

SERFF Tracking Number: JACK-126332888 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 43895
Company Tracking Number: VDA 123 10/09
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: Fixed and Variable Annuity Application
Project Name/Number: Fixed and Variable Annuity Application/VDA 123 10/09

Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Fixed and Variable Annuity Application SERFF Tr Num: JACK-126332888 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 43895

Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VDA 123 10/09 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Julia Braem, Julie Hughes, Lynne Gerding
Disposition Date: 10/27/2009

Date Submitted: 10/26/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 12/21/2009
State Filing Description:

Implementation Date:

General Information

Project Name: Fixed and Variable Annuity Application
Project Number: VDA 123 10/09
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The form is exempt from filing with Michigan, our State of domicile, by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/27/2009

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/27/2009

Deemer Date:

Created By: Lynne Gerding

Submitted By: Jamie Cook

Corresponding Filing Tracking Number: VDA 123 10/09

SERFF Tracking Number: JACK-126332888 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 43895
Company Tracking Number: VDA 123 10/09
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: Fixed and Variable Annuity Application
Project Name/Number: Fixed and Variable Annuity Application/VDA 123 10/09

Filing Description:

Submitted for your review is the above-referenced application form. The chart below shows the approved contracts the new application will be used with. This application will not replace the application forms currently approved and in use for these contracts. This application has been developed so that certain broker dealers that offer all three Jackson contracts on their platform can utilize one application for election of any one of the three variable annuity products listed below.

This new multi-product application will be used with the following individual variable annuity contracts, or any individual variable annuity contract subsequently approved by your Department, as appropriate:

- VA210 approved October 8, 2004
- VA220 approved June 8, 2004
- VA410 approved June 21, 2004

The new application is similar to currently approved product specific applications:

- VDA 210 09/09 approved April 17, 2009.
- VDA 220 09/09 approved April 17, 2009.
- VDA 410 09/09 approved April 17, 2009.

Since this application will only be used with variable contracts, which are regulated as a security by the Security and Exchange Commission, they are not subject to readability requirements. As such, a readability certification has not been included with this submission. This form will be issued by Jackson National Life Insurance Company, and will be marketed to the general public by appropriately licensed registered representatives through broker/dealers and financial institutions. The issue ages are 0 to 90.

This application contains fraud language that is specific to individual states. The language is clearly identified as to those states.

The application is exempt from filing with our home state of Michigan by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997. We have reviewed the enclosed application and certify that to the best of our knowledge and belief, the form complies with applicable laws and regulations of your jurisdiction. With regard to Regulation 19, Jackson National Life hereby certifies that we do NOT discriminate based on sex in the sale of insurance.

We will receive customer information required to issue a contract from an agent, broker, or financial representative on an application or some other means. This information may be forwarded to us by facsimile, telephone, or electronically via the Internet, an extranet, or secure network, and may or may not contain the applicant's signature. We would then issue the annuity contract based upon the information received from the agent, broker or financial representative. The

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annuity contract, including any contract data page, would then be delivered to the customer. We will maintain appropriate procedures to ensure the truth and accuracy of customer information received from the agent, broker or financial representative.

Any variables within the form have been bracketed and generally consist of names, dates and numbers. The form, when issued, may vary in format, paper size, border and Company logo. The form may also be used as a single-sided form. Additionally, a small square bar code with or without a date (formatted mm/dd/yyyy) may be placed in the far bottom left-hand corner. This barcode will not obscure the filed form number.

The form may vary somewhat in format, such as printing as two-sided pages versus one-sided pages. The content of each form will remain exactly as submitted.

Please contact me by telephone at 800/317-7989, by facsimile at 517/706-5522, or by email at pd&sf@jackson.com, should you have any questions or if additional information is required.

