

SERFF Tracking Number: JACK-126110010 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 42103
Company Tracking Number: VDA 210 09/09 ET AL
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 210 09/09 ET AL

Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Fixed and Variable Annuity Application SERFF Tr Num: JACK-126110010 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 42103

Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VDA 210 09/09 ET AL State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Julia Braem, Jamie Cook, Disposition Date: 04/17/2009

Julie Hughes, Lynne Gerding

Date Submitted: 04/13/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 06/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Fixed and Variable Annuity Application

Project Number: VDA 210 09/09 ET AL

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile: 04/13/2009

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: 04/17/2009

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/17/2009

Deemer Date:

Created By: Lynne Gerding

Submitted By: Julia Braem

Corresponding Filing Tracking Number: VDA 210 09/09 ET AL

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Filing Description:

Submitted for your review are the above-referenced application forms. The chart below shows the approved contracts these new applications will be used with and also which currently approved applications are to be replaced:

New Application-----	Contract-----	Approved-----	Replaces-----	Approved
VDA 210 09/09-----	VA210-----	October 8, 2004-----	VDA 210 04/09-----	November 5, 2008
VDA 220 09/09-----	VA220-----	June 8, 2004-----	VDA 220 04/09-----	November 5, 2008
VDA 310 09/09-----	VA310-----	February 2, 2006----	VDA 310 04/09-----	November 5, 2008
VDA 340 09/09-----	VA340-----	October 15, 2008----	VDA 340-----	October 15, 2008
VDA 410 09/09-----	VA410-----	June 21, 2004-----	VDA 410 04/09-----	November 5, 2008

Since these applications 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. These forms 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 85 for application VDA 340 09/09 and ages 0 to 90 for all other applications.

The applications contain fraud language that is specific to individual states. The language is clearly identified as to those states.

The applications are 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 forms comply 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. With regard to Regulation 6, we have reviewed and certify that we are in compliance.

We will receive customer information required to issue a contract from an agent, broker, or financial representative. This information may be forwarded to us by facsimile, telephone, or electronically via the Internet, an extranet, or secure network. We would then issue the annuity contract based upon the information received from the agent, broker or financial representative. The annuity contract, including any contract data page, would then be delivered to the customer. We will maintain appropriate procedures to insure the truth and accuracy of customer information received from the agent, broker or financial representative.

In addition to the applications being distributed by our marketing offices (agent, broker, or financial institution) in hard copy, they may be produced electronically, including from our website, with the appropriate security. When printed from an electronic source, the forms may vary slightly in format, paper size, border, and Company logo; however, no

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language will be added or dropped. The applications may be viewed or printed in black and white. Variables within the applications have been bracketed and generally consist of product names, dates and numbers. Additionally, a one-inch square bar code may be placed at the bottom of the forms.

Enclosed please find the required number of copies of the forms and this transmittal letter. Also enclosed are any applicable certification forms and filing fees. Please review the forms and advise whether they have been approved or whether any revisions are needed.

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

Jamie Cook, Filing Specialist 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:	\$100.00
Retaliatory?	No
Fee Explanation:	\$20.00 per form - 5 forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jackson National Life Insurance Company	\$100.00	04/13/2009	27137324

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/17/2009	04/17/2009

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Disposition

Disposition Date: 04/17/2009

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		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	AR - Certification Notice		Yes
Supporting Document	Statement of Variability		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes
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Form Schedule

Lead Form Number: VDA 210 09/09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VDA 210 09/09	Application/ Fixed and Variable Enrollment Annuity Application Form	Initial		0.000	VDA 210 09-09.pdf
	VDA 220 09/09	Application/ Fixed and Variable Enrollment Annuity Application Form	Initial		0.000	VDA 220 09-09.pdf
	VDA 310 09/09	Application/ Fixed and Variable Enrollment Annuity Application Form	Initial		0.000	VDA 310 09-09.pdf
	VDA 340 09/09	Application/ Fixed and Variable Enrollment Annuity Application Form	Initial		0.000	VDA 340 09-09.pdf
	VDA 410 09/09	Application/ Fixed and Variable Enrollment Annuity Application Form	Initial		0.000	VDA 410 09-09.pdf

PERSPECTIVESM L SERIES (09/09)
 FIXED AND VARIABLE
 ANNUITY APPLICATION (VA210)



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

Social Security Number

or Tax I.D. Number

Sex Male Female

U.S. Citizen Yes No

First Name

Middle Name

Last Name

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

Non-Natural Owner/Entity Name (if applicable)

Date of Birth (mm/dd/yyyy)

Telephone Number (including area code)

Email Address

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

Line 2

City

State

ZIP Code

Mailing Address Line 1

Line 2

City

State

ZIP Code

Joint Owner

First Name

Middle Name

Last Name

Social Security Number

Date of Birth (mm/dd/yyyy)

Sex

U.S. Citizen

Male Female

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

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

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

Premium Payment

Select method of payment

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

- JacksonSM will issue Annuity Type per the bold headings.

