

**First Class Mail:** P.O. Box 30314  
Lansing, MI 48909-7814

**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** **U.S. Citizen**

/ /	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
-----	---	--

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

	<input type="checkbox"/> Spouse <input type="checkbox"/> 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

• Complete this section if different from Owner.

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

Joint Annuitant

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

• Complete this section if different from Joint Owner.

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

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

Primary  Contingent  % Percentage of Death Benefit

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

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

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 consent to receive electronically:**

- Check the boxes next to the types of documents you wish to receive electronically.

**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 an email or by notice to you of a document's availability on Jackson National Life Insurance Company's (also referred to as Jackson) website. Please contact the appropriate Jackson Service Center or go to [www.jackson.com](http://www.jackson.com) to update your email address, revoke your consent to electronic delivery or request paper copies. 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](http://www.jackson.com)) is required for electronic delivery of Contract-related correspondence.

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 and Adobe Acrobat Reader. If you don't already have Adobe Acrobat Reader, you can download it free from [www.adobe.com](http://www.adobe.com).

There is no charge for electronic delivery of electronic communications, 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 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. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any communications in paper form.

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security/Tax I.D. Number</b>		<b>Date of Birth</b> (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security/Tax I.D. Number</b>		<b>Date of Birth</b> (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>





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.

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

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

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

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

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

<b>Address (number and street)</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>

<b>Email Address</b>	<b>Business Telephone No.</b> (including area code)	<b>Percentage</b>
	(   )	%

- 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%).

<b>Producer/Representative Name</b>	<b>Jackson Producer/Representative No.</b>	<b>Percentage</b>
		%

<b>Producer/Representative Name</b>	<b>Jackson Producer/Representative No.</b>	<b>Percentage</b>
		%

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



## **Delaware Civil Union and Equality Act**

On January 1, 2012, the Delaware Civil Union and Equality Act of 2011 ("the Act") took effect. The Act, creates a legal relationship between two persons of the same or opposite sex who form a civil union and provides that parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits as those afforded or recognized by the laws of Delaware to spouses in a legal marriage. The Act also provides that a party to a civil union shall be included in any definition or use of the terms "marriage," "married," "spouse," "family," "immediate family," "dependent," "next of kin" or any other descriptive term for a spousal relationship when used in Delaware law, including the Delaware Insurance Code.

This notice is to inform you that in compliance with the Act, effective January 1, 2012, under all Jackson National Life Insurance Company<sup>®</sup> (Jackson<sup>®</sup>) insurance policies or annuity contracts and riders covering Delaware residents, any benefit, coverage or right, governed by Delaware state law provided to a person considered a spouse by marriage will also be provided to a party to a civil union, and any benefit, coverage or right governed by Delaware state law provided to a child of a marriage will also be provided to a child of a civil union.

Federal law may impact how certain spousal rights and benefits within some insurance products are treated. For example, federal tax laws that afford favorable income-deferral options to an opposite-sex spouse under the Internal Revenue Code do not currently extend such rights to a same-sex spouse (e.g., the Federal Defense of Marriage Act).

More information on the Act or how it affects insurance coverage is available by calling Jackson at (800) 644-4565 or on our website at [www.jackson.com](http://www.jackson.com).





# Consumer Suitability Acknowledgment

This form must be completed for any Consumer who is purchasing a traditional fixed, fixed index, immediate annuity or variable annuity.