Company and Contact

Filing Contact Information

Julia Braem, Filing Manager pd&sf@jackson.com
 1 CORPORATE WAY 800-317-7989 [Phone]
 LANSING, MI 48951 517-706-5522 [FAX]

Filing Company Information

Jackson National Life Insurance Company CoCode: 65056 State of Domicile: Michigan
 1 Corporate Way Group Code: 918 Company Type:
 Lansing, MI 48915 Group Name: State ID Number:
 (800) 317-7989 ext. [Phone] FEIN Number: 38-1659835

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20.00 per form - 1 form
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jackson National Life Insurance Company	\$20.00	10/26/2009	31546522

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/27/2009	10/27/2009

SERFF Tracking Number: JACK-126332888 *State:* Arkansas
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Disposition

Disposition Date: 10/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Fixed and Variable Annuity Application		Yes

FIXED AND VARIABLE ANNUITY APPLICATION (05/10)



Home Office: Lansing, Michigan
www.jackson.com

Perspective II® (VA220) • Perspective L Series (VA210)
Perspective Advisors II™ (VA410)

First Class Mail: P.O. Box 30314
Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Customer Care: 800-873-5654
Bank or Financial Institution Customer Care: 800-777-7779
Fax: 800-943-6761
Hours: 8:00 a.m. to 8:00 p.m. ET
Email: contactus@jackson.com

Broker/Dealer or External Account No. (if applicable)

PLEASE PRINT

Primary Owner

If Owner (and/or Joint Owner) is not a U.S. Citizen and/or a U.S. Resident, Form W-9 or Form W-8BEN (as applicable) is required with application.

Type of Ownership: Individual/Joint Trust Custodian Corporation/Pension Plan

Social Security Number or Tax I.D. Number Sex Male Female
U.S. Citizen Yes No

First Name Middle Name Last Name

Non-Natural Owner/Entity Name (if applicable)

If Owner is a Trust, Trustee Certification form X5335 or trust documents are required with application.

Date of Birth (mm/dd/yyyy) Telephone Number (including area code) Email Address

Physical Address Line 1 (No P.O. Boxes) Line 2

It is required for Good Order that you provide a physical address.

City State ZIP Code

Mailing Address Line 1 Line 2

Only include mailing address if different from physical address.

City State ZIP Code

Joint Owner

Proceeds will be distributed in accordance with the Contract on the first death of either Owner.

First Name Middle Name Last Name

Social Security Number Date of Birth (mm/dd/yyyy) Sex Male Female U.S. Citizen Yes No

Email Address Relationship to Owner Telephone Number (including area code)
 Spouse Other

Physical Address Line 1 (No P.O. Boxes) Line 2

City State ZIP Code



- Make all checks payable to **Jackson National Life Insurance Company**.

Premium Payment

Select method of payment

Check \$ _____ Wire \$ _____
 External Transfer \$ _____ Internal Transfer \$ _____

Annuity Type

- Jackson® will issue Annuity Type per the bold headings.

IRA: <input type="checkbox"/> IRA - Traditional* <input type="checkbox"/> Stretch IRA Roth IRA: <input type="checkbox"/> Roth Conversion <input type="checkbox"/> Roth IRA* *Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____ Non-Qualified Plan: <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Non-Tax Qualified	Qualified Plan: <input type="checkbox"/> 401(k) Qualified Savings Plan <input type="checkbox"/> Cash Balance-Defined Benefit <input type="checkbox"/> Cash Balance-Defined Contribution <input type="checkbox"/> HR-10 (Keogh) Plan <input type="checkbox"/> Money Purchase <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Roth 401k <input type="checkbox"/> Target Benefit Plan TSA Plan: <input type="checkbox"/> 403(b) TSA	SEP/IRA (408k): <input type="checkbox"/> SARSEP <input type="checkbox"/> SEP ORP: <input type="checkbox"/> ORP <input type="checkbox"/> Texas ORP Charitable Remainder Trust: <input type="checkbox"/> Charitable Remainder Annuity Trust <input type="checkbox"/> Charitable Remainder Unitrust
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It is required for Good Order that this entire section be completed. COMPLETE X0512 "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

Statement Regarding Existing Policies or Annuity Contracts

I (We) certify that: (please select one)

I (We) do not have any existing life insurance policies or annuity contracts.
 I (We) do have existing life insurance policies or annuity contracts.

Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form (X0512) - state variations may apply) and return the notice, signed by both the Producer/Representative and Applicant, with the Application.

Are you replacing an existing life insurance policy or annuity contract? Yes No

If yes, complete the following Company information.

Company name	Contract number	Anticipated amount
		\$
		\$
		\$

Transfer Information

For transfers, it is required for Good Order that this entire section be completed.

Non-Qualified Plan Types: IRC 1035 Exchange Non-1035 Exchange
 All Other Plan Types: Direct Transfer Direct Rollover Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated."

