Select Guaranteed Period Fixed

Mode:

Annual Quarterly
 Semi-Annual Monthly

Annuity Product Selection

- ! It is required for Good Order that you select **ONE** product: Traditional Fixed Annuity **OR** JNL Target Select® Guaranteed Period Fixed Annuity.

Traditional Fixed Annuity Product Name: _____
 Write in the Product Name and select an Interest Rate Guarantee.

1-Year Standard Interest Rate Guarantee (Jackson will default to 1-Year option if no selection is made.)

3-Year Extended Interest Rate Guarantee (Subject to availability.)

5-Year Extended Interest Rate Guarantee (Subject to availability.)

OR

JNL Target Select Guaranteed Period Fixed Annuity

- ! Tell us how you want your annuity premiums invested. **TOTAL ALLOCATION MUST EQUAL 100%.**

Guaranteed Periods:

_____ % 1-Year	_____ % 2-Year	_____ % 3-Year
_____ % 4-Year	_____ % 5-Year	_____ % 6-Year
_____ % 7-Year	_____ % 8-Year	_____ % 9-Year
_____ % 10-Year		

- Guaranteed periods may not be available in all states and are subject to availability.

Optional Benefits All optional benefits may not be available in all states and once selected cannot be changed.

Age limitations apply based on the age of the Owner(s).

Earnings Protection Benefit

EarningsMax® (Ages 0-75)
 Election of EarningsMax will result in lower credited interest rate(s). Ask your Producer/Representative for more details.



Electronic Delivery Authorization

I agree to receive documents electronically:

- Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All Documents."

ALL DOCUMENTS Other Contract-related correspondence

Annual statements

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website (www.jackson.com) is required for electronic delivery of Contract-related correspondence.

I (We) do do not have ready access to computer hardware and software that meet the requirements listed below. My email address is: _____ . I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

Authorized Callers

- If you want to authorize an individual other than your Producer/Rep to receive Contract information via telephone, please list that individual's information here.

First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /
First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /



Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of

Regulatory Agencies.


DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete, and correctly recorded.
2. I (We) certify that the Social Security or Taxpayer Identification Number(s) shown above is (are) correct.
3. The Contract I (we) have applied for is suitable for my (our) insurance investment objectives, financial situation, and needs.
4. I (We) understand that the amount payable on surrender may be adjusted up or down by the application of an excess interest rate adjustment (market value adjustment) factor (in states where applicable) or withdrawal charges. No excess interest adjustment (market value adjustment) will be applied to death benefit proceeds.
5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
6. I (We) certify that the age(s) of the Owner and any Joint Owner, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded for purposes of electing an Optional Benefit.

 It is required for Good Order that all applicable parties to the Contract sign here.

Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
<input type="text"/>	/ /	<input type="text"/>
Owner's Title (required if owned by an Entity)		
<input type="text"/>		
Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
<input type="text"/>	/ /	<input type="text"/>
Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed
<input type="text"/>	/ /	<input type="text"/>
Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed
<input type="text"/>	/ /	<input type="text"/>



Producer/Representative Acknowledgements

Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

AND

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

I certify that:

- I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

- I am authorized and qualified to discuss the Contract herein applied for.
- I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
- The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
- I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) and ensure that this replacement (if applicable) is consistent with that position.
- The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
- The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
- I have complied with requirements for disclosures and/or replacements as necessary.

Jackson Prod./Rep. No.	Producer/Representative Signature	Date Signed (mm/dd/yyyy)
		/ /

First Name	Middle Name	Last Name

- Program Options Note:** Contact your home office for program information. If no option is indicated, the designated default will be used.

Broker/Dealer Name	Program Options
	A B C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Address (number and street)	City	State	ZIP Code

Email Address	Business Telephone No. (including area code)	Percentage
	()	%

- It is required for Good Order that all Producer/Rep numbers be supplied.

If more than one Producer/Representative is participating in a Program Option on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

**Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency**



Please read and complete this form. A completed form must be included with the application in order for the application to be considered in Good Order.

This document reviews some important points to think about before you buy this Jackson National Life Insurance Company® ("Jackson®") annuity. This annuity is an individual flexible premium deferred fixed annuity contract which means you can buy it with an initial premium (payment), but you may make additional payments in the future if you wish. It is a fixed annuity which means it earns a guaranteed interest rate, so long as premium remains in the contract. Interest rates are declared annually. This annuity is **deferred**, which means payouts begin at a future date. Earnings are taxable as ordinary income when distributed. Tax deferral may not be available if the annuity is owned by a "non-natural person" such as a corporation or certain types of trusts. MAX XL may not be available in all states. State variations apply.

