

<i>SERFF Tracking Number:</i>	<i>BENE-125741212</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Beneficial Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39712</i>
<i>Company Tracking Number:</i>	<i>ANB01 5/08</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.002 Flexible Premium</i>
<i>Product Name:</i>	<i>ANB01 5/08</i>		
<i>Project Name/Number:</i>	<i>ANNUITY APPLICATION/ANB01 5/08</i>		

## Filing at a Glance

Company: Beneficial Life Insurance Company	SERFF Tr Num: BENE-125741212	State: ArkansasLH
Product Name: ANB01 5/08	SERFF Status: Closed	State Tr Num: 39712
TOI: A021 Individual Annuities- Deferred Non-Variable		
Sub-TOI: A021.002 Flexible Premium	Co Tr Num: ANB01 5/08	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Shauna Burnett	Disposition Date: 07/25/2008
	Date Submitted: 07/23/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: ANNUITY APPLICATION	Status of Filing in Domicile: Pending
Project Number: ANB01 5/08	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/25/2008	
State Status Changed: 07/25/2008	Deemer Date:
Corresponding Filing Tracking Number: ANB01 5/08	
Filing Description:	
Form ANB01 5/08 Paper and Electronic Application filing	
By Beneficial Life Insurance Company (NAIC No. 61395, Group No.615)	
Please find enclosed an Annuity Application form which is a revised version of form ANB01 9/07 which was previously approved. This revision includes changes made to the Product selection page as well as modifications made to the Payment Option and Billing sections. In addition, this filing is also an informational filing to notify you that the Beneficial's Life Application form #ANB01 5/08, will be used	

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Variable  
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through Beneficial's normal distribution channel in an electronic application format as well as our traditional paper hardcopy format.

Screen prints of the electronic application format are enclosed. Please note the following (page numbers refer to the numbers at the bottom of the screen print page exhibits and not the numbers in the top right corner of the screen print displays):

&#56256;&#56452; On exhibit pages 1 and 21, to meet federal statutory electronic signature requirements, the electronic

application format includes a couple of extra consent questions that will become part of the Policy and will be attached along with the complete Annuity application to the back of the Policy.

&#56256;&#56452; On exhibit page 3, in the electronic process only one screen appears as a reflex to the specific product chosen by the applicant.

&#56256;&#56452; On exhibit page 7, the Replacement Information Section questions 1-3 are reflexive. Should the applicant respond "Yes" to any of these questions, the electronic application will compel the applicant to complete the necessary Replacement Form A.

&#56256;&#56452; On exhibit page 9, a reflexive Beneficial form appears that is designed to ensure agents comply with part of the Replacement Regulation concerning sales material used in connection with a replacement sale. The paper version of this form in Beneficial's "manual" application process is separate from the paper policy application, but the form must be built into the electronic process to ensure compliance.

&#56256;&#56452; On exhibit page 10, Beneficial's Product Specific Disclosure Form is included to comply with federal law. The paper version of this form in Beneficial's "manual" application process is separate from the paper policy application, but the form must be built into the electronic process to ensure appropriate disclosure.

Application form fields will be completed by the applicant at the time of application. Specific completion of certain fields is required by the coding in order for the electronic process to move forward. Upon completion, the electronic application may be signed by the applicant and the licensed insurance agent using an electronic signature pad similar to keypads commonly used to capture signatures for retail store credit card purchases. Alternatively, the electronic application may also be used to populate and print out a traditional hardcopy paper application, which the applicant and agent (and any other required parties) can then "wet sign" by pen before submitting the completed hardcopy to Beneficial. Under either scenario, the data captured through inputs made into the electronic application template will be transmitted electronically

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to Beneficial to help expedite home office processing of the application.

Once the policy is issued, a hardcopy of the client's completed Annuity Application, and electronic signature consent will be printed out and attached in one completed contract document (along with the policy form) for delivery to the client by the agent. Of course, the client may cancel the contract (or request modifications) for any reason during the free-look period if concerns arise after the client's review of the delivered hardcopy of the entire contract.

Beneficial takes care to assure that printer-based font and formatting variations are minimized in connection with the printers used by Beneficial's producers. In addition, even if some minor printing variation should occur, such an incident is quite unlikely to alter the content or substantial readability of any approved aspect of the policy contract. Beneficial will make formatting adjustments as may prove necessary to ensure that the technology produces readable and reliable hardcopy output.

Please feel free to contact me if you have any questions.

## Company and Contact

### Filing Contact Information

Shauna Burnett,	shauna.burnett@benfinancial.com
150 Social Hall Avenue, 5th Floor	(801) 933-1334 [Phone]
Salt Lake City, UT 84136	(801) 531-3383[FAX]

### Filing Company Information

Beneficial Life Insurance Company	CoCode: 61395	State of Domicile: Utah
150 Social Hall Avenue, 5th Floor	Group Code: 615	Company Type: Life & Health
Salt Lake City, UT 84136	Group Name:	State ID Number:
(801) 933-1335 ext. [Phone]	FEIN Number: 87-0115120	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Beneficial Life Insurance Company	\$20.00	07/23/2008	21550837

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/25/2008	07/25/2008

*SERFF Tracking Number:* BENE-125741212      *State:* Arkansas  
*Filing Company:* Beneficial Life Insurance Company      *State Tracking Number:* 39712  
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Variable  
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## **Disposition**

Disposition Date: 07/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BENE-125741212 State: Arkansas  
 Filing Company: Beneficial Life Insurance Company State Tracking Number: 39712  
 Company Tracking Number: ANB01 5/08  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	E-APP SCREEN PRINTS		Yes
Form	ANB01 5/08		Yes





## Application for Individual Annuity Policy

### Contract Annuitant to be:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_

Physical Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender  Male  Female

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation to Owner \_\_\_\_\_ Marital Status \_\_\_\_\_

Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ Evening/Cell Phone #(\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ \* Is the proposed annuitant a U.S. citizen?  Yes  No

**The following ID verification information is required per the USA PATRIOT Act. Please select one:**

Driver's License  Passport  Permanent Resident Visa (green card)  Other Photo ID (list type) \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Mo/Yr \_\_\_\_\_ / \_\_\_\_\_ Country / State of Issue \_\_\_\_\_

### Owner Information: (If other than Annuitant)

Owner is a:  Individual  Non-Natural Entity (i.e., trust/business other than sole proprietor) Please provide supporting documentation.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN/TIN \_\_\_\_\_

\_\_\_\_\_ Gender  Male  Female

Relation to Annuitant \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening/ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Type of Business Entity:  C Corporation  S Corporation  Limited Liability  Partnership  Sole Proprietor

Trust or  Business Name \_\_\_\_\_ Date of Trust \_\_\_\_\_

Trustee(s) (list all) or Company Officer Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_ \* Is the proposed owner a U.S. citizen?  Yes  No

**The following ID verification information is required per the USA PATRIOT Act. Please select one:**

Driver's License  Passport  Permanent Resident Visa (green card)  Other Photo ID (list type) \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Mo / Yr \_\_\_\_\_ / \_\_\_\_\_ Country / State of Issue \_\_\_\_\_

### (Non-Qualified Policy Funded by 1035 Exchange Only)

Joint Owner  Joint Annuitant Information  Contingent Owner

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_

Physical Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender  Male  Female

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation to Owner/Annuitant \_\_\_\_\_ Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ Evening/ cell Phone #(\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ \* Is the proposed annuitant a U.S. citizen?  Yes  No

**The following ID verification Information is required per the USA PATRIOT Act. Please select one:**

Driver's License  Passport  Permanent Resident Visa (green card)  Other Photo ID (list type) \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Mo / Yr \_\_\_\_\_ / \_\_\_\_\_ Country / State of Issue \_\_\_\_\_

### \* Information required per USA PATRIOT Act

## Replacement Information

**Total life Insurance or annuities In Force:** Do you have a life insurance policy or annuity policy currently active with this Company or any other company?  Yes  No

*If yes, complete Replacement Form A.*

**Regarding all persons proposed for an annuity:** Will the annuity applied for replace, change, or use funds from any existing insurance or annuities with this or any other Company?  Yes  No

*If yes, complete Replacement Form A.*

## Plan (Full name and option)

Plan Name \_\_\_\_\_ Plan Option \_\_\_\_\_ Plus  Yes

(Required if applicable) Special  Yes

### This annuity is being applied for as:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Non-Qualified                  | <input type="checkbox"/> IRA                      | (Tax year contribution applies to: 20____) |
| <input type="checkbox"/> Pension or Profit Sharing for: | <input type="checkbox"/> Roth IRA                 | (Tax year contribution applies to: 20____) |
| <input type="checkbox"/> Self-employed or Partnership   | <input type="checkbox"/> Simplified Pension (SEP) | (Tax year contribution applies to: 20____) |
| <input type="checkbox"/> Corporation                    |   |  |

## Index Annuity Allocation

I request the following allocation percentages for my premium payment:

Fixed Rate Strategy \_\_\_\_\_ %  
Point-to-Point Participation Index Strategy \_\_\_\_\_ %  
Point-to-Point Cap Index Strategy \_\_\_\_\_ %  
Monthly Average Index Strategy \_\_\_\_\_ %

Percentages must be in whole numbers. Percentages must add up to 100%.

