

INDIVIDUAL FIXED ANNUITY APPLICATION (11/14)



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan  
www.jackson.com

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  
Fax: 517-706-5529

Overnight Mail: 1 Corporate Way  
Lansing, MI 48951

Hours: 8:00 a.m. to 8:00 p.m. ET  
Email: contactus@jackson.com

Linking/BIN/Brokerage Acct. Number (if applicable)  
[ ]

Jackson® pre-assigned Contract Number (if applicable)  
[ ]

PLEASE PRINT CLEARLY

Primary Owner

Type of Ownership:  Individual/Joint  Custodian  Trust  Corporation/Pension Plan  Government Entity  
Sex:  Male  Female  
U.S. Citizen:  Yes  No

Please see the Good Order Checklist for additional requirements.

Social Security Number or Tax ID Number Phone Number (include area code)  
[ ] [ ] [ ]

First Name Middle Name Last Name Date of Birth (mm/dd/yyyy)  
[ ] [ ] [ ] [ ]

Non-Natural Owner/Entity Name (if applicable) Email Address (print clearly)  
[ ] [ ]

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

City State ZIP  
[ ] [ ] [ ]

Mailing Address Line 1 Line 2  
[ ] [ ]

City State ZIP  
[ ] [ ] [ ]

Joint Owner

Social Security Number Phone Number (include area code) Sex:  Male  Female  
U.S. Citizen:  Yes  No

First Name Middle Name Last Name  
[ ] [ ] [ ]

Email Address (print clearly) Relationship to Owner Date of Birth (mm/dd/yyyy)  
[ ] [ ] [ ]

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

City State ZIP  
[ ] [ ] [ ]



**Primary Annuitant**

• Complete this section if different than Owner. If Primary Annuitant section is left blank, the Annuitant will default to the Owner.

Social Security Number  Phone Number (include area code)  Sex  Male  Female  
 U.S. Citizen  Yes  No

First Name  Middle Name  Last Name  Date of Birth (mm/dd/yyyy)

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

City  State  ZIP

**Joint Annuitant**

• Complete this section if different than Joint Owner. If Joint Annuitant section is left blank, the Joint Annuitant will default to the Joint Owner.

No Joint Annuitant Social Security Number  Phone Number (include area code)  Sex  Male  Female  
 U.S. Citizen  Yes  No

First Name  Middle Name  Last Name  Date of Birth (mm/dd/yyyy)

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

City  State  ZIP

**Beneficiary(ies)**

! It is required for Good Order that the Death Benefit Percentage be whole numbers and **must** total 100% for each beneficiary type. If Percentage of Death Benefit is left blank, all beneficiaries will receive equal shares.

Primary Percentage of Death Benefit  % Social Security/Tax ID Number

First Name  Middle Name  Last Name  Date of Birth (mm/dd/yyyy)

Non-Natural Entity Name  Relationship to Owner

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

City  State  ZIP  Phone Number (include area code)

• Please use form X3041 for additional beneficiaries.

Primary  Contingent Percentage of Death Benefit  % Social Security/Tax ID Number

First Name  Middle Name  Last Name  Date of Birth (mm/dd/yyyy)

Non-Natural Entity Name  Relationship to Owner

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

City  State  ZIP  Phone Number (include area code)



**Premium Payment**

Select method of payment and note approximate amount:

Check \$  Wire \$

External Transfer \$  Internal Transfer \$

**Annuity Type**

IRA - Traditional\*  
  Non-Tax Qualified  
  Roth IRA\*  
  SEP  
  403(b) TSA

Stretch IRA  
  Non-Qualified Stretch  
  Roth Conversion  
 Other:

\*Tax Contribution Years and Amounts:

Year:  \$       Year:  \$

**!** 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).

**Statement Regarding Existing Policies or Annuity Contracts**

I (We) certify that with regard to Jackson National Life Insurance Company® (Jackson) or any other company:

(Please select one)

I (We) **do not** have 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 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

**Transfer Information**

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. **Jackson will only request the funds if the "Client Initiated" 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"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Partial	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Full	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Partial	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Non-Qualified Plan Types:     IRC 1035 Exchange     Non-1035 Exchange

All Other Plan Types:     Direct Transfer     Direct Rollover     Non-Direct Rollover

**Annuitization/Income Date**

Specify Income Date (mm/dd/yyyy)

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



**Annuity Product Selection**

**!** It is required for Good Order that you write in the Product name.

**Traditional Fixed Annuity Product Name:**

Write in the Product Name. (e.g. "Annuity Product 123")

Select one 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.)