You can use an annuity to accumulate money for retirement and to receive retirement income for life. It is **not** meant to be used to meet short-term financial goals. You may pay a withdrawal charge if you take out money before the end of the time period specified by the contract. You may be subject to a 10% additional tax on earnings you withdraw before age 59 1/2.

This disclosure document is not a substitute for the annuity contract. It is designed to help you understand some of the important features and limitations of the annuity contract. If there is any inconsistency or conflict between this Disclosure Document and the terms and conditions of the annuity contract, the terms of the annuity contract control.

Jackson has a variety of annuities with similar features, benefits, limitations, and charges. Features and benefits are subject to availability in your state. If you have questions about this annuity, or any other Jackson annuity please review the annuity contract and discuss it with your agent, broker or advisor, or contact a company representative at 800-873-5654.

THE ANNUITY CONTRACT

What is an annuity?

An annuity is a contract in which an insurance company makes a series of income payments at regular intervals in return for a premium or premiums you have paid. Annuities are most often bought for future retirement income. Only an annuity can pay an income that can be guaranteed to last as long as you live.

How will the value of my annuity grow?

This annuity earns **tax-deferred** interest at a **declared interest rate** effective for not less than 12 months, declared annually. All interest rates applicable to the contract at the time it is issued are shown on the contract's data page. Interest is credited so long as such premium remains in the contract. Credited interest is composed of two components:

- **Initial Declared Interest Rate** - The initial declared interest rate is guaranteed for the first 12 months after the contract's issue date. After the first 12 months, the subsequent declared interest rate depends on a number of factors including current market rates but are guaranteed not to be less than the guaranteed minimum interest rate.

- **Guaranteed Minimum Interest Rate** - The guaranteed minimum interest rate is declared on the contract issue date. The guaranteed minimum interest rate does not change after the contract is issued.

Assuming you don't take a withdrawal, the contract value of this annuity cannot go down.

BENEFITS

How do I get income (payouts) from this annuity?

When you apply for this annuity, you will choose a payout income date (commencement date) - This is the date on which you will start to get income from this annuity. Prior to your income date you also will choose how to get the income - the payout option. Your choices now are:

- **Life:** Guarantees income for as long as you live.
- **Joint and survivor life:** Guarantees income for as long as you and a designated second person live.
- **Life income with period certain:** Guarantees income for as long as you live. If you die within the "period certain" (usually 10 or 20 years), it pays income to the beneficiary(ies) for the rest of the period.



- **Income for a specified period:** Pays income for that period
- **Lump sum:** A single payment.

If you don't choose an earlier annuity payout date, we will start payouts on the contract anniversary on or next following your 95th birthday under a non-qualified plan contract, or an earlier date if required by the applicable qualified plan, law or regulation. If no income option is elected, monthly annuity payments will be made in accordance with a life annuity with 120 monthly periods guaranteed.

What happens after I die?

If you die before we start to pay you income from this annuity, we pay the accumulated value of the annuity to the beneficiary(ies). If you die after the payouts start, depending on the type of payout chosen, we pay the remaining value in the annuity, if any, to the beneficiary(ies). The **Accumulated Value** is an amount equal to the premium(s) and any subsequent amounts credited to the contract, including credited interest, less any amounts withdrawn, less any taxes and withdrawal charges previously assessed.

Pre-selected Death Benefit Option - You have the option to pre-select the death benefit option under which the death benefit will be paid. Availability is subject to requirements of the Internal Revenue Code.

OPTIONAL BENEFIT ENDORSEMENT AND CHARGES

What other benefits can I choose?

This contract also offers a benefit for an extra cost. The charge for this benefit is described below. You will be charged every year for this benefit. The charge will be reflected by crediting interest to this annuity at a lower rate than you would have received without this benefit endorsement. However, the credited interest rate will never be lower than the guaranteed minimum interest rate.

EarningsMax:

Earnings protection benefit adds an additional death benefit of 40% (25% for issue age 70-75) of contract earnings. The charge for this benefit results in a 0.20% reduction to annual credited interest rate(s). Available on issue ages 0-75.

Cost

0.20%

FEES, EXPENSES AND OTHER CHARGES

What happens if I take out some or all of the money from this annuity?

Depending on the payout option you elect, you may not be able to take any of the money out of this annuity after the payout begins. Before it begins, you can take out all of your annuity's value (**full surrender**, also known as **total withdrawal** in the contract) or part of it (**partial withdrawal**). You can take a partial withdrawal as long as the amount taken is at least \$50.00 and you leave at least \$1,000.00 in the contract. You may withdraw up to 15% of the contract value annually, free of sales charges and **Market Value Adjustments (MVA)** (known as **Excess Interest Adjustments (EIA)** in the contract), as discussed below.

