

5 Year

7 Year

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: _____ 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 a full year without any withdrawals.)

1 year with premium enhancement. The Interest Rate on the Initial Premium is guaranteed for 1 year. In addition, an enhancement equal to a percentage of the Initial Premium will be credited to your annuity value on the Policy Date.

3 year. The Interest Rate on the Initial Premium is guaranteed for 3 years. This rate includes an enhancement payable for 3 years.

5/7 year. The Interest Rate on the Initial Premium is guaranteed for _____ years.

5/7 year MVA. The Interest Rate on the Initial Premium is guaranteed for _____ years.

PURCHASE PAYMENT

Policy Number: _____ Policy Date: _____

Initial Premium Payment: \$ _____ Annuity Income Date: _____

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 401 Corporate Plan 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 issued by any 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. 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, to the best of my knowledge and belief.

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 withdrawal 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 any 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 this annuity will replace, discontinue 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