

OWNER (All Policyholder correspondence will be sent to this address.)

Name: _____ Sex: _____ Age: _____ DOB: _____
 Address: _____ Marital Status: _____ SSN: _____
 Daytime Phone: _____

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ Sex: _____ Age: _____ DOB: _____
 Marital Status: _____ SSN: _____ Daytime Phone: _____

ANNUITANT (If different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ Sex: _____ Age: _____ DOB: _____
 Address: _____ Daytime Phone: _____ SSN: _____
 Relationship to Owner: _____

OWNER'S BENEFICIARY DESIGNATION – In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: _____ Relationship: _____

Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for the applicable term without any withdrawals.)

_____ 1 year The Interest Rate on the Single Premium is guaranteed for 1 year. This rate includes an interest rate enhancement payable in the first policy year only.
 _____ 3 year The Interest Rate on the Single Premium is guaranteed for 3 years. This rate includes an interest rate enhancement payable for 3 years.
 _____ Step-Up The Interest Rate on the Single Premium is guaranteed for the first year and increases in years 2 through 5.
 _____ MVA rate The Interest Rate on the Single Premium is guaranteed for the 5 years.

PURCHASE PAYMENT

Policy Number: _____ Policy Date: _____
 Single Premium Payment: \$ _____ Annuity Date: _____

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 401 (Corporate Plan) 403(b) TSA Other: _____

Check one: Initial Contribution for Tax Year _____ Transfer Rollover Roth IRA Conversion Year _____

SIGNATURES Checks must be made payable to **Western National Life Insurance Company.**

Do you have any existing life insurance policies or annuity contracts? Yes No
 Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? Yes No (If yes, complete the following.) Company: _____ Policy No.: _____
 Are you an active duty service member of the United States Armed Forces? Yes No

I understand this annuity is not federally insured. To the best of my knowledge and belief, I represent that all statements and answers in this application are complete and true on my behalf and any person who may claim any interest under this policy.

Please initial if applicable: _____ I am applying for a market-value adjustment annuity. **I understand that amounts payable under the policy are subject to a market value adjustment and to an early distribution charge for the period specified in the policy.**

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

X _____ X _____
 Owner's Signature Joint Owner's Signature (if applicable)

Signed at (city/state): _____ on (date): _____

REPRESENTATIVE INFORMATION

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No
 Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? Yes No
 As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? Yes No
 By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

X _____
 Licensed Agent's Signature Agency Name and Number
 _____ Branch#: _____ Agent's Florida License#: _____
 Licensed Agent (Print name) and Agent Number