This annuity has a **contingent deferred sales charge, also known as a withdrawal charge**, that will be deducted from amounts you withdraw which have remained in the contract less than six full years. Here's how the charge is calculated:

Completed Years Since Receipt of Premium	0	1	2	3
Withdrawal Charge	6.00%	5.00%	4.00%	3.00%

Completed Years Since Receipt of Premium	4	5	6+
Withdrawal Charge	2.00%	1.00%	0%

Example: If you withdraw \$5,000 from this annuity in the third year after your premium was received, the withdrawal charge is \$5,000 x .04 = \$200. If you take out any amount after the end of the sixth year after your premium was received, there's no charge.

Amounts you withdraw may also be subject to a Market Value Adjustment (MVA). The impact of the MVA will be a decrease (or increase) to the value of withdrawals you make in certain circumstances. In general, if interest rates are higher at the time you make a withdrawal than when your annuity was issued, your withdrawal value amount will be reduced. If interest rates are lower when you make a withdrawal than when your annuity was issued, your withdrawal value amount will be increased. The detailed MVA calculation can be found in the contract's Withdrawal Provisions.

In addition to the 15% free withdrawal amount, the MVA does not apply to:

- payouts on the income date if you choose an income option that only guarantees income for as long as you (or your designated second person) live, or payments are spread over at least 10 years,
- death benefit proceeds, and
- amounts withdrawn for contract charges.



Exceptions: In some cases, we may waive the withdrawal charge or the MVA. For example, there's no withdrawal charge or MVA if we pay the remaining value of this annuity to the beneficiary(ies) after your death.

Terminal Illness Benefit - You may take a one-time withdrawal of up to 100% of this contract's accumulated value free of withdrawal charges if you are diagnosed with a medical condition expected to be terminal within 12 months.

Waiver of Withdrawal Charge for Extended Care - You may take a one-time withdrawal of up to 100% of this contract's accumulated value free of withdrawal charges if you are confined by medical necessity to a nursing home or hospital for 90 consecutive days.

Do I pay any other fees or charges?

No. There aren't any other fees or charges on this annuity.

TAXES

How will payouts and withdrawals from my annuity be taxed?

Earnings are taxable as ordinary income when distributed. You may also be subject to a 10% additional tax on earnings you withdraw before age 59 1/2. If your state imposes a premium tax, it may be deducted from the money you receive. Tax deferral may not be available if the annuity is owned by a "non-natural person" such as a corporation or certain types of trusts.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features, and costs of the two annuities. You may pay a withdrawal charge if you make the exchange during any year in which a withdrawal charge would apply. Also, you may pay a withdrawal charge if you make withdrawals from the new annuity during any year in which a withdrawal charge would apply.

Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 401(k), or other tax-deferred retirement plan doesn't give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as the risks and costs, not its tax benefits.

OTHER INFORMATION

What else do I need to know?

Changes to this contract

We may change this annuity contract from time to time to comply with federal or state laws and regulations. If we do, we'll tell you about the changes in writing.

Compensation

We pay the agent, broker, or firm for selling this annuity to you. They may receive compensation for selling you this annuity contract that is different than what they receive for selling other annuity contracts.

Free look (Right to Examine)

Many states have laws that give you a set number of days to look at an annuity after you buy it. If you decide during that time that you don't want it, you can return the annuity and get all the money back. Read the contract (page 1) to learn about the **free look** period.

Insurance company contact information?

Jackson National Life Insurance Company
1 Corporate Way
Lansing Michigan 48951
Telephone: 800-873-5654
WWW.JACKSON.COM

This is a summary document and not part of your contract with the insurer.



(THIS PAGE IS INTENTIONALLY LEFT BLANK.)

PLEASE BE SURE YOU SIGN
THE ANNUITY CONTRACT DISCLOSURE
ACKNOWLEDGMENT PAGE.



CONTRACT DISCLOSURE ACKNOWLEDGEMENT

MAX XLSM

Please read and complete this form. A completed form must be included with the application in order for the application to be considered in Good Order.

I have received a copy of the MAX XL Individual Flexible Premium Deferred Fixed Annuity (form A710A) Contract Disclosure and understand the benefits and limitations, including guaranteed minimum values, withdrawal charges and Market Value Adjustment as set forth in the document.

I have received a copy of the fixed interest rates for this Contract.

