

**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 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.

**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.

**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 FL License #: \_\_\_\_\_  
Licensed Agent (Print name) and Agent Number