VARIABLE ANNUITY AND VARIABLE LIFE REDEMPTION FORM

1. Current Contract/Policy Information

A copy of the sponsor withdrawal documents and a copy of the most recent account statement, dated within 90 days, showing contract values must be attached.

Name: _____

Registration: ☐ Qualified ☐ Non-Qualified

Sponsor Company Name: _____ Product Name: _____

Contract/Policy Number: _____ Year Contract/Policy Purchased: _____

Type of Contract/Policy: ☐ Variable Annuity ☐ Variable Life Did you sell this contract to the client? ☐ Yes ☐ No

Current Contract Value $_____ Minimum Guaranteed Death Benefit: $_____
(excluding surrender charge)

Is there an income rider? ☐ Yes ☐ No If yes, provide % or $ amount allowed for withdrawal each year: _____

List of elective Riders and their annual fee, if any, and the current value as of _____ (date) (i.e., GMIB. GMBW, Enhanced Death Benefit):

Rider	Annual Fee	Guaranteed or Protected Value
	%	$
	%	$
	%	$

2. Withdrawal Information (check all that apply)

☐ Full Withdrawal ☐ Partial Withdrawal ☐ Start/Revise Systematic Withdrawal

☐ Replacement/Exchange to Fixed Insurance Product ☐ Annuitization

Withdrawal Amount: $ _____ Is this withdrawal ☐ Solicited ☐ Un-solicited

Estimated deferred sales charge: _____ % $_____ Free withdrawal allowed each year. _____ %

Withdrawal reason(s):

_____

_____

_____

Indicate what impact the withdrawal will have on the guaranteed death benefit: ☐ Dollar for Dollar ☐ Prorated ☐ Other

If other, please explain:

_____

_____

_____

Will this withdrawal have a negative impact on existing living benefit riders? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

Are the proceeds being reinvested within 60 days of the redemption date? ☐ Yes ☐ No If yes, complete section 3.

3. Use of Proceeds

Section 3 is only required to be completed if proceeds from redemption are being reinvested within 60 days of the date of the redemption.

What product(s) are the proceeds being reinvested in?

3a Is this a life insurance product? ☐ Yes ☐ No If Yes, complete 3c and 3d.

3b. Is this a fixed annuity product?

☐ Yes Complete 3c, 3d and 3e

☐ No If 3a and 3b are both no, proceed to signature section

3c What is the client looking to achieve by effecting the purchase of a fixed annuity or a life insurance product?
☐ Increased Income ☐ Increased death benefit ☐ Better tax efficiencies ☐ Better annuitization features

3d If the proceeds are being invested in a fixed annuity or life insurance product, please explain why the liquidation/redemption of the variable product is in the client's best interest and explain the advantages and disadvantages of the transaction.

_____

_____

_____

_____

_____

_____

_____

3e. What are the new surrender charges and schedule on the fixed product?

Yrs.	1	2	3	4	5	6	7	8	9	10
%										

4. Client Signature

I have been notified of potential surrender charges. I agree that the withdrawal reason(s) noted above are accurate and complete. I understand that additional disclosures are made on appropriate withdrawal forms, in the prospectus and in my contract. I understand that redemptions or exchanges of variable annuity contracts or variable life insurance policies, whether full or partial, may reduce death and living benefit values and cause me or my beneficiary to receive an amount that is less than the current death or living benefit value. I further understand that redemptions or exchanges may be subject to surrender charges, which will reduce the amount received or exchanged. I understand that redemptions or exchanges may result in tax consequences and that a tax advisor should be consulted with any tax questions related to this transaction.

Client Signature _____ Date _____

Client Name (Print) _____

Client Signature _____ Date _____

Client Name (Print) _____

5. Registered Representative Acknowledgement and Signature

By signing below, I acknowledge that I have done the following:

- Notified the client of potential surrender charges, if applicable.
- Instructed the client to carefully review the tax consequences and if necessary, seek profession tax advice.
- Apprised the client of the manner in which I am compensated for the servicing of this contract to the extent applicable.
- Verified the above contract and withdrawal information by contacting the Issuer or review of a statement dated within the last 90 days.
- Accurately represented my credentials and did not use any titles (such as financial planner or financial advisor) without proper licensure or credential
- Maintain a detailed record of all data and analysis which supports that this transaction is in the client's best interest.

Registered Representative Signature _____ Date _____

Registered Representative Name (Print) _____

6. Authorized Principal Signature

I have reviewed the redemption form and sponsor distribution forms; based on the information therein I am satisfied that there is a reasonable basis to believe the recommended transaction is in the best interest of the client.

Authorized Principal Signature _____ Date _____

Authorized Principal Name (Print) _____