I understand that this disclosure is not a substitute for the annuity contract. It is designed to help me understand some of the important features and limitations of the annuity contract. I understand that if there is any inconsistency or conflict between this Disclosure Document and the terms and conditions of the annuity contract, the terms of the annuity contract control.

I understand that Jackson National Life Insurance Company® has a variety of annuities with similar features, benefits, limitations, and charges. I understand that features and benefits are subject to availability in my state. If I have questions about this annuity, or any other Jackson® annuity I understand that I can review the annuity contract and discuss it with my representative or contact a company representative at 800-873-5654.

Owner's First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	SSN (include dashes)

Non-Natural Owner/Entity Name (if applicable)	TIN (include dashes)

Joint Owner's First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	SSN (include dashes)

Annuitant's First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	SSN (include dashes)

Owner's Signature	Date Signed (MM/DD/YYYY)	State where signed

Joint Owner's Signature (if applicable)	Date Signed (MM/DD/YYYY)	State where signed

Producer/Representative's First Name	Middle Name	Last Name	Jackson Prod./Rep. No.

Producer/Representative Signature	Date Signed (MM/DD/YYYY)



Statement Regarding Existing Policies or Contracts

Jackson National Life Insurance Company®



Home Office: Lansing, Michigan

www.jnl.com

Applicant's Name (first, middle initial, and last name)		Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)
(Check one box only.) <input type="checkbox"/> Life <input type="checkbox"/> Annuity	(Check one box only.) <input type="checkbox"/> New Application <input type="checkbox"/> Existing Policy	JNL® Reference Number (if applicable)	

Insurance regulations in your state require that you and the producer sign a statement regarding any applicable life insurance policies or annuity contracts that you may have in force.

I certify that:

- I do not have any existing life insurance policies or annuity contracts.
- I do have existing life insurance policies or annuity contracts. **Producer: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Notice Regarding Replacement (X0512*) and return the Notice, signed by both you and the Applicant, with the Application.**

Applicant's Signature	Date (mm/dd/yyyy)
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Producer/Representative's Statement Regarding Sales Material

Important note: Complete this section only if the applicant answered affirmatively to the above certification **and** answered "Yes" to **either** question 1 or 2 on the Notice Regarding Replacement (Form X0512*).

I certify that:

- I did not use sales material(s) during the presentation of this JNL product to the applicant.
- I used only JNL- approved sales material(s) during the presentation of this JNL product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

I have read JNL's Position With Respect to the Acceptability of Replacements (XADV5790*) and ensure that this replacement is consistent with that position. By signing this form, I certify that the statement regarding any applicable life insurance policies or annuity contracts and the statement regarding sales material have been answered correctly to the best of my knowledge.

Producer/Representative's Signature	Date (mm/dd/yyyy)
-------------------------------------	-------------------

*State variations may apply. Please contact our Service Center or visit our website at www.jnl.com for the latest version for your state.

Mailing Address and Contact Information

Purchased from	Non-Bank Broker/Dealer (Variable Annuity and Indexed Annuity Only)	Non-Bank Broker/Dealer (Variable Life Only)	Non-Bank Broker/Dealer or Deal Direct® Producer (Fixed Annuity, Indexed Annuity and Non-Variable Life Insurance)	Bank or Financial Institution (All Products)
Regular Mail	JNL® Service Center P.O. Box 17240 Denver CO, 80217-0240	VUL Service Center P.O. Box 30502 Lansing, MI 48909-8002	JNL Service Center P.O. Box 24068 Lansing, MI 48909-4068	IMG Service Center P.O. Box 30386 Lansing, MI 48909-7886
Overnight Mail	JNL Service Center 8055 E. Tufts Ave. 2nd Floor Denver, CO 80237	VUL Service Center 1 Corporate Way Lansing, MI 48951	JNL Service Center 1 Corporate Way Lansing, MI 48951	IMG Service Center 1 Corporate Way Lansing, MI 48951
Customer Care	800/766-4683 8:00 a.m. to 8:00 p.m. ET (M-F)	800/766-4683 7:00 a.m. to 6:00 p.m. MT (M-F)	800/644-4565 8:00 a.m. to 8:00 p.m. ET (M-F)	800/777-7779 8:00 a.m. to 8:00 p.m. ET (M-F)
Fax	800/701-0125	517/706-5554	Fixed Annuity (excl. Target Select): 517/706-5519 Indexed Annuity & Target Select: 517/706-5538 Life Insurance: 517/706-5542	Life Insurance: 517/706-5535 All Other: 517/706-5534
E-Mail	contactus@jnl.com			





IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

Applicant's Name (first, middle initial, and last name)		Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)
(Check one box only.) <input type="checkbox"/> Life <input type="checkbox"/> Annuity	(Check one box only.) <input type="checkbox"/> New Application <input type="checkbox"/> Existing Policy	JNL® Reference/Policy Number (if applicable)	

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 a life insurance policy or 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 life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, 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. You will pay acquisition costs and 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:

Insurer Name	Contract or Policy No.	Insured or Annuitant	R/F*

*** Replaced (R) or Financing (F)**

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.

