

Home Office: Lansing, Michigan
www.jackson.com

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**

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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**

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

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- It is required for Good Order that you provide a physical address.

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

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- Only include mailing address if different from physical address.

Mailing Address Line 1 **Line 2**

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

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Joint Owner

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

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

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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"/>
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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**

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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.



Electronic Delivery Authorization

I agree to receive the following documents electronically.

If document types are not checked below, Jackson will default to print copies and will send accordingly.

- 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 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. Jackson will not restrict your ability to view, print, or store electronic records. 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)
	/ /



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.

FLORIDA RESIDENTS: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

 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 style="width: 95%; height: 25px;" type="text"/>	/ /	<input style="width: 95%; height: 25px;" type="text"/>
Owner's Title (required if owned by an Entity)		
<input style="width: 95%; height: 25px;" type="text"/>		
Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
<input style="width: 95%; height: 25px;" type="text"/>	/ /	<input style="width: 95%; height: 25px;" type="text"/>
Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed
<input style="width: 95%; height: 25px;" type="text"/>	/ /	<input style="width: 95%; height: 25px;" type="text"/>
Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed
<input style="width: 95%; height: 25px;" type="text"/>	/ /	<input style="width: 95%; height: 25px;" type="text"/>



Agent/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 Agent/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 Agent/Prod./Rep. No.	Agent/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)	FL Agent License ID No.	Percentage
	()		%

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

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

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

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

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



Annuity Suitability Questionnaire



Home Office: Lansing, Michigan
www.jackson.com

USE DARK INK ONLY (print or type)

Proposed Owner's Name (First) (Middle) (Last) Date of Birth (mm/dd/yyyy) SSN (include dashes)

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Proposed Owner's Name (if owned by a non-natural entity) TIN (include dashes)

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Proposed Joint Owner's Name (First) (Middle) (Last) Date of Birth (mm/dd/yyyy) SSN (include dashes)

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PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last First Middle
Date of Birth Age Sex Tax Status
Number and Age of Dependents:

JOINT ANNUITANT INFORMATION

Name: Last First Middle
Date of Birth Age Sex Tax Status
Number and Age of Dependents:

APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Name: Last First Middle
Date of Birth Age Sex
Entity:
Tax Status Relationship to Annuitant(s):
Form of Ownership:
Supporting documents (list):

	Applicant	Joint Annuitant
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		

Do you currently own any annuities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list:		
Do you currently own any life insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list:		

Applicant's Signature Date Joint Annuitant's Signature Date

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	Applicant	Joint Annuitant
Does your income cover all your living expenses including medical?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please explain:		

Why are you purchasing this annuity?

What are your investment objectives? (Check all that apply)

- Income
 Growth (long term)
 Safety of Principal and Income
 Safety of Principal and Growth
 Pass assets to a beneficiary or beneficiaries at death
 Other:

Describe your risk tolerance: (Check all that apply)

- Conservative
 Moderately conservative
 Moderate
 Moderately aggressive
 Aggressive
 Other:

Comments:

Describe your investment experience by type and length of time:

What is the source of the funds for the purchase of the proposed annuity?

How long do you plan to keep the proposed annuity?

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$

Applicant's Signature

Date

Joint Annuitant's Signature

Date



Note:

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Applicant or Owner Signature

Date Signed

Joint Annuitant or Owner Signature

Date Signed

Jackson Service Center				
Attention	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.



EXPLANATION OF TERMS

"Age" is the natural person's attained age on the day the form is completed.

"Annual household income" is the combined annual income received by all household members each calendar year.

"Annual income" is income received during a calendar year, whether earned or unearned.

"Form of Ownership" is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

"Intended use of the annuity" means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the Senior Consumer.

"Investment Objectives" are the senior consumer's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

"Liquid Assets" are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

"Risk Tolerance" means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

"Source of annual income" is the income-generating source, such as pension income, dividends, or earned income etc.

"Source of the funds" to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

"Supporting documents" are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant if applicable, and the Applicant/Owner as it may exist.