## Riders

Guaranteed Lifetime Withdrawal Benefit Rider (Available only on Index Annuities) \_\_\_\_\_ Select Option\*  
(Silver, Gold, Platinum)

\* If no selection is made, default is Silver in states where approved.

## Single Premium Immediate Annuity

### Distribution Instructions:

- Annuity for \_\_\_\_\_ years certain (3 – 99 years, not to exceed age 115)
- Annuity for Life  Annuity for Life with Installment Refund, non-participating
- Annuity for Life with 10 years certain, non-participating  Joint Annuity for Life with Two Thirds to Survivor, non-participating
- Annuity for Life with 20 years certain, non-participating  Joint Annuity for Life with Full to Survivor, non-participating
- Annuity for Life with Cash Refund, non-participating  other \_\_\_\_\_

### Distribution Options:

Start Date: \_\_\_\_\_ (this date will be one mode from the issue date unless stated here)

Mode:  Monthly  Quarterly  Semi-Annually  Annually

### Withholding election:

\_\_\_\_\_ I hereby elect **to have** 10% withheld from my distribution for Federal Income Tax purposes.

\_\_\_\_\_ I hereby elect **not to have** Federal Income Tax withheld from my distribution.

\_\_\_\_\_ Please withhold \_\_\_\_\_% from my distribution for **Federal** Income Tax purposes.

\_\_\_\_\_ Please withhold \_\_\_\_\_% from my distribution for **State** Income Tax purposes.

Marital Status \_\_\_\_\_ (Married, Single or Head of Household)

Number of: Allowances \_\_\_\_\_ Dependents \_\_\_\_\_

### 10% of the distribution will be withheld for Federal Income Tax if no election is made.

I understand that although I may elect not to have Federal Income Tax withheld, I may be subject to estimated tax guidelines.

**Certain states require withholding in all cases.** Note: Your Federal Tax withholding may be changed at a later date.

### Payment Options:

- Please mail payments to the "Mailing Address" listed under "Owner Information" on page 1.
- Please apply full payments to Beneficial Life policy no. \_\_\_\_\_
- Please mail payments to: Payee \_\_\_\_\_

Address \_\_\_\_\_

- Send directly to my:  Bank Account (include voided check)  Savings Account (include voided savings slip)

Bank/Savings Institution Name \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Name(s) of Bank Account Holders \_\_\_\_\_

ABA Number \_\_\_\_\_ Checking/Savings Account No. \_\_\_\_\_

Additional Payment Instructions: \_\_\_\_\_

*In lieu of the above account information, you may attach a voided check.*

**Beneficiary Designation** If applicable, list individual(s) and/or trust as primary and contingent beneficiaries

Full Name	Full Address	Social Security Number	Date of Birth	Relationship to Owner	% of Benefit (Total must equal 100%)*
<b>Primary Beneficiary(ies)</b> Select Individual(s) and/or trust as primary beneficiary. <b>Benefit must total 100%</b>					
Last					
First					
MI					
Last					
First					
MI					
Last					
First					
MI					
Last					
First					
MI					
<b>Contingent Beneficiary(ies)</b> Select Individual(s) and/or trust as contingent beneficiary. <b>Benefit must total 100%</b>					
Last					
First					
MI					
Last					
First					
MI					
Last					
First					
MI					

**\*Beneficiary proceeds will be split equally between all primary beneficiaries or contingents if no percentages are provided.**

If any beneficiary named above is a minor, the proceeds will remain at interest with the Company until the minor reaches the age of majority, unless a financial custodian, conservator, trustee, or guardian of the estate is appointed for the minor(s), or other distribution is legally permitted. Interest will be the greater of the rate required by law or a rate not to exceed 3%.

It is understood and agreed that, unless otherwise directed or unless otherwise dictated by the Policy provisions, the proceeds of the Policy will be paid to the primary beneficiary(ies) who survive(s) the annuitant by 15 days, but if none survive(s), the proceeds will be paid to the contingent beneficiary(ies) who survive(s) the annuitant by 15 days, but without liability to Beneficial Life on account of payment made before receiving (at the Home Office) notice of the death of the beneficiary. If no beneficiary survives the annuitant, the proceeds shall be paid to a prioritized sequence of relatives specified in the Policy, or to the estate of the annuitant as applicable. If a beneficiary dies before the annuitant and there are other beneficiaries of the same rank, the surviving beneficiaries of that rank shall take the share of the deceased benefit unless otherwise stated above. Beneficiaries of the same rank will share equally unless otherwise stated above. The term "children" includes any natural children of the annuitant, any legally adopted children of the annuitant, and any other children mandated by law.

The right to change the beneficiary(ies) is reserved unless otherwise stated above.

**Trust or Business as a Beneficiary Designation**

Beneficial Life Insurance Company assumes no obligation under the terms of the trust beyond those assumed under the policy provisions.

Primary  Contingent \_\_\_\_\_  
 Trust / Business Name  
 \_\_\_\_\_  
 Address (Include city, state, zip)  
 \_\_\_\_\_  
 Tax I.D. # \_\_\_\_\_ Trust Date \_\_\_\_\_ Percent of Benefit \_\_\_\_\_

\_\_\_\_\_  
 \* Trustee Name / Company Officer Name

\_\_\_\_\_  
 \* Trustee Name / Company Officer Name

**\* List all trustees and attach a separate sheet if needed.**



**Notice of Anti-Money Laundering Procedures**

Beneficial Life Insurance Company complies with all applicable state and federal anti-money laundering laws. Like other financial institutions, we are required to report suspicious activities, large cash transactions, and persons or entities appearing on certain government lists for prohibited transactions. Government agencies may require disclosure of information, restrict release of funds, or deny any transaction suspected as illegal. Beneficial Life Insurance Company is not responsible for any resulting inconvenience, loss, or damage.

**Spousal Disclosure**

A spouse may sometimes have claim to a policy or to policy proceeds if joint marital assets have been used to fund the policy. This is true even if the spouse is not listed as an owner or beneficiary. State laws often presume that property is jointly owned by both spouses.

If this application names a sole owner who is currently married, the Company reserves the discretionary right to disclose all policy records to the Owner’s spouse. Absent a contrary court order or signed agreement, disclosure of policy records may occur even after a divorce. If a spouse or former spouse chooses to contest incidents of policy ownership, a policy hold may be required until the dispute can be legally resolved. If the Owner wishes to be treated as the exclusive owner for all purposes of policy administration, the Owner must submit a separate authorization signed by the Owner’s spouse.

**Agreement**

1. 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 may be guilty of a felony.
2. The undersigned agree that the written representations in this application are complete, true, and correctly recorded and that the Company, believing them to be true, shall rely and act upon them accordingly.
3. The undersigned assume complete responsibility for determining eligibility for any and all tax-deductible contributions, ensuring that all contributions made will be within the limits set forth by tax laws, and paying any taxes or penalties due on distributions or improper contributions.
4. I understand that the addresses I provided herein will be the only addresses used for Policy-related correspondence. I also understand that I am solely responsible to update my Policy contact information whenever necessary by submitting an explicit change request using a method accepted by Beneficial Life at the time of the change. Beneficial Life will not be responsible for lost mail, returned mail, lapse, misdirected payments, or other Policy-related problems caused by incorrect or obsolete Policy contact information provided by any Owner, Beneficiary, Payee, or Assignee.

_____	Dated at: _____	_____	_____
Owner’s Signature		City, State	Date
_____			
Title (If signing for Corporation or Trust)			
_____		_____	
Additional Signature (Spouse or Joint Owner – as required)		Date	
_____		_____	
Signature of Annuitant (required if other than Owner)		Date	

If the Owner is a corporation, an approved company officer must sign as Owner, with their company title. Please submit a copy of the Corporate Document listing Company Officers.

If the Owner is a trust, all trustees must sign as Owner, with “Trustee” after their signature. Please submit a copy of the Trust or Certification of Trust form.

