

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.) The minimum guaranteed interest rate for the life of your policy is \_\_\_\_\_ %.

- 1 year with premium enhancement. The Interest Rate on the Initial Premium is \_\_\_\_\_% for 1 year. In addition, an enhancement equal to \_\_\_\_\_% 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 \_\_\_\_\_% for 3 years. This rate includes a \_\_\_\_\_% enhancement payable for 3 years.
- 5/7 year. The Interest Rate on the Initial Premium is \_\_\_\_\_% for \_\_\_\_\_ years.
- 5/7 year MVA. The Interest Rate on the Initial Premium is \_\_\_\_\_% 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

(If yes, complete the following.) Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company?  Yes  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 have read and understand the important disclosures located on the reverse of this application. 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 withdrawal charge for the period specified in the policy.**

X \_\_\_\_\_ X \_\_\_\_\_  
 Owner's Signature Joint Owner's Signature (if applicable)

Signed at (city/state): \_\_\_\_\_ on (date): \_\_\_\_\_

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**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

\_\_\_\_\_ State Lic.#: \_\_\_\_\_ Agent#: \_\_\_\_\_  
Licensed Agent (Print name)

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## DISCLOSURES

**REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS:** Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

**For Louisiana Optional Retirement Program Participants Only:** For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

**For Texas Optional Retirement Program Participants Only:**

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- Western National Life Insurance Company (WNLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

**California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

## FRAUD WARNING

**In some states we are required to advise you of the following:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

**Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only:** 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.

**District of Columbia and Rhode Island Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Louisiana, Maryland and Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.