"Tax Status" is the senior consumer's Federal Income Tax filing status such as "single" or "married filing jointly"; if "Exempt", so state.

"Total Net Worth" is the senior consumer's total assets minus total liabilities or encumbrances applicable to those assets.

Applicant's Signature

Date

Joint Annuitant's Signature

Date



DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

www.jackson.com

USE DARK INK ONLY (print or type)

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

EXISTING ANNUITY CONTRACT

Annuitant(s) _____
 Insurer _____
 Contract # _____

PROPOSED ANNUITY CONTRACT

Annuitant(s) _____
 Insurer _____
 Contract # _____

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Contract Issue Date	Mo Day Yr	Mo Day Yr (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annual Free Withdrawal Percentage Rate	%	%
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

_____/_____
 Applicant's Signature Date

_____/_____
 Joint Applicant's Signature Date



	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Minimum Guaranteed Interest Rate	%	%
Market Value Adjustment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Asset Fees		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Limits and Exclusions for Bonuses that may be Payable		
Interest Rate Cap		
Participation Rate		
Index Type		
Administrative Fees or Margins		
(List limitations, requirements, exclusions of the benefit)		
Other		

_____ / _____ _____ / _____
 Applicant's Signature Date Joint Applicant's Signature Date

<i>New Business Mailing Address and Contact Information</i>			
Jackson Service Center			
<i>Attention</i>	<i>Fixed Annuity</i>	<i>Fixed Index Annuity & Target Select</i>	<i>Immediate Annuity</i>
<i>Regular Mail</i>	P.O. Box 30421 Lansing, MI 48909-7921	P.O. Box 30391 Lansing, MI 48909-7891	P.O. Box 24068 Lansing, MI 48909-4068
<i>Overnight Mail</i>	1 Corporate Way, Lansing, MI 48951		
<i>Customer Care</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>Fax*</i>	517-706-5529	517-706-5538	517-706-5519
<i>Email</i>	contactus@jackson.com		

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



**DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS
REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Valueⁱ \$ _____ Annuity Surrender Valueⁱⁱ \$ _____

Surrender Chargesⁱⁱⁱ Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____ / ____ / ____.

ACKNOWLEDGMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

- 1. ANY ITEM HAS BEEN LEFT BLANK;
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Applicant's Name (please print)

Date Signed

Applicant's Signature

Joint Applicant's Name (please print)

Date Signed

Joint Applicant's Signature

ⁱ This amount represents the current value of the existing annuity, less any withdrawals or other deductions.
ⁱⁱ This amount represents the surrender value of the existing annuity.
ⁱⁱⁱ Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.



EXPLANATION OF TERMS
(CONTINUED)

"Marketing Name" is the name adopted by the insurer to identify the contract form.

"Minimum Guaranteed Interest Rate" is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

"Participation Rate" is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

"Potential Loss of Bonus if Exchanged" refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

"Qualified Contract" means a product used to fund any type of pension plan approved by the Internal Revenue Service.

"Surrender Charge" is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

"Surrender Charge Percentage Schedule for Remaining Years" the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the "free withdrawal" limit.

"Surrender Charge Period" is the number of annuity contract years a surrender charge may be applicable.

"Waiver of Surrender Charge Benefit or Similar Benefit or Provision" is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

_____/_____
Applicant's Signature Date

_____/_____
Joint Applicant's Signature Date



Notice to Applicant Regarding Replacement of Life Insurance and/or Annuities



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

www.jackson.com

Jackson® 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

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

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

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

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

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

Agent's Name (First)	(Middle)	(Last)	Agent's Company
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Agent's Address (Number & Street)	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Information on policies which may be replaced:

Company Name	Policy Number	Name of Insured
<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"/>



New Business Mailing Address and Contact Information				
Jackson Service Center				
Attention	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	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)			
Fax	800-943-6761	517-706-5538	517-706-5529	517-706-5519
Email	contactus@jackson.com			

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