**Agent's Report**

<p>1. Does the annuitant have a life insurance policy or annuity policy currently active with this Company or any other Company? <b>If yes, complete Replacement Form A and return with application.</b></p>	Yes	No	<p align="center"><b>Comments</b></p>
<p>2. Will the annuity applied for replace (i.e. "replace" as defined in paragraph two of the Replacement Form A) or change any existing insurance or annuities with this or any other Company? <b>If yes, complete and submit the Replacement Form A and the Sales Material Submission Form with the application.</b></p>	Yes	No	

**If you answered "yes" to 1 or 2 above, complete questions 3 through 5.**

<p>3. Was an original or copy of all sales material given to the applicant at the time of application?</p>	Yes	No	None Used
<p>4. Was all sales material given to the applicant approved by the Company?</p>	Yes	No	None Used
<p>5. Was a copy of all sales material logged and a complete copy of all individualized material submitted to the Home Office?</p>	Yes	No	None Used
<p>6. Was the application taken in person (face to face)? If yes, complete the following:                  a. Was a copy of the Buyer's Guide left with the applicant?                  b. Was a copy of the Disclosure Statement left with the applicant?</p>	Yes	No	
	Yes	No	
	Yes	No	

7. How long have you known the Proposed Insured? \_\_\_\_\_ Who introduced you? \_\_\_\_\_  
 Recently met \_\_\_\_\_ (if a relative, state relationship) \_\_\_\_\_ Known well for \_\_\_\_\_ years,  
 through:  Business  Social  Other \_\_\_\_\_  
 Have you personally viewed and confirmed the customer's Identification?  Yes  No (If passport, state issue country) \_\_\_\_\_ )

8. Case Source:  CPA Plus  Referral (Recommendation)  Personal Observation  Seminar  Direct Mail  
 Current Client  Other \_\_\_\_\_

9. Proof of Age was documented by:  Copy of Birth Certificate  Driver's License  Other \_\_\_\_\_  
 (attach copy to application)

I certify that I have truly and accurately recorded on all forms related to the application the information provided by the applicant.

**Agents:**

Signature of Agent Making Report	Agent Name ( <i>Printed</i> )	Date	Agency #	Agent #	% of Case
	Agent Name ( <i>Printed</i> )	Date	Agency #	Agent #	% of Case
	Agent Name ( <i>Printed</i> )	Date	Agency #	Agent #	% of Case
	Agent Name ( <i>Printed</i> )	Date	Agency #	Agent #	% of Case

**Remarks:**

\_\_\_\_\_  
 \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>BENE-125741212</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>ANB01 5/08</i>		
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: BENE-125741212 State: Arkansas  
Filing Company: Beneficial Life Insurance Company State Tracking Number: 39712  
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Variable  
Product Name: ANB01 5/08  
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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 07/21/2008  
**Comments:**  
**Attachment:**  
Flesch Certification.pdf

**Review Status:**  
**Satisfied -Name:** Application 07/21/2008  
**Comments:**  
**Attachment:**  
ANB01 5-08 final doc.pdf

**Review Status:**  
**Satisfied -Name:** E-APP SCREEN PRINTS 07/23/2008  
**Comments:**  
**Attachments:**  
annuity eapp screens-1.pdf  
EXHIBIT A.pdf  
EXHIBIT B.pdf  
EXHIBIT C.pdf

## **CERTIFICATION**

I hereby certify that the following policy form(s) filed for approval by Beneficial Life Insurance Company meets the requirements of the "Flesch Reading Ease Test" as follows:

<u>Form</u>	<u>Test Scores</u>
ANB01 5/08	41.1

Dated this 22<sup>nd</sup> day of July, 2008.

**Beneficial Life Insurance Company**

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Hardi Jenkins  
Vice President – Product Management



## Application for Individual Annuity Policy

### Contract Annuitant to be:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_

Physical Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender  Male  Female

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation to Owner \_\_\_\_\_ Marital Status \_\_\_\_\_

Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ Evening/Cell Phone #(\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ \* Is the proposed annuitant a U.S. citizen?  Yes  No

**The following ID verification information is required per the USA PATRIOT Act. Please select one:**

Driver's License  Passport  Permanent Resident Visa (green card)  Other Photo ID (list type) \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Mo/Yr \_\_\_\_\_ / \_\_\_\_\_ Country / State of Issue \_\_\_\_\_

### Owner Information: (If other than Annuitant)

Owner is a:  Individual  Non-Natural Entity (i.e., trust/business other than sole proprietor) Please provide supporting documentation.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN/TIN \_\_\_\_\_

\_\_\_\_\_ Gender  Male  Female

Relation to Annuitant \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening/ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Type of Business Entity:  C Corporation  S Corporation  Limited Liability  Partnership  Sole Proprietor

Trust or  Business Name \_\_\_\_\_ Date of Trust \_\_\_\_\_

Trustee(s) (list all) or Company Officer Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_ \* Is the proposed owner a U.S. citizen?  Yes  No

**The following ID verification information is required per the USA PATRIOT Act. Please select one:**

Driver's License  Passport  Permanent Resident Visa (green card)  Other Photo ID (list type) \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Mo / Yr \_\_\_\_\_ / \_\_\_\_\_ Country / State of Issue \_\_\_\_\_

### (Non-Qualified Policy Funded by 1035 Exchange Only)

Joint Owner  Joint Annuitant Information  Contingent Owner

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_

Physical Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender  Male  Female

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation to Owner/Annuitant \_\_\_\_\_ Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ Evening/ cell Phone #(\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ \* Is the proposed annuitant a U.S. citizen?  Yes  No

**The following ID verification Information is required per the USA PATRIOT Act. Please select one:**

Driver's License  Passport  Permanent Resident Visa (green card)  Other Photo ID (list type) \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Mo / Yr \_\_\_\_\_ / \_\_\_\_\_ Country / State of Issue \_\_\_\_\_

### \* Information required per USA PATRIOT Act

## Replacement Information

**Total life Insurance or annuities In Force:** Do you have a life insurance policy or annuity policy currently active with this Company or any other company?  Yes  No

*If yes, complete Replacement Form A.*

**Regarding all persons proposed for an annuity:** Will the annuity applied for replace, change, or use funds from any existing insurance or annuities with this or any other Company?  Yes  No

*If yes, complete Replacement Form A.*

## Plan (Full name and option)

Plan Name \_\_\_\_\_ Plan Option \_\_\_\_\_ Plus  Yes

(Required if applicable) Special  Yes

### This annuity is being applied for as:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Non-Qualified                  | <input type="checkbox"/> IRA                      | (Tax year contribution applies to: 20____) |
| <input type="checkbox"/> Pension or Profit Sharing for: | <input type="checkbox"/> Roth IRA                 | (Tax year contribution applies to: 20____) |
| <input type="checkbox"/> Self-employed or Partnership   | <input type="checkbox"/> Simplified Pension (SEP) | (Tax year contribution applies to: 20____) |
| <input type="checkbox"/> Corporation                    |   |  |

## Index Annuity Allocation

I request the following allocation percentages for my premium payment:

Fixed Rate Strategy \_\_\_\_\_ %  
Point-to-Point Participation Index Strategy \_\_\_\_\_ %  
Point-to-Point Cap Index Strategy \_\_\_\_\_ %  
Monthly Average Index Strategy \_\_\_\_\_ %

Percentages must be in whole numbers. Percentages must add up to 100%.

## Riders

Guaranteed Lifetime Withdrawal Benefit Rider (Available only on Index Annuities) \_\_\_\_\_ Select Option\*  
(Silver, Gold, Platinum)

\* If no selection is made, default is Silver in states where approved.

## Single Premium Immediate Annuity

### Distribution Instructions:

- Annuity for \_\_\_\_\_ years certain (3 – 99 years, not to exceed age 115)
- Annuity for Life  Annuity for Life with Installment Refund, non-participating
- Annuity for Life with 10 years certain, non-participating  Joint Annuity for Life with Two Thirds to Survivor, non-participating
- Annuity for Life with 20 years certain, non-participating  Joint Annuity for Life with Full to Survivor, non-participating
- Annuity for Life with Cash Refund, non-participating  other \_\_\_\_\_

### Distribution Options:

Start Date: \_\_\_\_\_ (this date will be one mode from the issue date unless stated here)

Mode:  Monthly  Quarterly  Semi-Annually  Annually

### Withholding election:

\_\_\_\_\_ I hereby elect **to have** 10% withheld from my distribution for Federal Income Tax purposes.

\_\_\_\_\_ I hereby elect **not to have** Federal Income Tax withheld from my distribution.

\_\_\_\_\_ Please withhold \_\_\_\_\_% from my distribution for **Federal** Income Tax purposes.

\_\_\_\_\_ Please withhold \_\_\_\_\_% from my distribution for **State** Income Tax purposes.

Marital Status \_\_\_\_\_ (Married, Single or Head of Household)

Number of: Allowances \_\_\_\_\_ Dependents \_\_\_\_\_

### 10% of the distribution will be withheld for Federal Income Tax if no election is made.

I understand that although I may elect not to have Federal Income Tax withheld, I may be subject to estimated tax guidelines.

