

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 the first year and _____% for years 2 through _____.

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 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.

WNL, upon written request, is required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the contract holder and that if for any reason the contract holder is not satisfied with the annuity contract the contract holder may return the annuity contract within 10 days, or within 30 days if the contract holder is sixty-five years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all monies paid.

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

State Lic.#: _____ Agent#: _____

Licensed Agent (Print name)

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.