**Optional Benefit** 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**<sup>®</sup> (Ages 0-75)

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

**Authorized Caller**

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

First Name	Middle Name	Last Name

Social Security Number	Date of Birth (mm/dd/yyyy)

- If no election is made, Jackson will default to "No."
- Please provide one email address and print clearly.
- If you authorize E-delivery but do not provide an email address or the address is illegible, E-delivery will not be initiated.

**Electronic Delivery Authorization**

**Do you consent to Electronic Delivery of Documents?**  Yes  No

GO GREEN. IT'S ONLY NATURAL.



Check the box(es) next to the types of documents you wish to receive electronically. If Electronic Delivery is authorized, but no document type is selected, the selection will default to "All Documents."

**ALL DOCUMENTS**  Annual Statements  Other Contract-related correspondence

My email address is:

I (We) will notify the Company of any new email address.  
 This consent will continue 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's 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.





## Notice to Applicant

**Electronic Delivery Authorization Disclosure:** 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 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. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any documents or communications in paper form.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## Client Acknowledgments

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, Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
7. I (We) understand that Jackson issues other annuities with similar features, benefits, limitations and charges. I (We) have discussed the alternatives with my (our) financial representative.

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



### Client Signatures

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

### Producer/Representative Acknowledgments

**!** 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.

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

Jackson Prod./Rep. No.	Producer/Representative # 1 Signature	Date Signed (mm/dd/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Name	Middle Name	Last Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address (print clearly)	Business Phone Number (include area code)	Extension
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Program Options		Percentage
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input style="width: 95%;" type="text"/> %

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%).

**• If Percentage is left blank, all Producer/Reps will receive equal shares.**

Producer/Representative Name # 2	Jackson Producer/Representative No.	Percentage
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %
Producer/Representative Name # 3	Jackson Producer/Representative No.	Percentage
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %



# Product Suitability Determination

## Fixed, Fixed Index\*, Immediate or Variable Annuity

\*Equity Indexed and Fixed Annuity in Oregon



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

## Instructions

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

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

## Replacement Requirements

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



**Product Suitability Determination**  
**Fixed, Fixed Index\*, Immediate or Variable Annuity**

\*Equity Indexed and Fixed Annuity in Oregon



Home Office: Lansing, Michigan  
 www.jackson.com

**APPLICANT INFORMATION**

USE DARK INK ONLY (print or type)

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

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

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

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

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

**!** If the proposed Owner is a non-natural entity, this information should be completed by the Beneficial Owner<sup>1</sup> (Annuitant) and/or Joint Beneficial Owner (Joint Annuitant).

**Step 1 - OWNER'S FINANCIAL INFORMATION**

**Employment Status**

Employed  Self Employed  Unemployed  Retired

Annual Income<sup>1</sup> (from all sources): \$

Annual Living Expenses:<sup>1</sup> \$

**Total Net Worth:<sup>1</sup> \$**

(do not include primary residence)

**Liquid Net Worth:<sup>1</sup> \$**

(NOT including funds for the proposed annuity)

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

Salary  Investments  Retirement Plan  
 Spouse's Income  Social Security  Other

**Federal/State Income Tax Bracket:**

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

**How do you rate your investment knowledge?**

Limited  Good  Extensive  I am a Financial Professional

**Step 1a - JOINT OWNER'S FINANCIAL INFORMATION**

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

**Employment Status**

Employed  Self Employed  Unemployed  Retired

Annual Income<sup>1</sup> (from all sources): \$

Annual Living Expenses:<sup>1</sup> \$

**Total Net Worth:<sup>1</sup> \$**

(do not include primary residence)