Applicant's Signature	Applicant's Printed Name	Date (mm/dd/yyyy)
Producer's Signature	Producer's Printed Name	Date (mm/dd/yyyy)

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



The Owner of this life insurance policy or annuity contract shall have the right to return the policy or contract within **30 days** of the delivery of the contract or policy and receive a full refund of all premium paid, including any policy fees or charges. The refund amount for variable life insurance policies or variable annuity contracts will be the amount provided in the policy or contract plus any fees and other charges deducted from the gross premiums under such policy or contract.

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 would 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 on the new policy? On 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?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
 You may need a medical exam for a new policy.
 Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
 Suicide limitations may begin anew on the new 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?

Mailing Address and Contact Information			
<i>If purchased from:</i>	Non-bank Broker-Dealer Variable and Fixed Index Annuities only	Non-bank Broker-Dealer or Deal Direct® Producer Fixed and Fixed Index Annuities and Life Insurance	Bank or Financial Institution All Products
<i>Contact:</i>	JNL Service Center	JNL Service Center	JNL IMG Service Center
<i>Regular Mail:</i>	P.O. Box 17240 Denver CO, 80217-0240	P.O. Box 24068 Lansing, MI 48909-4068	P.O. Box 30386 Lansing, MI 48909-7886
<i>Overnight Mail:</i>	8055 E. Tufts Ave., 2nd Floor Denver, CO 80237	1 Corporate Way Lansing, MI 48951	
<i>Customer Care:</i> Mon - Fri	800/766-4683 8:00 a.m. to 8:00 p.m. ET	800/644-4565 8:00 a.m. to 6:00 p.m. ET	800/777-7779 8:00 a.m. to 8:00 p.m. ET
<i>Fax:</i>	800/701-0125	Fixed Index Annuity: 517/706-5538 Fixed Annuity: 517/706-5529 Life Insurance: 517/706-5542	Life Insurance: 517/706-5535 All Other: 517/706-5534
<i>E-Mail:</i>	contactus@jnli.com		



Product Suitability Determination

Fixed, Fixed Index*, Immediate or Variable Annuity

*Equity Indexed and Fixed Annuity in Oregon



IMPORTANT – To avoid processing delays, please read this page carefully before completing the Product Suitability Determination form.

Instructions

As a producer, it is your responsibility to gather the necessary information from your client to determine which annuity product best suits his/her needs. The Product Suitability Determination form was designed with that purpose in mind. Please complete the form in its entirety with your client before submitting to Jackson National Life Insurance Company[®] (Jackson[®]) for review. An incomplete or unclear suitability form can cause unnecessary delays in the application process. As you complete the form, please keep the following in mind:

- Step 1a - Joint Owner fields only need to be completed when there is a joint owner. As an alternative, joint owner and owner financial information may be combined in the Owner's Financial section. When doing so, please indicate by checking the appropriate checkbox in the Joint Owner Financial section.
- Step 4 - Existing Policy/Contract column only needs to be completed for transactions involving a replacement of a life insurance or annuity product (full and/or partial replacements).
- Step 5 - Answer all of the questions in this section with thorough explanations. Detailed responses to these questions will assist the Jackson Suitability Team in making an appropriate suitability determination and avoid processing delays.
- Explanation of Terms - If you have any questions about any of the terms used on this form, please refer to page 5.

Replacement Requirements

- If this transaction will result in the full or partial **replacement** of any **annuity** contracts or **life insurance** policies, please **include a recent statement** for each contract/policy being replaced.
- If replacing, the Replacement of Life Insurance or Annuities form (X0512 – state variations apply) is required.
- If replacing more than one contract/policy, please use the X0960-S to provide contract/policy details for any additional contracts/policies.



Product Suitability Determination

Fixed, Fixed Index*, Immediate or Variable Annuity

*Equity Indexed and Fixed Annuity in Oregon



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan
www.jackson.com

APPLICANT INFORMATION

USE DARK INK ONLY (print or type)

Owner's Name (First)	(Middle)	(Last)	SSN	Date of Birth (mm/dd/yyyy)
Owner's Name (if owned by a non-natural entity)		TIN		
Joint Owner's Name (First)	(Middle)	(Last)	SSN	Date of Birth (mm/dd/yyyy)
Annuitant's Name (First)	(Middle)	(Last)	SSN	Date of Birth (mm/dd/yyyy)
Joint Annuitant's Name (First)	(Middle)	(Last)	SSN	Date of Birth (mm/dd/yyyy)

! If the proposed Owner is a non-natural entity, this information should be completed by the Beneficial Owner¹ (Annuitant) and/or Joint Beneficial Owner (Joint Annuitant).