**Certain states require withholding in all cases.** Note: Your Federal Tax withholding may be changed at a later date.

### Payment Options:

- Please mail payments to the "Mailing Address" listed under "Owner Information" on page 1.
- Please apply full payments to Beneficial Life policy no. \_\_\_\_\_
- Please mail payments to: Payee \_\_\_\_\_

Address \_\_\_\_\_

- Send directly to my:  Bank Account (include voided check)  Savings Account (include voided savings slip)

Bank/Savings Institution Name \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Name(s) of Bank Account Holders \_\_\_\_\_

ABA Number \_\_\_\_\_ Checking/Savings Account No. \_\_\_\_\_

Additional Payment Instructions: \_\_\_\_\_

*In lieu of the above account information, you may attach a voided check.*

**Beneficiary Designation** If applicable, list individual(s) and/or trust as primary and contingent beneficiaries

Full Name	Full Address	Social Security Number	Date of Birth	Relationship to Owner	% of Benefit (Total must equal 100%)*
<b>Primary Beneficiary(ies)</b> Select Individual(s) and/or trust as primary beneficiary. <b>Benefit must total 100%</b>					
Last					
First					
MI					
Last					
First					
MI					
Last					
First					
MI					
Last					
First					
MI					
<b>Contingent Beneficiary(ies)</b> Select Individual(s) and/or trust as contingent beneficiary. <b>Benefit must total 100%</b>					
Last					
First					
MI					
Last					
First					
MI					
Last					
First					
MI					

**\*Beneficiary proceeds will be split equally between all primary beneficiaries or contingents if no percentages are provided.**

If any beneficiary named above is a minor, the proceeds will remain at interest with the Company until the minor reaches the age of majority, unless a financial custodian, conservator, trustee, or guardian of the estate is appointed for the minor(s), or other distribution is legally permitted. Interest will be the greater of the rate required by law or a rate not to exceed 3%.

It is understood and agreed that, unless otherwise directed or unless otherwise dictated by the Policy provisions, the proceeds of the Policy will be paid to the primary beneficiary(ies) who survive(s) the annuitant by 15 days, but if none survive(s), the proceeds will be paid to the contingent beneficiary(ies) who survive(s) the annuitant by 15 days, but without liability to Beneficial Life on account of payment made before receiving (at the Home Office) notice of the death of the beneficiary. If no beneficiary survives the annuitant, the proceeds shall be paid to a prioritized sequence of relatives specified in the Policy, or to the estate of the annuitant as applicable. If a beneficiary dies before the annuitant and there are other beneficiaries of the same rank, the surviving beneficiaries of that rank shall take the share of the deceased benefit unless otherwise stated above. Beneficiaries of the same rank will share equally unless otherwise stated above. The term "children" includes any natural children of the annuitant, any legally adopted children of the annuitant, and any other children mandated by law.

The right to change the beneficiary(ies) is reserved unless otherwise stated above.

**Trust or Business as a Beneficiary Designation**

Beneficial Life Insurance Company assumes no obligation under the terms of the trust beyond those assumed under the policy provisions.

Primary  Contingent \_\_\_\_\_  
 Trust / Business Name

\_\_\_\_\_ Address (Include city, state, zip)

\_\_\_\_\_ Tax I.D. # \_\_\_\_\_ Trust Date \_\_\_\_\_ Percent of Benefit

\_\_\_\_\_  
 \* Trustee Name / Company Officer Name

\_\_\_\_\_  
 \* Trustee Name / Company Officer Name

**\* List all trustees and attach a separate sheet if needed.**



**Notice of Anti-Money Laundering Procedures**

Beneficial Life Insurance Company complies with all applicable state and federal anti-money laundering laws. Like other financial institutions, we are required to report suspicious activities, large cash transactions, and persons or entities appearing on certain government lists for prohibited transactions. Government agencies may require disclosure of information, restrict release of funds, or deny any transaction suspected as illegal. Beneficial Life Insurance Company is not responsible for any resulting inconvenience, loss, or damage.

**Spousal Disclosure**

A spouse may sometimes have claim to a policy or to policy proceeds if joint marital assets have been used to fund the policy. This is true even if the spouse is not listed as an owner or beneficiary. State laws often presume that property is jointly owned by both spouses.

If this application names a sole owner who is currently married, the Company reserves the discretionary right to disclose all policy records to the Owner's spouse. Absent a contrary court order or signed agreement, disclosure of policy records may occur even after a divorce. If a spouse or former spouse chooses to contest incidents of policy ownership, a policy hold may be required until the dispute can be legally resolved. If the Owner wishes to be treated as the exclusive owner for all purposes of policy administration, the Owner must submit a separate authorization signed by the Owner's spouse.

**Agreement**

1. 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 may be guilty of a felony.
2. The undersigned agree that the written representations in this application are complete, true, and correctly recorded and that the Company, believing them to be true, shall rely and act upon them accordingly.
3. The undersigned assume complete responsibility for determining eligibility for any and all tax-deductible contributions, ensuring that all contributions made will be within the limits set forth by tax laws, and paying any taxes or penalties due on distributions or improper contributions.
4. I understand that the addresses I provided herein will be the only addresses used for Policy-related correspondence. I also understand that I am solely responsible to update my Policy contact information whenever necessary by submitting an explicit change request using a method accepted by Beneficial Life at the time of the change. Beneficial Life will not be responsible for lost mail, returned mail, lapse, misdirected payments, or other Policy-related problems caused by incorrect or obsolete Policy contact information provided by any Owner, Beneficiary, Payee, or Assignee.

Owner's Signature	Dated at: _____ on _____ City, State Date
Title (If signing for Corporation or Trust)	
Additional Signature (Spouse or Joint Owner – as required)	Date
Signature of Annuitant (required if other than Owner)	Date

If the Owner is a corporation, an approved company officer must sign as Owner, with their company title. Please submit a copy of the Corporate Document listing Company Officers.

If the Owner is a trust, all trustees must sign as Owner, with "Trustee" after their signature. Please submit a copy of the Trust or Certification of Trust form.

**Agent's Report**

<p>1. Does the annuitant have a life insurance policy or annuity policy currently active with this Company or any other Company? <b>If yes, complete Replacement Form A and return with application.</b></p>	Yes	No	<p align="center"><b>Comments</b></p>
<p>2. Will the annuity applied for replace (i.e. "replace" as defined in paragraph two of the Replacement Form A) or change any existing insurance or annuities with this or any other Company? <b>If yes, complete and submit the Replacement Form A and the Sales Material Submission Form with the application.</b></p>	Yes	No	

**If you answered "yes" to 1 or 2 above, complete questions 3 through 5.**

<p>3. Was an original or copy of all sales material given to the applicant at the time of application?</p>	Yes	No	None Used
<p>4. Was all sales material given to the applicant approved by the Company?</p>	Yes	No	None Used
<p>5. Was a copy of all sales material logged and a complete copy of all individualized material submitted to the Home Office?</p>	Yes	No	None Used
<p>6. Was the application taken in person (face to face)? If yes, complete the following:                  a. Was a copy of the Buyer's Guide left with the applicant?                  b. Was a copy of the Disclosure Statement left with the applicant?</p>	Yes	No	
	Yes	No	
	Yes	No	

7. How long have you known the Proposed Insured? \_\_\_\_\_ Who introduced you? \_\_\_\_\_  
 Recently met \_\_\_\_\_ (if a relative, state relationship) \_\_\_\_\_ Known well for \_\_\_\_\_ years,  
 through:  Business  Social  Other \_\_\_\_\_  
 Have you personally viewed and confirmed the customer's Identification?  Yes  No (If passport, state issue country) \_\_\_\_\_ )

8. Case Source:  CPA Plus  Referral (Recommendation)  Personal Observation  Seminar  Direct Mail  
 Current Client  Other \_\_\_\_\_

9. Proof of Age was documented by:  Copy of Birth Certificate  Driver's License  Other \_\_\_\_\_  
 (attach copy to application)

I certify that I have truly and accurately recorded on all forms related to the application the information provided by the applicant.

**Agents:**

Signature of Agent Making Report	Agent Name (Printed)	Date	Agency #	Agent #	% of Case
	Agent Name (Printed)	Date	Agency #	Agent #	% of Case
	Agent Name (Printed)	Date	Agency #	Agent #	% of Case
	Agent Name (Printed)	Date	Agency #	Agent #	% of Case

**Remarks:**

\_\_\_\_\_  
 \_\_\_\_\_

Application Information Page 1 of 23

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Electronic Consent

### CONSENT TO ELECTRONIC TRANSACTION

(To be completed with the customer before beginning any electronic transaction)

**By clicking "I Accept" to all provisions below, I understand and agree to the following:**

1. All or part of the application process relating to your insurance or annuity will be conducted by electronic means. The consent applies only to electronic aspects of the application transaction.  I Accept  I Decline
2. I may elect to have all information recorded on, or made available on, paper or in non-electronic form.  I Accept  I Decline
3. I may, at any time prior to end of the free-look period, withdraw this consent by so informing the agent or the Company's home office.  I Accept  I Decline
4. A paper copy of this electronic consent form and the application will be sent to me when the Policy is issued, and I may obtain a duplicate paper copy at no cost at any time by requesting one from the agent or the Company's home office.  I Accept  I Decline

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(This screen addresses federal electronic signature requirements and is not in the paper application)

Annuity Policy Input

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Application Information

Application Description: New Annuity Application

Owner Information:

Will the policy be partially or fully funded by a 1035 Exchange?  Yes  No

Does the originating policy have a Joint Owner?  Yes  No

Is this owner a contingent Owner?  Yes  No

Does the originating policy have a Joint Annuitant?  Yes  No

Will the annuitant be someone other than the owner?  Yes  No

Is any Owner or Beneficiary of this policy under the age of 18?  Yes  No

Total Life Insurance or Annuities In Force:  
Do you have a life insurance or annuity policy currently active with this or any other company?  Yes  No