Jackson will only request the funds if this section is left blank or checked "No."

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$

Annuity/Income Date

Specify Income Date (mm/dd/yyyy)

/ /

If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the Contract.



Annuity Product Selection

It is required for Good Order that you select one product.

- Perspective II Fixed and Variable AnnuitySM (VA220)**
- PerspectiveSM L Series Fixed and Variable Annuity (VA210)**
- Perspective Advisors II Fixed and Variable AnnuitySM (VA410)**

Optional Death Benefits All optional death benefits may not be available in all states and once selected cannot be changed.

If no Optional Death Benefit is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details.

- May select only **one** of the following: (Ages 0-79)
 May not be selected in combination with LifeGuard Freedom 6 DB.
- 5% Roll-Up Death Benefit** (4% if the owner is age 70 or older on the date of issue)
- With Highest Quarterly Anniversary Value Death Benefit
 - Without Highest Quarterly Anniversary Value Death Benefit
- 6% Roll-Up Death Benefit** (5% if the Owner is age 70 or older on the date of issue)
- With Highest Quarterly Anniversary Value Death Benefit
 - Without Highest Quarterly Anniversary Value Death Benefit
- Highest Quarterly Anniversary Value Death Benefit**

Optional Death Benefits and Other Optional Benefits: Additional charges will apply. Please see the prospectus for details.

Other Optional Benefits All optional benefits may not be available in all states and once selected cannot be changed.

Age limitations apply based on the age of the Owner(s) or Covered Lives.

Earnings Protection Benefit

- EarningsMax[®]** (Ages 0-75)

Guaranteed Living Benefit Options

(May select only one GMAB or GMWB)

- GMAB** (Guaranteed Minimum Accumulation Benefit) (GMAB not available on Advisors II)
- Jackson GMABSM 1,2** (Ages 0-80)
- GMWB** (Guaranteed Minimum Withdrawal Benefits)
- SafeGuard MaxSM** (Ages 0-85) GMWB with 5-Year Step-Up
- AutoGuard[®] 5** (Ages 0-80) 5% GMWB with Annual Step-Up
- AutoGuard 6** (Ages 0-80) 6% GMWB with Annual Step-Up

GMWB For Life (For Life Guaranteed Minimum Withdrawal Benefits)

- LifeGuard Freedom 6SM** (Ages 45-80) For Life GMWB with Bonus & Annual Step-Up
- LifeGuard Freedom 6 DBSM 3** (Ages 45-75) For Life GMWB with Bonus, Annual Step-Up, & Death Benefit
- LifeGuard Freedom 6 w/ Joint Option^{4,5,6}** (Ages 45-80) Joint For Life GMWB with Bonus & Annual Step-Up
- LifeGuard SelectSM 2** (Ages 55-80) For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up
- LifeGuard Select w/ Joint Option^{2,4,5,6}** (Ages 55-80) Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up
- New GMWB** (Ages 45-80) For Life GMWB with Bonus, Annual Step-Up, & Earning Sensitive Withdrawal Amount
- New GMWB w/ Joint Option^{4,5,6}** (Ages 45-80) Joint For Life GMWB with Bonus, Annual Step-Up, & Earning Sensitive Withdrawal Amount

Withdrawal Options

(Withdrawal Options not available on Advisors II or L Series)

- 20% Free Withdrawal Benefit⁷** (Ages 0-90)
- 5-Year Withdrawal Charge Schedule** (Ages 0-85)

Contract Enhancement Options

(May select only one) (Ages 0-87)

- 2% of first-year premium**
- 3% of first-year premium** (Not available on Advisors II)
- 4% of first-year premium** (Not available on Advisors II)
- 5% of first-year premium** (Not available on Advisors II)

¹ May not be selected in combination with a Contract Enhancement or with the Capital Protection Program, if available. Premium payments will not be accepted after 90 days from the Issue Date. The required allocation percentage can be obtained from the Company.
² The total number of allocations in the Premium Allocation section may not exceed 17.
³ May not be selected in combination with an Optional Death Benefit.
⁴ For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on Page 1 (including the "Relationship to Owner" box) is properly completed.
⁵ For Qualified plans, excluding custodial accounts, 100% spousal primary beneficiary designation is required. Please ensure the Primary Beneficiary section on Page 2 (including the "Relationship to Owner" box) is properly completed.
⁶ For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.
⁷ May not be selected in combination with either the 3%, 4% or 5% Contract Enhancements.