Step 1 - OWNER'S FINANCIAL INFORMATION

Employment Status

Employed Self Employed Unemployed Retired

Annual Income¹ (from all sources): \$

Annual Living Expenses:¹ \$

Total Net Worth:¹ \$

(do not include primary residence)

Liquid Net Worth:¹ \$

(NOT including funds for the proposed annuity)

Source(s) of Annual Income (check all that apply):

Salary Investments Retirement Plan
 Social Security Other

Federal/State Income Tax Bracket:

10% 15% 25% 28% 33% 35%

How do you rate your investment knowledge?

Limited Good Extensive I am a Financial Professional

Step 1a - JOINT OWNER'S FINANCIAL INFORMATION

Joint Owner's Information is included in Owner's Information

Employment Status

Employed Self Employed Unemployed Retired

Annual Income¹ (from all sources): \$

Annual Living Expenses:¹ \$

Total Net Worth:¹ \$

(do not include primary residence)

Liquid Net Worth:¹ \$

(NOT including funds for the proposed annuity)

Source(s) of Annual Income (check all that apply):

Salary Investments Retirement Plan
 Social Security Other

Federal/State Income Tax Bracket:

10% 15% 25% 28% 33% 35%

How do you rate your investment knowledge?

Limited Good Extensive I am a Financial Professional

Step 2 - INVESTMENT OBJECTIVES AND RESOURCES

What is the anticipated amount of premium to fund this annuity? \$

Source of Funds for Proposed Annuity (Check all that apply)

Replaced Annuity Contract/Life Insurance Policy

Inheritance Income Checking/Savings

Other:

Risk Tolerance (Mark only one)

Low

Moderate

High

Time Horizon¹ (Mark only one)

Short (0-5 years)

Intermediate (6-10 years)

Long (Over 10 years)

Primary Investment Objective(s) (Check all that apply)

Estate Planning

Tax Advantage

Current Income

Future Income

Inheritance

Safety

Growth

Step 3 - REPLACEMENT INFORMATION

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, using funds from any existing annuity contracts or life insurance policies to pay premiums due on the new contract or otherwise terminating any existing annuity contracts or life insurance policies? Yes No

If "Yes," number of policies/contracts that are being replaced (if more than 1 policy/contract is being replaced, please complete X0960-S):

If one or more policies/contracts are being replaced, have any been in force for less than 3 years (5 years for applications signed in CA)? Yes No

If any of the contracts have been in force less than 3 years (5 years in CA), what was the source of the funds for the contract(s)

being replaced:

¹See Page 5 for an explanation of terms.