**Liquid Net Worth:<sup>1</sup> \$**

(NOT including funds for the proposed annuity)

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

Salary  Investments  Retirement Plan  
 Social Security  Other

**Federal/State Income Tax Bracket:**

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

**How do you rate your investment knowledge?**

Limited  Good  Extensive  I am a Financial Professional

**Step 2 - INVESTMENT OBJECTIVES AND RESOURCES**

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

**Source of Funds for Proposed Annuity**

(Check all that apply)

Replaced Annuity Contract/Life Insurance Policy

Inheritance  Income  Checking/Savings

Other:

**Risk Tolerance**

(Mark only one)

Low

Moderate

High

**Time Horizon<sup>1</sup>**

(Mark only one)

Short (0-5 years)

Intermediate (6-10 years)

Long (Over 10 years)

**Primary Investment Objective(s)**

(Check all that apply)

Estate Planning  Inheritance

Tax Advantage  Safety

Current Income  Growth

Future Income

**Step 3 - REPLACEMENT INFORMATION**

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

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

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

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

being replaced:

<sup>1</sup>See Page 5 for an explanation of terms.





**Step 4 - CONTRACT COMPARISON**

	PROPOSED ANNUITY CONTRACT	EXISTING POLICY/CONTRACT																																																						
	The below information is required to be provided for ALL replacement and non-replacement applicants.	If REPLACING: the below information is required to be provided for ALL life insurance policies or annuity contracts being replaced.																																																						
Owner(s):																																																								
Insurer:	<b>Jackson</b>																																																							
Policy/Contract No.																																																								
Policy/Contract Type:	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Index* <input type="checkbox"/> Variable <input type="checkbox"/> Immediate	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Index* <input type="checkbox"/> UL/VUL <input type="checkbox"/> Variable <input type="checkbox"/> Immediate <input type="checkbox"/> Whole Life																																																						
Policy/Contract Issue Date (mm/dd/yyyy)	N/A	_____																																																						
Death Benefit Amount (Life = Face Value)	N/A	\$ _____ .00																																																						
Surrender Charge (of current transaction)	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: _____%																																																						
Full or Partial Replacement	N/A	<input type="checkbox"/> Full <input type="checkbox"/> Partial If partial, does amount exceed free withdrawal amount? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																						
Length of Surrender Period (from inception)	_____ Years	_____ Years																																																						
Surrender Schedule (list the contract's full surrender schedule from contract inception.)	<table border="0" style="width: 100%;"> <tr> <td>1st Yr</td><td>2nd Yr</td><td>3rd Yr</td><td>4th Yr</td> </tr> <tr> <td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td> </tr> <tr> <td>5th Yr</td><td>6th Yr</td><td>7th Yr</td><td>8th Yr</td> </tr> <tr> <td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td> </tr> <tr> <td>9th Yr</td><td>10th Yr</td><td>11th Yr</td><td>12th Yr</td> </tr> <tr> <td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td> </tr> </table>	1st Yr	2nd Yr	3rd Yr	4th Yr	_____%	_____%	_____%	_____%	5th Yr	6th Yr	7th Yr	8th Yr	_____%	_____%	_____%	_____%	9th Yr	10th Yr	11th Yr	12th Yr	_____%	_____%	_____%	_____%	<table border="0" style="width: 100%;"> <tr> <td>1st Yr</td><td>2nd Yr</td><td>3rd Yr</td><td>4th Yr</td><td>5th Yr</td> </tr> <tr> <td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td> </tr> <tr> <td>6th Yr</td><td>7th Yr</td><td>8th Yr</td><td>9th Yr</td><td>10th Yr</td> </tr> <tr> <td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td> </tr> <tr> <td>11th Yr</td><td>12th Yr</td><td>13th Yr</td><td>14th Yr</td><td>15th Yr</td> </tr> <tr> <td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td><td>_____%</td> </tr> </table>	1st Yr	2nd Yr	3rd Yr	4th Yr	5th Yr	_____%	_____%	_____%	_____%	_____%	6th Yr	7th Yr	8th Yr	9th Yr	10th Yr	_____%	_____%	_____%	_____%	_____%	11th Yr	12th Yr	13th Yr	14th Yr	15th Yr	_____%	_____%	_____%	_____%	_____%
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11th Yr	12th Yr	13th Yr	14th Yr	15th Yr																																																				
_____%	_____%	_____%	_____%	_____%																																																				
List All Inherent and Optional Benefits and Riders <sup>1</sup>																																																								
Annual Minimum Guaranteed Interest Rate <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Percent: _____%																																																						
Investment Advisory Fee <sup>1</sup>																																																								
Mortality and Expense Fee <sup>1</sup>																																																								
		<b>If the EXISTING Policy is a UL, VUL, or WHOLE LIFE policy, the below information is NOT required.</b>																																																						
Free Withdrawals <sup>1</sup> Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Annual Allowance: _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Annual Allowance: _____%																																																						
Market Value Adjustment <sup>1</sup> Amount	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: <input type="checkbox"/> + <input type="checkbox"/> -    \$ _____																																																						
Initial Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ _____ or _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ _____ or _____%																																																						
Potential Loss of Bonus if Exchanged	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ _____																																																						
	<b>The following fields are required for Fixed Index* annuity contracts only.</b>	<b>The following fields are required for Fixed Index* annuity contracts only.</b>																																																						
Interest Rate Cap(s) <sup>1</sup>	<input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> %	<input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> %																																																						
Index Participation <sup>1</sup> Rate (IPR)	_____%	_____%																																																						

