

(Do not sign unless you have read and understand the information in this form)

CONSUMER INFORMATION		
Full Name (First, Middle, Last)		
PRODUCER INFORMATION		
Full Name (First, Middle, Last)	Natic	onal Producer Number:
Business/Agency Name:	Website:	
Business Mailing Address:		
Business Telephone:	Email Address:	
Types of products I can sell		
I am licensed to sell annuities to you in accor believe that it effectively meets your financia products, such as life insurance or stocks, bo	al situation, insurance needs, and fina	ancial objectives. Other financial
I offer the following products:		
□ Fixed or Fixed Indexed Annuities	Variable Annuities	Life Insurance
I need a separate license to provide advice below any non-insurance financial produce		•
Mutual Funds	□ Stocks/Bonds	Certificate of Deposits
Annuities I am authorized to sell:		
$\Box$ Annuities from only one (1) Insurer	Annuities from two or more insurers	
$\Box$ Annuities from two or more insurers although the second seco	ough I primarily sell annuities from:_	
How I'm paid for my work:		

It's important for you to understand how I'm paid for my work. Depending on the particular annuity you purchase, I may be paid a commission or a fee. Commissions are generally paid to me by the insurance company while fees are generally paid to me by the consumer. If you have questions about how I'm paid, please ask me.

## Depending on the particular annuity you buy, I will or may be paid cash compensation as follows:

□ Commission, which is usually paid by the insurance company or other sources.

If other sources, describe: \_\_\_\_

- □ Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the consumer.
- Other, describe: \_\_\_\_\_\_

## If you have questions about the above compensation I will be paid for this transaction, please ask me.

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

By signing below, you acknowledge that you have read and understand the information provided to you in this document.

Consumer/Owner Signature	Date
Consumer/Joint Owner Signature	Date
Producer Signature	Date