Regarding all persons proposed for this annuity:  
Will the annuity applied for replace, change, or use funds from any existing insurance or annuities with this or any other company?  Yes  No

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Owner Information

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Annuity Policy

Plan Name Advantage 11 Plus Annuity

State of Issue Tennessee

Special

Plan Option Option A

This annuity is being applied for as Non-Qualified Tax Year 2008

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(reflexive alternate No. 1)

**Annuitant Information** Page 4 of 23

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**Owner Information**

Owner is a  Individual  Non-Natural Entity

First Name [Redacted] MI [ ] Last Name [Redacted]

Physical Address [Redacted] City [Redacted] State Unknown Zip [Redacted]

Mailing Address (if different) [Redacted] City [Redacted] State Unknown Zip [Redacted]

Date of Birth 2/ 1/0001 Gender Male SSN/TIN [Redacted] Marital Status Unknown

Daytime Phone Number ( ) - Evening Phone Number ( ) - Cell Phone ( ) -

Email Address [Redacted] Relation to Annuitant [Redacted]

Type of Business Entity "C" Corporation Trust Date 7/21/2008

Trustee Name [Redacted] Trustee Name [Redacted]

Is the proposed owner a U.S. citizen?  Yes  No

Identification Drivers License Other ID Type [Redacted]

Card No [Redacted] Expiration Date 1/ 1/2018

Country/State of Issue [Redacted]

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UTMA

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Uniform Transfer to Minors Act

I wish to use this form  I do not wish to use this form

Governing State \_\_\_\_\_ Alternate Custodian \_\_\_\_\_  
 Transferor \_\_\_\_\_ Alternate Custodian \_\_\_\_\_  
 Original Custodian \_\_\_\_\_ Alternate Custodian \_\_\_\_\_  
 Policy Owner(s) \_\_\_\_\_  
 (Minor(s) or disabled ward(s) for ownership, if any)

**Minor as Policy Owner under  
Uniform Transfer to Minors Act**

*I. Applicable State Law*

This Agreement shall be governed wherever possible, by the *law of the state of* \_\_\_\_\_, where the Transferor (i.e. one of the *person(s) initially funding the Policy, named* \_\_\_\_\_) resided at the time of the signing of the Uniform Transfers to Minors Act document which was designated to apply to the disbursements to the minor from this Policy (the "Transfer Instrument," which may be this Agreement, or a previous separate written document if one exists).

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UTMA

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Uniform Transfer to Minors Act

I wish to use this form  I do not wish to use this form

Governing State \_\_\_\_\_ Alternate Custodian \_\_\_\_\_  
 Transferor \_\_\_\_\_ Alternate Custodian \_\_\_\_\_  
 Original Custodian \_\_\_\_\_ Alternate Custodian \_\_\_\_\_  
 Policy Beneficiary(ies) \_\_\_\_\_  
 (Minor(s) or disabled ward(s) for beneficiary(ies), if any)

**Minor as Beneficiary under  
Uniform Transfer to Minors Act**

*I. Applicable State Law*

This Agreement shall be governed, wherever possible, by the *law of the state of* \_\_\_\_\_, where the Transferor (i.e. one of the *person(s) initially funding the Policy, named* \_\_\_\_\_) resided at the time of the signing of the Uniform Transfers to Minors Act document which was designated to apply to the disbursements to the minor from this Policy (the "Transfer Instrument," which may be this Agreement, or a previous separate written document if one

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Joint/Contingent Owner

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Beneficiaries

**Beneficiaries**

Name	Birth Date	Relationship	Type	Percent of Benefit

Add Edit Remove

Does the owner retain the right to change beneficiaries?  Yes  No

Contingent Beneficiary Share Method None

If any beneficiary named above is a minor, the proceeds will remain at interest with the Company until the minor reaches the age of majority, unless a financial custodian, conservator, trustee, or guardian of the estate is appointed for the minor(s), or other distribution is legally permitted. Interest will be the greater of the rate required by law or a rate not to exceed 3%.

It is understood and agreed that, unless otherwise directed or unless otherwise dictated by the Policy provisions, the proceeds of the Policy will be paid to the primary beneficiary(ies) who survive(s) the annuitant by 15 days, but if none survive(s), the proceeds will be paid to the contingent beneficiary(ies) who survive(s) the annuitant by 15 days, but without liability to Beneficial Life on account of payment made before receiving (at the Home Office) notice of the death of the beneficiary. If no beneficiary survives the annuitant, the proceeds shall be paid to a prioritized sequence of relatives specified in the Policy, or to the estate of the annuitant as applicable. If a beneficiary dies before the annuitant and there are other beneficiaries of the same rank, the surviving beneficiaries of that rank shall take the share of the deceased benefit unless otherwise stated above. Beneficiaries of the same rank will share equally unless otherwise stated above. The term "children" includes any natural children of the annuitant, any legally adopted children of the annuitant, and any other children mandated by law. The right to change the beneficiary(ies) is reserved unless otherwise stated above.

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**Beneficiary Information** Page 8 of 23

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**Replacement Information**

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing contract?  Yes  No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  Yes  No

The existing policy or contract is being replaced because

**List Existing Policies that you are contemplating replacing**

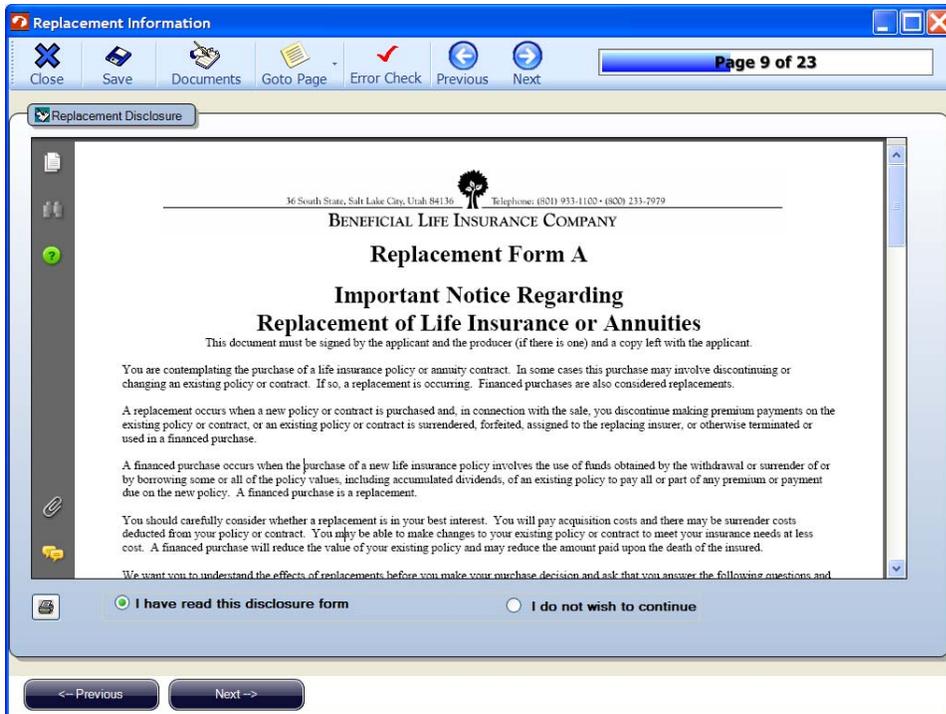
Insurer Name	Policy Number	Annuitant Name	Replaced or Financing

I certify that the responses herein are, to the best of my knowledge, accurate:

Agent  Yes  No

Applicant  Yes  No

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See exhibit A for full screen version

Washington State Replacement Information Page 10 of 23

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**Sales Material Submission**

This form must be completed for any new individual life insurance policy or annuity involving a Replacement ( as "Replacement" is specifically defined in paragraph two of Replacement Form A). In connection with any replacement transaction the agent shall also leave with the applicant, at the time an application for a new policy or contract is completed, an original or a copy of all sales material. Any electronically-presented sales material shall be provided to the policy or contract holder in printed form no later than at the time of contract delivery. Sales Material means a sales illustration and any other written, printed or electronically-presented information related to the policy or contract purchased which has been created, completed, or provided by the company or producer and used in the presentation to the policy or contract holder.

