

In this application, "Company" refers to Western National Life Insurance Company.
Western National Life Insurance Company is solely responsible for the obligation and payment of benefits under any policy that it may issue.
No other company shown is responsible for such obligations or payments.

Instructions: Please type or **print** in black ink.

1. Annuitant

(If Owner and Annuitant are different, check here and also complete Owner information, #4.)

Sex: Male Female

Date of birth* (MM/DD/YYYY): _____

Name (FIRST, MI, LAST): Mr/Mrs/Ms _____

Address (STREET): _____ (CITY/ST/ZIP): _____

Telephone number: () _____ **SSN/TAX ID:** _____

If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under "Special Requests", #9.

1A. Joint Annuitant

(Joint contracts only. Also complete #3 Joint Life below)

Spouse Other _____

Sex: Male Female

Date of birth* (MM/DD/YYYY): _____

Name (FIRST, MI, LAST): Mr/Mrs/Ms _____

Address (STREET): _____ (CITY/ST/ZIP): _____

Telephone number: () _____ **SSN/TAX ID:** _____

*** Evidence of age is required for any Lifetime Income Payout Option and any Qualified or IRA annuity.**

2. Premium Payment

Premium Payment: \$ _____

Type: \$1035 Exchange/Trustee Transfer *(complete "Company" transfer Form)* Check Attached Wire Transfer

Source: Nonqualified IRA Deferred Comp. *(457 plans)*

Qualified** *(plan type/name)* _____ Other _____

**** Qualified: Funds from a retirement plan such as a Keogh/HR-10, 401(k), 403(b), 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.**

3. Income Payments

SINGLE LIFE:

JOINT LIFE: *(Also complete Joint Annuitant information, #1A)*

Payments will be _____% at the death of either

Payments will be _____% at the death of _____

PAYOUT OPTIONS:

Lifetime Income Only *(also complete #10)*

Lifetime Income with Certain Period of _____ yrs and _____ mos.

Lifetime Income with Cash (lump sum) Refund

Lifetime Income with Installment Refund

Certain Period of _____ yrs and _____ mos.

Payment Mode *(frequency):* Monthly Quarterly Other _____
 Semi-Annually Annually

Level Payments **OR** Payments Increase **OR** Payments Decrease *(Explain in "Special Requests", #9)*

Income Start Date: Will be one modal period from the date premium is received unless stated here. (MM/DD/YYYY) _____

4. Owner (Complete if Owner and Annuitant are different)

Individual Partnership Corporation Trust Plan Sponsor Other _____

Name _____ Date of birth (MM/DD/YYYY): _____

Address (STREET): _____ (CITY/ST/ZIP): _____

Telephone number: () _____ SSN/TAX ID: _____

4A. Joint Owner (Nonqualified only)

Spouse Other _____

Name _____ Date of birth (MM/DD/YYYY): _____

Address (STREET): _____ (CITY/ST/ZIP): _____

Telephone number: () _____ SSN/TAX ID: _____

5. Payee (Complete if Payee is not the Annuitant or if the address for payments is different from #1. If EFT complete #8)

Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____

Mailing Address (STREET): _____ (CITY/ST/ZIP): _____

Telephone number: () _____ SSN/TAX ID: _____

List additional payees under "Special Requests", #9, or on a separate sheet signed by the Owner and check this box.

6. Beneficiary Information (If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)

Name: _____ Address: _____

_____ % SSN/Tax ID: _____ Relationship to Owner: _____

Name: _____ Address: _____

_____ % SSN/Tax ID: _____ Relationship to Owner: _____

If more than 2 Beneficiaries, list on a separate sheet signed by the Owner and check this box.

7. Tax Withholding

Annuity payments may be subject to Federal and State income tax withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. You may revoke your withholding election at any time by completing a new W4-P and returning it to the Company. **If a W4-P is not included or withholding is not indicated below, Federal withholding will be for filing as a married person claiming three (3) withholding allowances until revoked by the Owner.**

Federal Tax Withholding:

Do Not withhold Federal Income Tax

Do withhold Federal Income Tax based on this information: Allowances _____ Marital Status _____ or \$ _____

State Tax Withholding (if applicable):

Do Not withhold State Income Tax

Do withhold State Income Tax: \$ _____ or _____ %

8. Electronic Funds Transfer

Checking (attach voided check) Savings (attach deposit slip)

Name on Account: _____ Account Number: _____

Name of Institution _____ ABA Routing/Transit Number

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I authorize the Company to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. (Owner's initials) _____

9. Special Requests:

10. Lifetime Income Payout Option

I understand that no further income payments will be made and this contract will terminate at the death of all Annuitants listed in #1 (and #1A, if applicable).