<sup>1</sup>See Page 5 for an explanation of terms.

\* Equity Indexed and Fixed Annuity in Oregon

- **Withdrawals before age 59½ may be subject to a federal tax penalty. Please consult a tax advisor for assistance.**
- **Please include a current statement for any policy(ies)/contract(s) being replaced.**
- **If replacing more than one policy/contract, continue Replaced Existing policy/contract information on the X0960-S as needed.**



**Step 5 - Additional Considerations**

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

1. I am recommending the purchase of this annuity to this client because he/she will benefit from this product in the following ways (list all benefits to the client): \_\_\_\_\_  
\_\_\_\_\_
2. My recommendation to this client is based on the following factors (list all factors that played a role in the recommendation): \_\_\_\_\_  
\_\_\_\_\_
3. The client's intended use of this annuity is: \_\_\_\_\_  
\_\_\_\_\_
4. If current or future income was indicated as one of the client's investment objectives on page 2, please indicate when and how the client plans to begin drawing income from this contract: \_\_\_\_\_  
\_\_\_\_\_
5. Does the client anticipate any significant changes to his/her financial situation, including, but not limited to; income, annual living expenses, liquidity needs and/or tax status?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
6. **California and Minnesota applicants only:** The client has a reverse mortgage or currently has an application pending for a reverse mortgage?  Yes  No

**Step 6 - ACKNOWLEDGMENTS AND SIGNATURES**

**PRODUCER/REPRESENTATIVE ACKNOWLEDGMENT**

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

<b>Producer's/Representative's Signature</b>	<b>Producer's/Representative's Printed Name</b>	<b>Date Signed (mm/dd/yyyy)</b>

**!** If the proposed Owner is a non-natural entity, Section 2 must be completed by the Beneficial Owner<sup>1</sup> (Annuitant) and/or Joint Beneficial Owner (Joint Annuitant) when applicable.

**! APPLICANT ACKNOWLEDGMENT**

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

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

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

<sup>1</sup>See Page 5 for an explanation of terms.



## Explanation of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Jackson Service Center</b>				
<i>Attention</i>	<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:</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)			
<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.



This page is to be left with the applicant.

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



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

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

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

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

**PREMIUMS:**

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

**POLICY VALUES:**

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

**INSURABILITY:**

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

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

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

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

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

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

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



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

<b>New Business Mailing Address and Contact Information</b>				
<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>	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)			
<b>Fax</b>	800-943-6761	517-706-5538	517-706-5529	517-706-5519
<b>Email</b>	contactus@jackson.com			

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