**Company Approved Sales Materials (Provide Beneficial Tracking Control Numbers if approved materials were used. Type "None" in the Description field if there were no materials used.)**

Description

**Description of Individualized Sales Material Used (Click the "Browse" Cell to attach a copy of any such material. Type "None" in the Description field if there were no materials used.)**

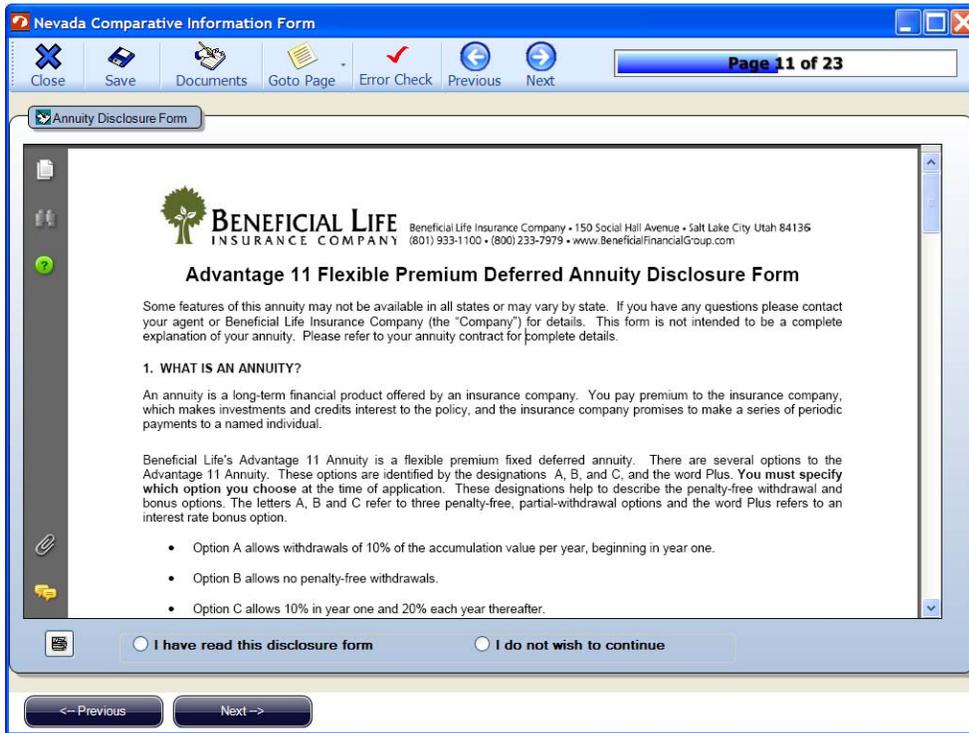
Description	Attachment	Browse

I certify I have A) provided the applicant with a copy of all sales materials used at the time the current policy application was taken; B) reported all sales materials used; C) attached copies of all individualized sales materials presented or given to the applicant; D) provided a copy of Replacement Form A to the applicant and either read it aloud or obtained initials on Replacement Form A waiving the reading; E) made every good-faith effort to ensure that the policy application (and the applicant) has properly reported any replacement as defined and required by Replacement Form A; F) appropriately used and submitted this Replacement Transaction Sales material Submission Form and Replacement Form A in all circumstances where such steps are required; and G) discussed suitability and any applicable new contestability period(s) with the applicant.

The agent certifies the completion of these requirements  The agent does not certify

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(This screen shows a reflexive Beneficial form designed to ensure agents comply with part of the Replacement Regulation. The paper version of this form is separate from the paper policy application, but must be built into the electronic process to ensure compliance.)



See exhibit B for full screen version

Replacement Disclosure

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Billing Options

Billing Option: Single Premium Billed Amount: \$0.00 Frequency of payment: Annually

Single Premium: \$0.00 Estimated 1035/Rollover Amount (Internal): \$10,000.00

IRA Contribution: \$0.00 Estimated 1035/Rollover Amount (External): \$0.00

Billing Instructions

Monthly, quarterly, semi-annual, and annual cycle payment due dates are based upon the policy issue date as a baseline date. You may not change from one payment cycle to another without first submitting written notice to us and receiving our approval of the change.

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**Replacement Disclosure** Page 12 of 23

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**Billing Options**

Billing Option: **Electronic Funds Transfer (PAC) Check** Billed Amount: \$0.00 Frequency of payment: Annually

Single Premium: \$0.00 Estimated 1035/Rollover Amount (Internal): \$10,000.00  
 IRA Contribution: \$0.00 Estimated 1035/Rollover Amount (External): \$0.00

Account Type: **Checking Account** Specified Monthly Draft Day:

Routing Number:  Account Number:

Account Holder:

Additional Account Holders:

Draft Initial Premium  
*I authorize and request Beneficial Life Insurance Company to collect payments including the initial premium. I authorize all future payments to be collected on the day of the month specified above, as they become due, by initiating debit entries from my account stated above.*

Begin Draft One Month After Issue (COD)  
*I am sending in a check for the initial premium payment. I authorize all future payments to be collected on the day of the month specified above, as they become due, by initiating debit entries to my account.*

Monthly, quarterly, semi-annual, and annual cycle payment due dates are based upon the policy issue date as a baseline date. You may not change from one payment cycle to another without first submitting written notice to us and receiving our approval of the change.

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Sales Material Submission

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Transfer Of Assets Notice

### Important Notice Regarding Use of the Transfer of Assets Form

The Transfer of Asset Form may be used to transfer financial accounts, contracts or policies to Beneficial Life. You should carefully consider whether the intended transfer is in your best interest, and determine whether it meets your needs and objectives. Neither Beneficial Life nor its agents make any representation as to the tax or investment consequences of using the Transfer of Assets Form, nor the validity of the exchange of your assets into an annuity. Please note that an annuity is not insured by the Federal Deposit Insurance Corporation.

If you are replacing an existing life or annuity policy, your agent must complete a "Notice of Replacement" form that provides additional information for replacing existing policies. A replacement includes any direct or indirect use of policy values from an existing policy, including allowing an existing policy to lapse.

You are encouraged to consult with your tax, investment or legal advisor if you have any questions regarding the transfer.

I have read this notice

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**Annuity Disclosure Form** Page 14 of 23

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**Transfer Of Assets Account Identification**

**I. Account Identification (list account or policy to be surrendered)**

Please liquidate and/or surrender  **All** or  **Part** \$0.00

of the herein listed account(s) or policy(ies) and transfer the proceeds to Beneficial Life Insurance Company. If the requested accounts are brokerage accounts containing individual securities, please sell shares and transfer cash proceeds. Partial redemption of brokerage accounts requires additional documentation.

Please surrender the account(s) or policy(ies)  **Immediately** or  **As Of** 7/17/2008

The funds held in this account are:

Non Tax-Qualified Funds		Tax-Qualified Funds	
<input type="checkbox"/> Non-Qualified Annuity	<input checked="" type="checkbox"/> Tax Sheltered Annuity under Section 403(b)	<input type="checkbox"/> Individual Retirement Account (IRA)	
<input type="checkbox"/> Life Insurance Cash Value	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP-IRA (Simplified Employee Pension)	
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> 401 (k)	<input type="checkbox"/> Other
<input type="checkbox"/> Brokerage Account / Mutual Fund(s)			
<input type="checkbox"/> Other			

Owner Name \_\_\_\_\_ Social Security # or Tax I.D. \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Joint Owner Name \_\_\_\_\_

Annuitant Name \_\_\_\_\_

Account Issued by (company name) \_\_\_\_\_

Company Address \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_

Attached you will find the original policy.  I hereby certify that the above listed policy has been lost or destroyed

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**Billing Options** Page 15 of 23

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**Transfer Of Assets (Continued)**

**III. Required Minimum Distribution (RMD) for Qualified Plan Rollovers**  
If you are age 70 1/2 or older this year, you may elect to have your RMD taken from your plan prior to affecting this request. If no election is made, the distributing company must distribute the RMD before processing this rollover request.

**Note: The RMD does not have to be removed prior to a "Trustee to Trustee" IRA Transfer.**

I elect to have the RMD taken from the distributing plan prior to transfer

I have already taken my RMD and request the custodian to roll over the full account surrender value to Beneficial Life

**IV. Beneficiary Designation**  
The undersigned, as owner of the above listed account, life insurance policy or annuity policy, hereby designates Beneficial Life Insurance Company, of Salt Lake City, Utah, as the primary beneficiary of the policy, to the extent of the value of the account, or cash surrender value of the policy in the event of death of the insured. Subject to this beneficiary designation, other beneficiary designations under the policy remain in effect, as their interests may appear.

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Sales Material Submission

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Transfer Of Assets (Continued)

**III. Required Minimum Distribution (RMD) for Qualified Plan Rollovers**  
If you are age 70 1/2 or older this year, you may elect to have your RMD taken from your plan prior to affecting this request. If no election is made, the distributing company must distribute the RMD before processing this rollover request.

**Note: The RMD does not have to be removed prior to a "Trustee to Trustee" IRA Transfer.**

I elect to have the RMD taken from the distributing plan prior to transfer

I have already taken my RMD and request the custodian to roll over the full account surrender value to Beneficial Life

**IV. Beneficiary Designation**  
The undersigned, as owner of the above listed account, life insurance policy or annuity policy, hereby designates Beneficial Life Insurance Company, of Salt Lake City, Utah, as the primary beneficiary of the policy, to the extent of the value of the account, or cash surrender value of the policy in the event of death of the insured. Subject to this beneficiary designation, other beneficiary designations under the policy remain in effect, as their interests may appear.

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Transfer Of Assets Notice

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Transfer Of Assets (Account Assignment)

**V. Account Assignment (1035 Exchange Only)**

Subsequent to the beneficiary designation, and for value received, the undersigned owner assigns and transfers all right, title and interest in the above described life insurance or annuity policy to Beneficial Life Insurance Company, 36 S. State Street, Salt Lake City.

