

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

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

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

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

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

PLEASE PRINT

Primary Owner

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

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

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

U.S. Citizen Yes No

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

--	--	--

Non-Natural Owner/Entity Name (if applicable)

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

/ /	()	
-----	-----	--

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

--	--

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

--	--	--

Mailing Address Line 1 **Line 2**

--	--

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

--	--	--

Joint Owner

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

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

--	--	--

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

/ /		
-----	--	--

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

	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	()
--	---	-----

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

--	--

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

--	--	--



Annuity Type

• **Jackson National Life Insurance Company**, also referred to as "**Jackson**" or "**the Company**," 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"/>	/ /	\$

Annuity/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 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

TENNESSEE 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.

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 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"/>



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.
- To the best of my knowledge and belief, the applicant **does** **does not** have any existing life insurance policies or annuity contracts.
- To the best of my knowledge and belief, this application **will** **will not** replace any life insurance policy or annuity contract.
- I have complied with requirements for disclosures, existing coverage and 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 <input type="checkbox"/> B <input type="checkbox"/> C <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**



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

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)
Proposed Joint Owner's Signature (if applicable)	Date Signed (mm/dd/yyyy)

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

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)
Proposed Joint Owner's Signature (required, if applicable)	Date Signed (mm/dd/yyyy)



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: 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>			
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.



**IMPORTANT NOTICE:
REPLACEMENT OF
LIFE INSURANCE OR ANNUITIES**



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

www.jackson.com

Jackson® Reference Number (if applicable)

USE DARK INK ONLY (print or type)

Owner's Name (First)	(Middle)	(Last)	Social Security Number	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)	Tax I.D. Number
<input type="text"/>	<input type="text"/>

Joint Owner's Name (First)	(Middle)	(Last)	Social Security Number	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)	Social Security Number	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)	Social Security Number	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

This document must be signed by the Owner and the producer, if there is one, and a copy left with the Owner.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your

existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

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

* Replaced (R) or Financing (F)

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary, or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

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



Complete Reason for Replacement and Signature Section on Page 2.

The existing policy or contract is being replaced because:

I certify that the responses herein are, to the best of my knowledge, accurate.

Owner's Signature	Date (mm/dd/yyyy)

Owner's Printed Name (First)	(Middle)	(Last)

Joint Owner's Signature	Date (mm/dd/yyyy)

Joint Owner's Printed Name (First)	(Middle)	(Last)

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

Producer's Printed Name (First)	(Middle)	(Last)

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

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable? Could they change? You're older — are premiums higher for the proposed new policy? How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?

INSURABILITY:

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

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid? How will the premiums on your existing policy be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract? Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy? Is this a tax-free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?

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



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.



Statement Regarding Existing Policies or Contracts



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

www.jackson.com

Jackson Reference Number (if applicable)

Owner's Name (first)	(middle)	(last)	Date of Birth (mm/dd/yyyy)	SSN (include dashes)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Statement Regarding Existing Policies or Annuity Contracts

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

I (We) certify that:

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

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"/>

Producer/Representative's Certification Regarding Sales Material

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

I certify that:

- I did not use sales material(s) during the presentation of this 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.

Producer/Representative's Statement

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

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

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

New Business Mailing Address and Contact Information Jackson Service Center	
Regular Mail	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	517-706-5538
Email	contactus@jackson.com

