

## PTE 84-24 Compensation Disclosure and Acknowledgement Form

Agent ("Agent") Name: \_\_\_\_\_

Name of Proposed Annuity Owner ("You"): \_\_\_\_\_

Insurance Company Name and Product: \_\_\_\_\_

This disclosure form provides important information for the Fiduciary or IRA owner to consider prior to making the purchase of or adding additional payments to a tax-qualified insurance or annuity policy ("Policy") issued by an insurance company. In that regard, the information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24 ("PTE 84-24").

This form will describe the following:

- The relationship between the Agent and the insurance company;
- The compensation (commissions) the Agent will receive as a result of Your purchasing this Policy;
- A description of any charges, fees, discounts, penalties or adjustments that may be imposed in connection with the purchase, holding, exchange or sale of the Policy, and,
- A notice on certain conflicts of interest.

### **The Relationship Between the Agent and the Insurance Company**

You will be purchasing this Policy through the Agent who is independent of the insurance company listed above and is under no contractual obligation to offer the above insurance company's Policies. The Agent is licensed and appointed with a number of insurance companies and Policies of which he /she can represent. The Agent may not make any representations or accept any responsibilities on behalf of the insurance company that are not expressly contained in the Insurance Company's Policy or Policies. The Agent may not waive or modify any terms of your Policy or Policies. The fact that the Agent may receive a commission for the sale can create a conflict of interest.

### **Compensation**

The insurance company will pay commissions to the Agent for the sale of this Policy. In addition, the insurance company may pay additional amounts to other third parties that are involved in the marketing, training, administration, wholesaling, supervision of the Agent, or issuance of the Policy. These parties may also allocate a portion of such amounts to the Agent. The commission is paid by the insurance company and one-hundred percent of your premium payment will be credited to the accumulation value of your Policy.

The commission the Agent receives for the sale of this Policy to you is \_\_\_\_\_ percentage of gross annual premium in the first year and \_\_\_\_\_ subsequent years the Policy is active.

**Charges**

This Policy may include certain charges imposed by the insurance company. These may include surrender charges, bonus recapture provisions, market value adjustments, or fees for optional features available through a rider. The specific charges, fees and provisions applicable to your Policy are available from your Agent or the insurance company. It is important that you understand the charges that may be imposed under the Policy you are purchasing.

**Conflicts of Interest**

A conflict of interest exists when a reasonable person would conclude that a financial interest affects the Agent’s best judgment when recommending the purchase of a Policy

The following are material conflicts of interest relevant to the services provided by, and actions taken by, Agent in relation to the purchase recommendation:

- Insurance company payments for the services provided to you may represent a conflict of interest as they may affect the recommendations of the Agent.
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement / Approval**

I acknowledge receipt of the information contained in this disclosure for the qualified annuity purchase referenced above. I approve the purchase of the policy as well as the compensation and other charges disclosed for that contract.

Contract Owner: \_\_\_\_\_

Date: \_\_\_\_\_