Home Office: Lansing, Michigan

www.jackson.com

## Complete Section 1 – Suitability Checklist AND

## Section 2 – Producer Acknowledgment of Responsibility

– OR –

## Complete Section 3 – Proposed Owner Acknowledgment of Responsibility.

USE DARK INK ONLY (print or type)

Contract Reference No. (if known)

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"/>

### SECTION 1. SUITABILITY CHECKLIST (To be completed by the Consumer.)

- a. Did your producer/representative review your financial status, tax status and investment objectives, before recommending this Jackson National Life Insurance Company® (Jackson®) annuity?.....  YES  NO
- b. Do you believe that the Jackson annuity applied for will meet your financial objectives?.....  YES  NO
- c. Did your producer/representative review the features of the Jackson annuity with you (such as any applicable interest rates, withdrawal charges, withdrawal privileges, etc.)?.....  YES  NO
- d. Do you intend to keep your premium in the annuity for the next two years? (This does not apply to any free withdrawal provisions in the contract or to Required Minimum Distribution payments associated with tax-qualified annuities.).....  YES  NO
- e. Has your producer discussed the impact of your annuity purchase on any current financial products you hold including any surrender charges, penalties or the death benefit impact?.....  YES  NO

Proposed Owner's Signature	Date Signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Proposed Joint Owner's Signature (if applicable)	Date Signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

### SECTION 2. PRODUCER/REPRESENTATIVE ACKNOWLEDGMENT OF RESPONSIBILITY

#### Acknowledgment of Responsibility for Suitability Recommendation to Consumers

I have reasonable grounds for believing that the purchase or exchange of an annuity is a suitable transaction for this Consumer. My recommendation that the purchase or exchange of the annuity is suitable for the Consumer was based on facts disclosed by the Consumer as to their investments and other insurance products and their financial situation and needs.

I agree to maintain and make available, upon a request from the insurer, records of the information collected and other information used as the basis for this insurance recommendation for at least 10 years after the insurer completes the recommended transaction. For contracts sold in Idaho the information will be maintained and available for as long as the contract is in force. Any process that accurately reproduces the actual document may be used to maintain these records.

Producer/Representative's Printed Name	Jackson Producer/Rep. No.
<input type="text"/>	<input type="text"/>

Producer/Representative's Signature	Date Signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

### SECTION 3. PROPOSED OWNER ACKNOWLEDGMENT OF RESPONSIBILITY

(DO NOT COMPLETE if Sections 1 and 2 are completed.)

#### Consumer's Acknowledgment of Responsibility

I elect not to provide the information necessary for my producer/representative to make a recommendation regarding the purchase or exchange of an annuity. I have decided to enter into the purchase or exchange of an annuity without a recommendation from, or against the recommendation of, my producer/representative.

Proposed Owner's Signature	Date Signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Proposed Joint Owner's Signature (required, if applicable)	Date Signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>



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



# Notice to Applicant Regarding Replacement of Life Insurance



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

[www.jackson.com](http://www.jackson.com)

Jackson<sup>®</sup> Reference/Policy Number (if applicable)

**USE DARK INK ONLY (print or type)**

Owner's Name (First)	(Middle)	(Last)	SSN (include dashes)	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 (include dashes)
<input type="text"/>	<input type="text"/>

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

Product Type:  Variable Annuity  Fixed Annuity  Fixed Index Annuity  Single Premium Immediate Annuity

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both the proposed new policy and your existing insurance. New policies may contain provisions which limit benefits during the initial period of the contract, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 30 requires that the insurer advising or recommending replacement:

Provide the consumer, not later than the date the policy or contract is delivered, a concise summary of the policy or

contract to be issued.

Allow a twenty-day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund.

Advise the present insurance company(ies) of the pending replacement.

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it using the form below.

**Information on Present Policies:**

Company Name	Policy No.	Name of Insured	Summary Requested? Mark Yes or No.
<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"/>

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

**Please complete the signature section on page 2.**



I have read this notice and received a copy of it.

Owner's Signature			Date (mm/dd/yyyy)		
Joint Owner's Signature			Date (mm/dd/yyyy)		
Agent's Signature			Date (mm/dd/yyyy)		
Agent's Printed Name (First)	(Middle)	(Last)	Company Name		
Agent's Address (Number & Street)		City	State	ZIP	

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

**Producer:** Please provide a copy to the Owner, Jackson and retain a copy for your records.