Premium Allocation

Tell us how you want your annuity premiums invested. **TOTAL ALLOCATION MUST EQUAL 100%.**

Total number of allocation selections may not exceed 18.

All premium allocation options may not be available in all states. Restrictions may apply at Jackson's discretion on a non-discriminatory basis.

For Advisors II ONLY: It is required for Good Order that you provide Directed Transfer form (V4490) if selecting the Fixed Account Option.

JNL®	
%	Institutional Alt 20
%	Institutional Alt 35
%	Institutional Alt 50
%	Institutional Alt 65

JNL/AIM	
%	International Growth
%	Large Cap Growth
%	Global Real Estate
%	Small Cap Growth

JNL/Capital Guardian	
%	Global Balanced
%	Global Diversified Research
%	International Small Cap
%	U.S. Growth Equity

JNL/Credit Suisse	
%	Commodity Securities
%	Long/Short

JNL/Eagle	
%	Core Equity
%	SmallCap Equity

JNL/Franklin Templeton	
%	Founding Strategy
%	Global Growth
%	Income
%	Mutual Shares
%	Small Cap Value

JNL/Goldman Sachs	
%	Core Plus Bond
%	Emerging Markets Debt
%	Mid Cap Value

JNL/Ivy	
%	Asset Strategy

JNL/JPMorgan	
%	International Value
%	MidCap Growth
%	U.S. Government & Quality Bond

JNL/Lazard	
%	Emerging Markets
%	Mid Cap Equity

JNL/M&G	
%	Global Basics
%	Global Leaders

JNL/Mellon Capital Management	
%	JNL 5
%	Dow SM 10
%	S&P® 10
%	Global 15
%	25
%	Select Small-Cap
%	JNL Optimized 5
%	VIP
%	Dow Dividend
%	European 30
%	Nasdaq® 25
%	NYSE® International 25
%	Pacific Rim 30
%	S&P 24
%	S&P SMid 60
%	Value Line® 30
%	S&P 500® Index
%	S&P 400 MidCap Index
%	Small Cap Index
%	International Index
%	Bond Index
%	Index 5
%	10 x 10
%	Communications Sector
%	Consumer Brands Sector
%	Financial Sector
%	Healthcare Sector
%	Oil & Gas Sector
%	Technology Sector
%	Global Alpha

JNL/Oppenheimer	
%	Global Growth

JNL/PAM	
%	Asia ex-Japan
%	China-India

JNL/PIMCO	
%	Real Return
%	Total Return Bond

JNL/PPM America	
%	High Yield Bond
%	Mid Cap Value
%	Small Cap Value
%	Value Equity

JNL/Red Rocks	
%	Listed Private Equity

JNL/Select	
%	Balanced
%	Money Market
%	Value

JNL/T. Rowe Price	
%	Established Growth
%	Mid-Cap Growth
%	Short-Term Bond
%	Value

JNL/S&P Strategic	
%	S&P 4
%	Competitive Advantage
%	Dividend Income & Growth
%	Intrinsic Value
%	Total Yield

JNL/S&P Managed	
%	Conservative
%	Moderate
%	Moderate Growth
%	Growth
%	Aggressive Growth

JNL/S&P Disciplined	
%	Moderate
%	Moderate Growth
%	Growth

Fixed Account Options*	
* (Not available on Advisors II)	
%	1-Year
%	3-Year
%	5-Year
%	7-Year

Fixed Account Option**	
(Advisors II ONLY)	
** If selecting the Fixed Account Option, automatic transfer of funds over a 6-month period is required.	
%	Fixed Account Option



- For all Contracts except Advisors II: Only the Investment Division(s) selected in the Premium Allocation section and the 1-Year Fixed Account (if selected) will participate in the rebalancing program.

Systematic Investment (periodic premium reallocation programs)

Automatic Rebalancing. The 3, 5 and 7-Year Fixed Account Options are not available for Automatic Rebalancing.

Frequency:
 Monthly Quarterly Semiannually Annually

Start Date (mm/dd/yyyy) _____

Note: If no date is selected, the program will begin one month/quarter/half year/year (depending on the frequency you selected) from the date Jackson applies the first premium payment. If no frequency is selected, the frequency will be annual. No transfers will be made on days 29, 30 or 31, unless set up on annual frequency.