(Owner's initials) _____

11. Owner(s) Signatures:

I represent that:

- A. Required Minimum Distribution:** I understand that annuities purchased with IRA or Qualified Plan funds are subject to the Minimum Distribution Rules. If I turn age 70 1/2 during this calendar year or if I am currently taking Required Minimum Distributions I further understand that the Required Minimum Distribution must be withdrawn before transferring the funds.
- B. Suitability:** The surrender and withdrawal provisions have been explained to me. I understand that once selected the items in the Income Payment Section (#3) cannot be changed or terminated. I believe this to be a suitable purchase for my financial situation at this time. No bankruptcy proceedings are pending or contemplated.
- C. Rights of Succession:** Unless indicated in "Special Requests", #9, of this Application the ownership succession will be as described in Section 2.06 of the Contract which states: Upon the death of the Owner, ownership rights will succeed as follows: (1) surviving Owner or Joint Owner, if any; (2) Annuitant(s), if any; (3) Beneficiary(ies), if any; (4) Estate or successors of the last Owner or Joint Owner to die.
- D. Replacement:** Do you have any existing annuity or insurance contracts? Yes No
 If yes, will the proposed contract replace any existing annuity or insurance contracts? Yes No
(If yes, complete appropriate replacement documents.)

Under penalties of perjury, I certify: (1) that the Social Security Number (SSN) or taxpayer identification number is correct as it appears on the application; and (2) that I am not subject to backup withholding under § 3406(a)(1)(C) of the Internal Revenue Code; and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

All statements made in this application are true to the best of my knowledge and belief. I agree to all terms and conditions as shown. I have read and understand the State Notices on page 4, if applicable. I further agree that this application will be part of the annuity contract.

X _____ **X** _____
 Owner's Signature Joint Owner's Signature (if applicable) Date
 Signed at (CITY/STATE/ZIP) _____

12. For Agent/Broker Use Only:

- This annuity is suitable for the applicant's financial needs. Yes No
- Does the proposed Annuitant(s) have any existing annuity or insurance contracts? Yes No
- If yes, will this proposed contract replace any existing annuity or insurance contracts? Yes No
- If yes, have you provided the Annuitant with all necessary replacement documents as required by state law? Yes No
- I hereby certify all information contained in this application is true to the best of my knowledge and belief.

REQUIRED	X _____	_____	_____
	Agent/Broker Signature	Agency Name	State License Number
	_____	_____	_____
	Print Agent/Broker Name	Agency Number	Agent/Broker Address (STREET)
	_____	_____	_____
Date	Agent/Broker Number	(CITY/ST/ZIP)	
_____	_____	_____	
Phone Number	X _____	_____	
_____	Additional Agent/Broker Signature	Additional Agent/Broker Number	

13. New Business Enclosures

(For Agent/Broker Use Only): Check all that apply.

- Check (Payable to the "Company") Proof of Age (copy of Birth Certificate, Driver's License, Passport, other official I.D.)
- 1035 Exchange/Trustee Transfer forms EFT: voided check or deposit slip
- Replacement Notice (if applicable) Annuity Quote
- State Notice (in applicable states) Other: _____
- Non-natural owner proof of authorization to sign (ex: Resolution, Trust Affidavit): _____

STATE NOTICES

The following states require an acknowledgement of a state notice. Please refer to the Notice for your state as indicated below. Check the appropriate box and read the Notice pertaining to the state in which the application is signed.

- Arkansas:** 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.

- Arizona:** Upon your written request we will provide you, within a reasonable period of time, reasonable, factual information regarding the benefits and provisions of the annuity contract for which you are applying. If for any reason you are not satisfied with the contract, you may return the contract within 20 days after you receive it for a full refund.

- Colorado:** It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

- Florida:** 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 in the third degree.

Annuities sold by financial institutions:



ANNUITIES ARE NOT FDIC INSURED. ANNUITIES ARE NOT OBLIGATIONS OF THIS BANK.
THE FINANCIAL INSTITUTION DOES NOT GUARANTEE PERFORMANCE BY THE INSURER
ISSUING THE ANNUITY.



- Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact thereto commits a fraudulent act, which is a crime.

- Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. A penalty may include imprisonment, fines or a denial of insurance benefits.

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

- New Mexico:** Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

- Ohio:** 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 is guilty of insurance fraud.

- Pennsylvania:** 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.

- Washington, D.C.:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.