Step 4 - CONTRACT COMPARISON

	PROPOSED ANNUITY CONTRACT	EXISTING POLICY/CONTRACT																											
	The below information is required to be provided for ALL replacement and non-replacement applicants.	If REPLACING: the below information is required to be provided for ALL life insurance policies or annuity contracts being replaced.																											
Owner(s):																													
Insurer:	Jackson																												
Policy/Contract No.																													
Policy/Contract Type:	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Index* <input type="checkbox"/> Variable <input type="checkbox"/> Immediate	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Index* <input type="checkbox"/> UL/VUL <input type="checkbox"/> Variable <input type="checkbox"/> Immediate <input type="checkbox"/> Whole Life																											
Policy/Contract Issue Date (mm/dd/yyyy)	N/A																												
Death Benefit Amount (Life = Face Value)	N/A	\$.00																											
Surrender Charge (of current transaction)	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: %																											
Full or Partial Replacement	N/A	<input type="checkbox"/> Full <input type="checkbox"/> Partial If partial, does amount exceed free withdrawal amount? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
Length of Surrender Period (from inception)	 Years	 Years																											
Surrender Schedule (list the contract's full surrender schedule from contract inception.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1st Yr <input type="checkbox"/> %</td> <td style="text-align: center;">2nd Yr <input type="checkbox"/> %</td> <td style="text-align: center;">3rd Yr <input type="checkbox"/> %</td> <td style="text-align: center;">4th Yr <input type="checkbox"/> %</td> </tr> <tr> <td style="text-align: center;">5th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">6th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">7th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">8th Yr <input type="checkbox"/> %</td> </tr> <tr> <td style="text-align: center;">9th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">10th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">11th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">12th Yr <input type="checkbox"/> %</td> </tr> </table>	1st Yr <input type="checkbox"/> %	2nd Yr <input type="checkbox"/> %	3rd Yr <input type="checkbox"/> %	4th Yr <input type="checkbox"/> %	5th Yr <input type="checkbox"/> %	6th Yr <input type="checkbox"/> %	7th Yr <input type="checkbox"/> %	8th Yr <input type="checkbox"/> %	9th Yr <input type="checkbox"/> %	10th Yr <input type="checkbox"/> %	11th Yr <input type="checkbox"/> %	12th Yr <input type="checkbox"/> %	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1st Yr <input type="checkbox"/> %</td> <td style="text-align: center;">2nd Yr <input type="checkbox"/> %</td> <td style="text-align: center;">3rd Yr <input type="checkbox"/> %</td> <td style="text-align: center;">4th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">5th Yr <input type="checkbox"/> %</td> </tr> <tr> <td style="text-align: center;">6th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">7th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">8th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">9th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">10th Yr <input type="checkbox"/> %</td> </tr> <tr> <td style="text-align: center;">11th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">12th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">13th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">14th Yr <input type="checkbox"/> %</td> <td style="text-align: center;">15th Yr <input type="checkbox"/> %</td> </tr> </table>	1st Yr <input type="checkbox"/> %	2nd Yr <input type="checkbox"/> %	3rd Yr <input type="checkbox"/> %	4th Yr <input type="checkbox"/> %	5th Yr <input type="checkbox"/> %	6th Yr <input type="checkbox"/> %	7th Yr <input type="checkbox"/> %	8th Yr <input type="checkbox"/> %	9th Yr <input type="checkbox"/> %	10th Yr <input type="checkbox"/> %	11th Yr <input type="checkbox"/> %	12th Yr <input type="checkbox"/> %	13th Yr <input type="checkbox"/> %	14th Yr <input type="checkbox"/> %	15th Yr <input type="checkbox"/> %
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11th Yr <input type="checkbox"/> %	12th Yr <input type="checkbox"/> %	13th Yr <input type="checkbox"/> %	14th Yr <input type="checkbox"/> %	15th Yr <input type="checkbox"/> %																									
List All Inherent and Optional Benefits and Riders¹																													
Annual Minimum Guaranteed Interest Rate¹	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: %	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: %																											
Investment Advisory Fee¹																													
Mortality and Expense Fee¹																													
		If the EXISTING Policy is a UL, VUL, or WHOLE LIFE policy, the below information is NOT required.																											
Free Withdrawals¹ Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Annual Allowance: %	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Annual Allowance: %																											
Market Value Adjustment¹ Amount	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: <input type="checkbox"/> + <input type="checkbox"/> - \$ 																											
Initial Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ or %	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ or %																											
Potential Loss of Bonus if Exchanged	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ 																											
	The following fields are required for Fixed Index* annuity contracts only.	The following fields are required for Fixed Index* annuity contracts only.																											
Interest Rate Cap(s)¹	<input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> %	<input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> %																											
Index Participation¹ Rate (IPR)	<input type="checkbox"/> %	<input type="checkbox"/> %																											

¹See Page 5 for an explanation of terms.

* Equity Indexed and Fixed Annuity in Oregon

Withdrawals before age 59½ may be subject to a federal tax penalty. Please consult a tax advisor for assistance.

If replacing more than one policy/contract, continue Replaced Existing policy/contract information on the X0960-S as needed.



Step 5 - Additional Considerations

The following questions are to be completed by the producer/representative making the purchase recommendation.

1. I am recommending the purchase of this annuity to this client because he/she will benefit from this product in the following ways (list all benefits to the client): _____

2. My recommendation to this client is based on the following factors (list all factors that played a role in the recommendation):

3. The client's intended use of this annuity is: _____

4. If current or future income was indicated as one of the client's investment objectives on page 2, please indicate when the client plans to begin drawing income from this contract: _____

5. Does the client anticipate any significant changes to his/her income, annual living expenses, liquidity needs and/or tax status during the surrender period of the proposed contract? Yes No If yes, please explain: _____

6. **California applicants only:** The client has a reverse mortgage or currently has an application pending for a reverse mortgage?
 Yes No

Step 6 - ACKNOWLEDGMENTS AND SIGNATURES**PRODUCER/REPRESENTATIVE ACKNOWLEDGMENT**

I acknowledge that I have fully explained the information covered in this form to the Applicant(s). I have provided the Applicant(s) with a completed and signed copy of this form. Based on my completion of the required general annuity and/or Jackson product training, I believe this transaction is suitable given the client's financial situation and needs.

