

ANNUITY EXCEPTIONS *

Policyholder Name: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
First	Middle	Last		
Resident State:		Product Name:		
Agent Name:		Agent Phone:	IMO:	
Source of Funds:	If 1035 Exchange, provide transfer company name:		Amount:	
Status: <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	Is policyholder currently in good health: <input type="checkbox"/> YES <input type="checkbox"/> NO Is policyholder currently hospitalized or confined to a nursing home or long-term care facility? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Manager / Officer Approvals				
Sales Personnel:				
<hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>	<hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>	<hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>		
Printed Name	Signature	Date		
Corporate Finance:				
<hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>	<hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>	<hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>		
Printed Name	Signature	Date		

*Current limit is \$2 million. Exceptions cannot be issued without completion of this form in its entirety.

