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Lansing, MI 48909-7921

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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)

- If Owner is a Trust, Trustee Certification form X5335 or trust documents are required with application.

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)

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 _____

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

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**

_____ / / _____

• 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**

_____ / / _____



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	No	If yes, complete the following Company information.
Company name	Contract number	Anticipated amount		
<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>			\$

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="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/>	/ /	\$

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)

PAC (Quarterly or Monthly only)

Optional Automatic Payment Plan Minimum Annual Premiums:
 \$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

Guaranteed Periods:

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

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

- 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" value="/ /"/>	<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" value="/ /"/>	<input type="text"/>
Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed
<input type="text"/>	<input type="text" value="/ /"/>	<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" value="/ /"/>	<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**



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



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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner's Name (if owned by a non-natural entity)	TIN
<input type="text"/>	<input type="text"/>

Joint Owner's Name (First)	(Middle)	(Last)	SSN	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annuitant's Name (First)	(Middle)	(Last)	SSN	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint Annuitant's Name (First)	(Middle)	(Last)	SSN	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

! 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
 Spouse's Income 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 Inheritance

Tax Advantage Safety

Current Income Growth

Future Income

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 or MN)? 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	<input type="text"/>
Death Benefit Amount (Life = Face Value)	N/A	\$ <input type="text"/> .00
Surrender Charge (of current transaction)	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: <input type="text"/> %
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)	<input type="text"/> Years	<input type="text"/> Years
Surrender Schedule (list the contract's full surrender schedule from contract inception.)	1st Yr <input type="text"/> % 2nd Yr <input type="text"/> % 3rd Yr <input type="text"/> % 4th Yr <input type="text"/> % 5th Yr <input type="text"/> % 6th Yr <input type="text"/> % 7th Yr <input type="text"/> % 8th Yr <input type="text"/> % 9th Yr <input type="text"/> % 10th Yr <input type="text"/> % 11th Yr <input type="text"/> % 12th Yr <input type="text"/> %	1st Yr <input type="text"/> % 2nd Yr <input type="text"/> % 3rd Yr <input type="text"/> % 4th Yr <input type="text"/> % 5th Yr <input type="text"/> % 6th Yr <input type="text"/> % 7th Yr <input type="text"/> % 8th Yr <input type="text"/> % 9th Yr <input type="text"/> % 10th Yr <input type="text"/> % 11th Yr <input type="text"/> % 12th Yr <input type="text"/> % 13th Yr <input type="text"/> % 14th Yr <input type="text"/> % 15th Yr <input type="text"/> %
List All Inherent and Optional Benefits and Riders ¹		
Annual Minimum Guaranteed Interest Rate ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: <input type="text"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: <input type="text"/> %
Investment Advisory Fee ¹		
Mortality and Expense Fee ¹		
		If the EXISTING Policy is a UL, VUL, or WHOLE LIFE policy, the below information is NOT required.
Free Withdrawals ¹ Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Annual Allowance: <input type="text"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Annual Allowance: <input type="text"/> %
Market Value Adjustment ¹ Amount	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: <input type="text"/> + <input type="text"/> - \$ <input type="text"/>
Initial Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ <input type="text"/> or <input type="text"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ <input type="text"/> or <input type="text"/> %
Potential Loss of Bonus if Exchanged	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ <input type="text"/>
	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="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"/> % <input type="text"/> % <input type="text"/> % <input type="text"/> %
Index Participation ¹ Rate (IPR)	<input type="text"/> %	<input type="text"/> %

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.
- Please include a current statement for any policy(ies)/contract(s) being replaced.
- 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 and how the client plans to begin drawing income from this contract: _____

5. Does the client anticipate any significant changes to his/her financial situation, including, but not limited to; income, annual living expenses, liquidity needs and/or tax status? Yes No If yes, please explain: _____

6. **California and Minnesota 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.njdobi.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	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.



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