1. The undersigned is the owner of the policy and have full rights to make this assignment.
2. This agreement is intended to be part of an exchange under Section 1035 of the Internal Revenue Code and any policy cash value will be credited to the new Beneficial Life policy or account issued as part of this transaction, and proceeds of the assignment will be credited on the date and in the amount actually received by Beneficial Life. Beneficial Life makes no representations concerning the tax consequences of this exchange.
3. The undersigned acknowledges and represents that the account or policy is not subject to any prior assignment or collection proceedings.
4. No existing loans on the policy will be transferred to the new Beneficial Life policy.
5. This assignment secures the transfer of the policy and associated values to Beneficial Life. Beneficial Life has all rights to collect the proceeds at death or maturity, with the balance, if any, over the death or maturity proceeds being paid by Beneficial Life to the persons entitled to such balance at death or maturity, under the terms of such policy (including beneficiary designations).
6. Beneficial Life is furnishing this form and is participating in this transaction at the request of the undersigned.
7. This assignment is not effective until it is accepted by Beneficial Life, evidenced in writing at the end of this form. Beneficial Life reserves the right to revoke this acceptance of assignment at any time prior to actual receipt of proceeds of the surrendered policy.

I have read and accept this assignment  I decline

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Transfer Of Assets Account Identification Page 17 of 23

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**Transfer Of Assets (Policy Surrender)**

**VI. New Account**  
 The funds from the listed account or policy will be transferred into the following account established at Beneficial Life.

<b>Non Tax-Qualified Funds</b>	<b>Tax-Qualified Funds</b>
<input type="checkbox"/> Non-Qualified Annuity	<input type="checkbox"/> Individual Retirement Account (IRA)
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Tax Sheltered Annuity under Section 403(b)
	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> SEP-IRA (Simplified Employee Pension)
	<input type="checkbox"/> 401 (k)
	<input type="checkbox"/> Other <input type="text"/>

**VII. Tax Reporting**

<input type="checkbox"/> Trustee to Trustee Transfer (Such as IRA to IRA)	<input type="checkbox"/> Taxable Distribution (Non-1035 exchange or CD liquidation )
<input type="checkbox"/> Rollover from a Qualified Plan (Such as 401(k) to IRA)	<input type="checkbox"/> Non- ACAT Transfer (Brokerage Account Liquidations Only)
<input type="checkbox"/> 90-24 Transfer (TSA to TSA only)	<i>Signature Guarantee is REQUIRED for Brokerage Liquidations</i>
<input type="checkbox"/> 1035 Exchange (Such as Non-Qualified Annuity to Annuity)	<input type="checkbox"/> Other <input type="text"/>

Check box to waive conservation period

**VIII. Request for Policy Surrender**  
 Enclosed with this form is the account documentation or policy. In order to avoid constructive receipt and possible adverse tax consequences, I/we hereby surrender the account or policy(ies) and ask that Beneficial Life complete a Policy Acceptance and Acceptance of Assignment.

I accept  I decline

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Transfer Of Assets (Continued) Page 18 of 23

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Hold Harmless Agreement

**Hold Harmless Agreement**

Beneficial Life Policy Number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

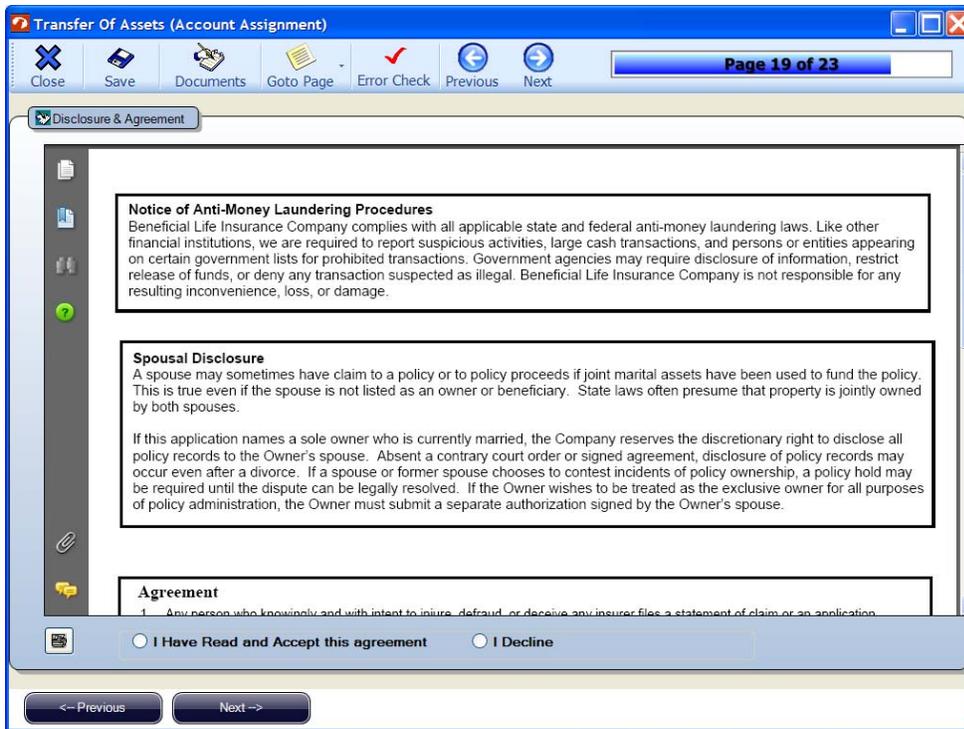
As owner of the above mentioned policy, you have requested that Beneficial Life Insurance Company honor your request to perform a partial tax free exchange under Code Sec. 1035. The company has been unable to determine whether the Internal Revenue Service will consider your request non-taxable.

Although the company will honor your request, neither the company nor its agents are offering any tax or legal advice, and the company assumes no responsibility for any adverse tax treatment or other consequences resulting from honoring your request. You hereby agree, to hold Beneficial Life Insurance Company, its officers, directors, employees, and agents harmless against any and all claims arising from this transaction. This includes but is not limited to taxes, penalties, fines, and legal expenses.

I have read and accept this agreement  I do not agree

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See exhibit C for full screen version



See attached paper version for full screen version

Transfer Of Assets (Policy Surrender)

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Signatures

The information I have provided through this entire electronic application is complete and correct

I agree to electronically sign all pages/screens of this electronic application

Owner Signature

Dated At (City, State)

Agent Signature

I certify that I have truly and accurately recorded on all forms related to the application the information provided by the applicant.

Agent Signature Sign 01/01/0001,12:00:00

Witness (1035 exchange) Sign

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**Disclosure & Agreement** Page 22 of 23

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**Agent Report**

- Does the annuitant have a life insurance policy or annuity policy currently active with this Company or any other company?  Yes  No
- Will the annuity applied for replace (i.e. "replace" as defined in paragraph two of the Replacement Form A) or change any existing insurance or annuities with this or any other Company?  Yes  No
- Was an original or copy of all sales material given to the applicant at the time of application?  Yes  No  None Given
- Was all sales material given to the applicant approved by the Company?  Yes  No  None Given
- Was a copy of all sales material logged and a complete copy of all individualized material submitted to the home office?  Yes  No  None Given
- Was the application taken in person (face to face)?  Yes  No
 

Comments

  - Was a copy of the Buyers Guide left with the applicant?  Yes  No
  - Was a copy of the Disclosure Statement left with the applicant?  Yes  No
- How long have you known the proposed insured?  Who introduced you?   
 (if a relative, state relationship)  Known well for  years.  
 Recently met through:  Business  Social  Other   
 Has your customer completed the application?  Yes  No   
 Have you personally viewed and confirmed the customer's identification?  Yes  No Passport Issue Country
- Case Source  Other
- Proof of Age was documented by:  Copy of Birth Certificate  Driver's License  Other

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Signatures

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Agent Information

Agent Name	Date	Agent #	License #	% of Case
Rick Justesen	7/17/2008	40000		100%
Additional Agent	7/21/2008			0%
Additional Agent	7/21/2008			0%
Additional Agent	7/21/2008			0%

Agency Address .. Agency # 40000

Company Name

I certify that I have truly and accurately recorded on all forms related to the application the information provided by the applicant.

Remarks

Notes

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**BENEFICIAL LIFE INSURANCE COMPANY**

**Replacement Form A**

**Important Notice Regarding  
Replacement of Life Insurance or Annuities**

This document must be signed by the applicant and the producer (if there is one) and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  
 Yes    No
  
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  
 Yes    No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy Number	Insured or Annuitant Name	Replaced or Financing

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Name (printed)

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)



## Advantage 11 Flexible Premium Deferred Annuity Disclosure Form

Some features of this annuity may not be available in all states or may vary by state. If you have any questions please contact your agent or Beneficial Life Insurance Company (the "Company") for details. This form is not intended to be a complete explanation of your annuity. Please refer to your annuity contract for complete details.

### 1. WHAT IS AN ANNUITY?

An annuity is a long-term financial product offered by an insurance company. You pay premium to the insurance company, which makes investments and credits interest to the policy, and the insurance company promises to make a series of periodic payments to a named individual.