Producer's/Representative's Signature

Producer's/Representative's Printed Name

Date Signed (mm/dd/yyyy)

! If the proposed Owner is a non-natural entity, Section 2 must be completed by the Beneficial Owner¹ (Annuitant) and/or Joint Beneficial Owner (Joint Annuitant) when applicable.

! APPLICANT ACKNOWLEDGMENT

I understand the annuity contract I am investing in is a long-term investment and may have surrender charges or other penalties for early termination or certain partial withdrawals. I have reviewed my financial situation, investment objectives and product features with my producer and have determined that this annuity contract meets my needs.

Applicant's Signature (include title if applicable)**Applicant's Printed Name****Date Signed (mm/dd/yyyy)****Joint Applicant's Signature (include title if applicable)****Joint Applicant's Printed Name****Date Signed (mm/dd/yyyy)**

New Jersey Residents: The sale and suitability of annuities is regulated by the New Jersey Department of Banking and Insurance. You may obtain assistance from the Department at 609-292-7272 or 800-446-7467, or by visiting the Department's website at www.njdoib.org.

¹See Page 5 for an explanation of terms.



Explanation of Terms

Annual Income: Current total amount of income received annually from all sources.

Annual Living Expense: An estimate of total annual living expenses (housing, utilities, food, etc.).

Annual Minimum Guaranteed Interest Rate: The lowest annual interest rate the premium in your annuity or fixed fund account will earn as provided in the contract.

Beneficial Owner: The owner of an asset that is registered in another name. Generally, the beneficial owner is the annuitant when the contract is registered to a non-natural or entity owner.

Free Withdrawal: Withdrawals that may be taken from the contract's values that are not subject to surrender or other charges and are a provision of the contract.

Index Participation Rate (IPR): The percentage applied to a positive change in an underlying index price over the initial index price of the crediting period, in the calculation of credited interest.

Inherent and Optional Benefits and Riders: Benefits that are optional or built into the contract that are an added value and should be taken into consideration when evaluating a suitable exchange.

Interest Rate Cap(s): The maximum interest rate that may be received (usually annually) on the contract. This must be provided for each index and crediting method combination that funds will be allocated to or are currently allocated.

Investment Advisory Fee: A fee that is paid to the fund manager or investment advisory firm to make investment decisions for your contract. This is not paid directly to the fund manager as it is deducted directly from the fund's returns.

Limitations on Bonus: Contractual language that can make a bonus available only on a vesting schedule (as an example), or only available on a specific premium amount; e.g. >\$100,000).

Liquid Net Worth: The assets that can be turned into cash without incurring a major loss in value. This should not include real estate or business equity, personal property, automobiles, expected inheritances, funds estimated to fund the proposed contract, or funds already estimated for other purposes.

Market Value Adjustment: Withdrawals taken within the contract's withdrawal charge period will be adjusted upward when interest rates are falling and downward when they are rising, to reflect changes in the interest rate environment since the purchase date of the contract. For Variable Annuities, this may also be referred to as **Excess Interest Adjustment** or **Interest Rate Adjustment**.

Mortality and Expense Fee: A fee that is charged to cover the cost of the death benefits (the "mortality" portion) and the expenses of other insured income guarantees that might be included as provisions of the contract.

Time Horizon: The length of time over which an investment is made or held before it is liquidated or before the client begins taking regular withdrawals (via partial withdrawal, annuitization, periodic income payments, or systematic withdrawal).

Total Net Worth: Total value of all available assets, including existing investment and life insurance holdings, minus current liabilities (such as balances due on loans). Should not include the value of primary residence.

Jackson Service Center				
<i>Attention</i>	Variable Annuity	Fixed Index Annuity and Target Select	Fixed Annuity	Immediate Annuity
Regular Mail	P.O. Box 30314 Lansing, MI 48909-7814			P.O. Box 24068 Lansing, MI 48909-4068
Overnight Mail	1 Corporate Way Lansing, MI 48951			
Customer Care	<i>Non-Bank:</i> 800-873-5654, 8:00 a.m. to 8:00 p.m. ET (M-F) <i>Bank or Financial Institution:</i> 800-777-7779, 8:00 a.m. to 8:00 p.m. ET (M-F)			
Fax*	800-943-6761	517-706-5538	517-706-5529	517-706-5519
Email	contactus@jackson.com			

*A fax cover page is not needed. If you have additional instructions to submit, please complete Letter of Instruction form X4250 including owner and/or annuitant signature(s) as applicable.



This page is to be left with the applicant.