For Advisors II: DCA+ is **not** available. Only the Investment Division(s) selected in the Premium Allocation section will participate in the rebalancing program. The Fixed Account Option is **not** available for Automatic Rebalancing.

DCA+ (\$15,000 contract minimum)

_____ % 6-month
 _____ % 12-month

If DCA+ is selected, you must attach the Systematic Investment Form (V2375)

DCA+ provides an automatic monthly transfer to the selected Investment Division(s) so the entire amount invested in this program, plus earnings, will be transferred by the end of the DCA+ term selected. If selected, the total number of elections in the Premium Allocation section may not exceed 17.

Capital Protection Program (Not available on Advisors II)

Yes No (If no selection is made, Jackson will default to "No.")

If you marked "Yes," which Fixed Account Option do you wish to select for the Capital Protection Program?

Select only one.

1-Year 3-Year 5-Year 7-Year

Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation section on page 5.

Telephone and Electronic Transfers Authorization

By checking "Yes," I (we) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/ allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Producer/Representative subject to Jackson's administrative procedures. This authorization is not extended to Authorized Callers.

Do you authorize these types of transfers? Yes No

Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures. I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, not withstanding subsequent allegations of error or mistake in connection with any such transaction instruction. If no election is made, Jackson will default to "No" for residents of Nebraska and North Dakota and to "Yes" for residents of all other states.

Electronic Delivery Authorization

I agree to receive documents electronically:

- | | |
|---|--|
| <input type="checkbox"/> ALL DOCUMENTS | <input type="checkbox"/> Prospectuses and prospectus supplements |
| <input type="checkbox"/> Quarterly statements | <input type="checkbox"/> Proxy and other voting materials |
| <input type="checkbox"/> Periodic and immediate confirmation statements | <input type="checkbox"/> Other Contract-related correspondence |
| <input type="checkbox"/> Annual and Semi-Annual reports | |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website (www.jackson.com) is required for electronic delivery of Contract-related correspondence.

I (We) do do not have ready access to computer hardware and software that meet the requirements listed below. My email address is: _____ I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

Please see page 7 for further information regarding Electronic Delivery.

- Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All Documents."

Authorized Callers

- If you want to authorize an individual other than your Producer/Rep to receive Contract information via telephone, please list that individual's information here.

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security/Tax I.D. Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text" value="/ /"/>

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security/Tax I.D. Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text" value="/ /"/>

Notice to Applicant

<p>ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: 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.</p> <p>In COLORADO, any insurance company, or agent of an insurance company, who knowingly provides false,</p>	<p>incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the 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 Agencies.</p> <p>DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: 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.</p>
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Electronic Delivery Information: There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.



Client Acknowledgements

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
3. **I (We) understand that the Contract I (we) have applied for is variable and employs the use of a separate account. I (We) also understand that the annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of a Investment Division in the separate account of Jackson are variable and may be increased or decreased, and the dollar amounts are not guaranteed by Jackson or any other insurance company, the United States government or any state government, the FDIC, Federal Reserve Board or any other federal or state agency. I (We) understand that, except for funds allocated to the Contract's Fixed Account Option, I (we) will bear all risk under the Contract.**
4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
5. The Contract I (we) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
7. **I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred. (Not applicable to Perspective Advisors II.)**
8. I (We) certify that the age(s) of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application is (are) true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

It is required for Good Order that all applicable parties to the Contract sign here.

Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
	/ /	
Owner's Title (required if owned by an Entity)		
Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
	/ /	
Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed
	/ /	
Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed
	/ /	

Producer/Representative Acknowledgements

! Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

AND

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

I certify that:

I did not use sales material(s) during the presentation of this Jackson product to the applicant.

I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

- I am authorized and qualified to discuss the Contract herein applied for.
- I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
- The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
- I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) and ensure that this replacement (if applicable) is consistent with that position.
- The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
- The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
- I have complied with requirements for disclosures and/or replacements as necessary.

Jackson Prod./Rep. No. **Producer/Representative Signature** **Date Signed (mm/dd/yyyy)** / /

First Name **Middle Name** **Last Name**

• Program Options Note: Contact your home office for program information. If no option is indicated, the designated default will be used.