Beneficial Life's Advantage 11 Annuity is a flexible premium fixed deferred annuity. There are several options to the Advantage 11 Annuity. These options are identified by the designations A, B, and C, and the word Plus. **You must specify which option you choose** at the time of application. These designations help to describe the penalty-free withdrawal and bonus options. The letters A, B and C refer to three penalty-free, partial-withdrawal options and the word Plus refers to an interest rate bonus option.

- Option A allows withdrawals of 10% of the accumulation value per year, beginning in year one.
- Option B allows no penalty-free withdrawals.
- Option C allows 10% in year one and 20% each year thereafter.
- The Plus Option provides a 3.0% bonus to the first year interest rate in lieu of a higher renewal rate.

The partial-withdrawal option is not cumulative. For example, if an owner with a 10 % a year withdrawal option does not exercise the option one year, it does not increase to 20 % the next year.

#### Free Look Period

After you receive your policy, you have ten (10) days to review the details. During that period, if you decide against the purchase, you may return the policy and receive a complete refund of your premium.

### 2. WHAT IS THE INITIAL CREDITING RATE?

#### Annual Effective Interest Rate

Interest rates are determined by the Company and could be higher or lower in subsequent terms. During each policy month of the first policy year, we will credit interest to the Accumulation Value. Ask your agent for the current interest rate. After the first policy year, we will credit at least 2% until the tenth policy anniversary and at least 3% thereafter.

### 3. WHAT HAPPENS WHEN I NEED MY MONEY?

There are several ways for you to access the money in your annuity policy:

#### Partial Withdrawal

You may take partial withdrawals from your annuity. When you access your money in this way, the value of your withdrawal is based on the policy accumulation value. The policy accumulation value at any time is equal to the sum of all premiums paid, less any applicable premium tax, plus credited interest and less any partial withdrawals taken. Partial withdrawals may be subject to surrender charges and taxation; see below.

#### Policy Surrender

You may surrender the policy for its cash surrender value. The cash surrender value of the policy equals the greater of (1) the policy accumulation value less any applicable Withdrawal Charge and (2) the minimum guaranteed accumulation value required by the law of the state in which this policy is delivered. In no event will the cash surrender value be less than the accumulation of 90% of the single premium paid at 3% annual interest, less any withdrawals also accumulated at 3% annual interest. Surrender of the policy may be subject to surrender charges and taxation; see below.

**Settlement Option**

You may apply the cash surrender value of the policy under a settlement option to provide a series of payments. Options include ones that guarantee an income for your lifetime or for a specified period of years, as explained in the policy. Election of a settlement option may be subject to surrender charges and taxation; see below.

**Death Benefit**

Upon the death of the annuitant, the company waives any applicable surrender charge and pays the accumulation value directly to the designated beneficiary or under a Settlement Option. The Internal Revenue Code requires payment of the death benefit upon the death of an owner. Payment made upon death may be subject to taxation; see below.

**Nursing Home Waiver/Terminal Illness Waiver**

If, after the effective date of the annuity, the annuitant is hospitalized and/or confined to an eligible care facility for 30 consecutive days and/or receives home convalescent care for 30 consecutive days and/or is diagnosed for the first time as having a terminal illness (as set forth in the applicable endorsement/rider), you may take a partial withdrawal or surrender the policy without incurring a surrender charge. Such surrender must be made within thirty (30) days of the last day of the qualifying period of confinement or the person receives home convalescent care. Other restrictions apply; refer to the policy for more information. This feature is not available in all states.

**Surrender Charges**

The Withdrawal Charge Percentages applicable to this policy depend on how long the policy has been in effect according to the following schedule:

**Surrender Charge Rate Schedule:**

Policy Year	1	2	3	4	5	6	7	8	9	10+
Advantage 11 A	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%
Advantage 11 B	8.4%	7.5%	6.6%	5.6%	4.7%	3.8%	2.8%	1.9%	.9%	0%
Advantage 11 C	9%	9%	8%	7%	5%	4%	3%	2%	1%	0%
Advantage 11 Plus A	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%
Advantage 11 Plus B	8.4%	7.5%	6.6%	5.6%	4.7%	3.8%	2.8%	1.9%	.9%	0%
Advantage 11 Plus C	9%	9%	8%	7%	5%	4%	3%	2%	1%	0%

The percentage for other durations will be determined by pro-rating between year-end rates based on the number of completed months.

Option A: No Withdrawal Charge will apply to the first 10% of the accumulation value (as of the date of your first withdrawal in the policy year) withdrawn in any policy year.

Option C: No Withdrawal Charge will apply to the first 10% of the Accumulation Value (as of the date of your first withdrawal in the policy year) withdrawn in the first policy year, or the first 20% withdrawn in years after the first.

**4. ARE THERE ANY TAX IMPLICATIONS?****Taxation**

When you make withdrawals or surrender your annuity, you may be subject to federal and state income tax on the amount withdrawn. In addition, you may be subject to a 10% federal penalty tax if you make withdrawals or surrender your annuity before age 59 1/2. Federal law requires the withdrawals be taken first from interest earnings. State premium taxes may reduce the final value of your annuity. If the annuity is qualified, distributions may be taxable.

**5. ARE THERE ANY FEES?**

There are no administrative fees.

The Company does not currently charge a handling fee, but reserves the right in the future to charge a handling fee of \$3.00 for each withdrawal after the first withdrawal in a policy year.

**6. IMPORTANT NOTES**

If you surrender your policy, you may receive back less than your original premium due to surrender charges.

Any examples or historical performance shown should not be considered a representation of future performance of your annuity policy. Future performance may be greater or less than any performance shown in connection with the sale and issue of your annuity policy.

Annuities are not insured by the FDIC or any other agency of the United States.

If this annuity is replacing an existing annuity, it is important that you compare the two, taking into account whatever surrender charges you may incur on the surrender of the existing annuity and your need to access your money. For information about your existing annuity, contact the issuing company.

IRAs and qualified plans already receive tax-deferred treatment. If this annuity will be used for an IRA or qualified plan, consider other features about this annuity in your purchase decision.

Neither the company nor its agents or representatives may give tax or legal advice. Consult with your tax advisor or attorney as to the applicability of this information to your own situation.

It is within the Company's sole discretion to set interest rates for this annuity, subject to the minimum guaranteed value listed in the policy.

Withdrawals may be subject to surrender charges and federal and state taxes.

### 7. APPLICANT STATEMENT

I have read, or have been read, this document and understand its contents. By signing below, I acknowledge and understand the following:

I have applied for an annuity. In doing so, I have discussed my financial status, tax status, investment objectives, anticipated financial needs, and my risk tolerance with my agent and believe this annuity meets my current financial needs and objectives.

It is within the Company's sole discretion to set interest rates for this annuity, subject to the minimum guaranteed value listed in the policy.

Values of this annuity are not federally insured by the FDIC, the Federal Reserve Board or any other federal or state agency.

Withdrawals may be subject to surrender charges and federal and state taxes.

Any values referred to in this document (other than the minimum guaranteed values) are not guarantees, promises, or warranties.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

### 8. AGENT STATEMENT

By signing below, I acknowledge that I have reviewed this document with the applicant. I certify that a copy of this document, as well as any advertisement used in connection with the sale of this annuity, has been provided to the applicant. Unless the applicant refused to provide his/her financial status, tax status, investment objectives and other relevant information, I have reviewed this information and found the sale to the applicant to be suitable. I will maintain a record of the information gathered and used to make the determination of suitability for the statutory period and will make such information available to the Company or to appropriate regulators upon request. I have not made statements that differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any non-guaranteed elements.

\_\_\_\_\_  
Signature of Agent Making Report

\_\_\_\_\_  
Agent Name (Printed)

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Application Number

**Hold Harmless Agreement**

Beneficial Life Policy Number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

As owner of the above mentioned policy, you have requested that Beneficial Life Insurance Company honor your request to perform a partial tax free exchange under Code Sec. 1035. The company has been unable to determine whether the Internal Revenue Service will consider your request non-taxable.

Although the company will honor your request, neither the company nor its agents are offering any tax or legal advice, and the company assumes no responsibility for any adverse tax treatment or other consequences resulting from honoring your request. You hereby agree, to hold Beneficial Life Insurance Company, its officers, directors, employees, and agents harmless against any and all claims arising from this transaction. This includes but is not limited to taxes, penalties, fines, and legal expenses.

This form must be returned to the company before processing your requested partial 1035 exchange. The company reserves the right to request clarification or additional information before proceeding. A copy of this form should be retained for your records.

**Request**

After reviewing the above disclosure, which I acknowledge and accept, I request Beneficial Life Insurance Company proceed with the requested transaction. I understand this will take effect, if accepted, upon receipt by the home office.

I agree to be fully responsible for any tax or other consequences resulting from my request to partially surrender my policy under Code Sec. 1035.

Signature of Owner: \_\_\_\_\_

Signature of Joint Owner: \_\_\_\_\_

Witness: \_\_\_\_\_