Broker/Dealer Name **Program Options**

A B C D E

Address (number and street) **City** **State** **ZIP Code**

Email Address **Business Telephone No.** (including area code) () **Percentage** %

! It is required for Good Order that all Producer/Rep numbers be supplied.

If more than one Producer/Representative is participating in a Program Option on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).

Producer/Representative Name **Jackson Producer/Representative No.** **Percentage** %

Producer/Representative Name **Jackson Producer/Representative No.** **Percentage** %

**Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency**

**JACKSON NATIONAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY**

Form Numbers: VDA 123 10/09

Page(s)	Bracketed (Variable)	Range of Variables
1	[(05/10)]	This is the current month and year of the product launch associated with this optional benefits and funds listed on this application. This edition date could change to reflect subsequent product launches.
1	[Perspective L Series] [Perspective II] [Perspective Advisors]	This is the current marketing name for this contract. The marketing name on the applications may change to correspond with any changes made to the marketing name of the contracts.
1	[(VA210)] [(VA220)] [(VA410)]	This is the current underlying contract with which this application will be used. This form number could change to reflect a different approved contract.
1, 6, 7	[Home Office: Lansing, Michigan www.jackson.com]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	Customer Care Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Customer Care Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1	Type of Ownership: <input type="checkbox"/> Individual/Joint <input type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Corporation/Pension Plan]	These are the current types of annuity ownerships the Company is currently tracking. Should Company needs require a change to add to or eliminate ownership types for tracking, this section would be modified.
1	[Form W-9] [Form W-8BEN]	This is the current form number for the Internal Revenue Service (IRS) form listed. In the future, if changed, this will reflect an updated IRS form number.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
1-9	Control Number [V3573 05/10]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form [X0512]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
3	Transfer Information [Non-Qualified Plans Types: <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange All Other Plan Types: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
4	Annuity Product Selection: Perspective II Fixed and Variable Annuity (VA220) Perspective L Series Fixed and Variable Annuity (VA210) Perspective Advisors II Fixed and Variable Annuity (VA410)	This is the current marketing name and current underlying contract which may be elected using this application. The marketing name or underlying contract form number on the applications may change to correspond with any changes made to the marketing name of the contracts or different approved contract form number.
4	Optional Death Benefits	These are the Optional Death Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
4	Other Optional Benefits	These are the Other Optional Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
5	Number of Premium allocations allowed: [18]	This is the number of allocations that are currently allowed by our IT systems. The number of allocations may change as our IT systems

Page(s)	Bracketed (Variable)	Range of Variables
		are upgraded, not exceed 100.
5	Premium Allocation section. Investment Division names	These are the current Investment Divisions offered by the Company. In the future, if changed, the Investment Divisions offered by the Company will reflect Investment Division names that have been appropriately filed with the SEC.
5	Fixed Account Options names	These are the current Fixed Account Options offered by the Company. The Company may offer one Fixed Account Option or any combination of Fixed Account Options based upon the yield on investments available to the Company in relation to the statutory minimum interest rate.
5	Directed Transfer form [(V4490)]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6	Automatic Rebalancing option	These are the current rebalancing options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	DCA+ option	These are the current DCA+ options offered by the company. Any different information will reflect currently available DCA+ options offered by the Company.
6	Systematic Investment Form [(V2375)]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6	Capital Protection Program (for products where available)	These are the current capital protection options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [Nebraska and North Dakota] and to "Yes" for residents of all other states.	These are the states that currently require the Company to default to No for authorization of telephone/electronic transfers. Any additional states will reflect a requirement made by that state.
6	Electronic Delivery of Statements/Correspondence <input type="checkbox"/> ALL DOCUMENTS <input type="checkbox"/> Quarterly statements <input type="checkbox"/> Periodic and immediate confirmation statements <input type="checkbox"/> Annual and Semi-Annual reports <input type="checkbox"/> Prospectuses and prospectus supplements <input type="checkbox"/> Proxy and other voting materials <input type="checkbox"/> Other Contract-related correspondence.]	These are the current documents offered electronically by the Company. Any different information will reflect new statements or correspondence provided by the Company.
6	[www.adobe.com]	This is this website for Adobe Systems Incorporated. Any different web address will reflect the current website where Adobe Acrobat Reader or other software program may be downloaded.
7	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
9	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
9	Program Options [<input type="checkbox"/> Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.