Annuity Type

<p>IRA:</p> <p><input type="checkbox"/> IRA - Traditional*</p> <p><input type="checkbox"/> Stretch IRA</p> <p>Roth IRA:</p> <p><input type="checkbox"/> Roth Conversion</p> <p><input type="checkbox"/> Roth IRA*</p> <p>*Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____</p> <p>Non-Qualified Plan:</p> <p><input type="checkbox"/> Deferred Compensation</p> <p><input type="checkbox"/> Non-Tax Qualified</p>	<p>Qualified Plan:</p> <p><input type="checkbox"/> 401(k) Qualified Savings Plan</p> <p><input type="checkbox"/> Cash Balance-Defined Benefit</p> <p><input type="checkbox"/> Cash Balance-Defined Contribution</p> <p><input type="checkbox"/> Governmental Deferred Compensation Plan</p> <p><input type="checkbox"/> HR-10 (Keogh) Plan</p> <p><input type="checkbox"/> Money Purchase</p> <p><input type="checkbox"/> Non-Profit Deferred Compensation Plan</p> <p><input type="checkbox"/> Profit Sharing Plan</p> <p><input type="checkbox"/> Roth 401k</p> <p><input type="checkbox"/> Target Benefit Plan</p>	<p>TSA Plan:</p> <p><input type="checkbox"/> 403(b) TSA</p> <p>SEP/IRA (408k):</p> <p><input type="checkbox"/> SARSEP</p> <p><input type="checkbox"/> SEP</p> <p>ORP:</p> <p><input type="checkbox"/> ORP</p> <p><input type="checkbox"/> Texas ORP</p> <p>Charitable Remainder Trust:</p> <p><input type="checkbox"/> Charitable Remainder Annuity Trust</p> <p><input type="checkbox"/> Charitable Remainder Unitrust</p>
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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.

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).

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

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

Have you submitted a transfer request to the surrendering institution? Yes No *By marking "Yes," Jackson will not request the funds.*

Transfer Type	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$

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.

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



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

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

Select only one of the following (Ages 0-79)
 May not be selected in combination with LifeGuard Freedom 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)

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 FreedomSM (Ages 45-80) For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

LifeGuard Freedom DBSM 3 (Ages 45-75) For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit

LifeGuard Freedom w/ Joint Option^{4,5,6} (Ages 45-80) Joint For Life GMWB with Bonus, GWB Adjustment, & 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

¹ May not be selected in combination with a Contract Enhancement or with the Capital Protection Program. 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.

Contract Enhancement Options

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

2% of first-year premium

3% of first-year premium

4% of first-year premium

5% of first-year premium

- 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.

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.



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.

<i>JNL®</i>	
%	Institutional Alt 20
%	Institutional Alt 35
%	Institutional Alt 50
%	Institutional Alt 65

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

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

<i>JNL/Credit Suisse</i>	
%	Global Natural Resources
%	Long/Short

<i>JNL/Eagle</i>	
%	Core Equity
%	SmallCap Equity

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

<i>JNL/Goldman Sachs</i>	
%	Core Plus Bond
%	Emerging Markets Debt
%	Mid Cap Value
%	Short Duration Bond

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

<i>JNL/Lazard</i>	
%	Emerging Markets
%	Mid Cap Equity

<i>JNL/M&G</i>	
%	Global Basics
%	Global Leaders

<i>JNL/Mellon Capital Management</i>	
%	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

<i>JNL/Oppenheimer</i>	
%	Global Growth

<i>JNL/PAM</i>	
%	Asia ex-Japan
%	China-India

<i>JNL/PIMCO</i>	
%	Real Return
%	Total Return Bond

<i>JNL/PPM America</i>	
%	Core Equity
%	High Yield Bond
%	Mid Cap Value
%	Small Cap Value
%	Value Equity

<i>JNL/Red Rocks</i>	
%	Listed Private Equity

<i>JNL/Select</i>	
%	Balanced
%	Money Market
%	Value

<i>JNL/T. Rowe Price</i>	
%	Established Growth
%	Mid-Cap Growth
%	Value

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

<i>JNL/S&P Managed</i>	
%	Conservative
%	Moderate
%	Moderate Growth
%	Growth
%	Aggressive Growth

<i>JNL/S&P Retirement</i>	
%	Retirement Income
%	Retirement 2015
%	Retirement 2020
%	Retirement 2025

<i>JNL/S&P Disciplined</i>	
%	Moderate
%	Moderate Growth
%	Growth

<i>Fixed Account Options</i>	
%	1-Year
%	3-Year
%	5-Year
%	7-Year



Capital Protection Program

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, New Hampshire and North Dakota and to "Yes" for residents of all other states.

Electronic Delivery Authorization

I agree to receive documents electronically:

- 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."

<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.

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

Social Security/Tax I.D. Number	Date of Birth(mm/dd/yyyy)
	/ /

First Name	Middle Name	Last Name

Social Security/Tax I.D. Number	Date of Birth(mm/dd/yyyy)
	/ /

Notice to Applicant

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.
 In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false,

incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, 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.
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.

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.*
8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

<i>Owner's Signature</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

Owner's Title (required if owned by an Entity)

<i>Joint Owner Signature</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

<i>Annuitant's Signature (if other than Owner)</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

<i>Joint Annuitant's Signature (if other than Joint Owner)</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

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:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. 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.
3. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
4. 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.
5. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
6. 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.
7. 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

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**

PERSPECTIVE II® (09/09)
FIXED AND VARIABLE
ANNUITY APPLICATION (VA220)



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

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

First Name *Middle Name* *Last Name*

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

Non-Natural Owner/Entity Name (if applicable)

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

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

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

City *State* *ZIP Code*

• Only include mailing address if different from physical address.

Mailing Address Line 1 *Line 2*

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

- JacksonSM will issue Annuity Type per the bold headings.

<p>IRA:</p> <p><input type="checkbox"/> IRA - Traditional*</p> <p><input type="checkbox"/> Stretch IRA</p> <p>Roth IRA:</p> <p><input type="checkbox"/> Roth Conversion</p> <p><input type="checkbox"/> Roth IRA*</p> <p>*Tax Contribution Years and Amounts:</p> <p>Year: _____ \$ _____</p> <p>Year: _____ \$ _____</p> <p>Non-Qualified Plan:</p> <p><input type="checkbox"/> Deferred Compensation</p> <p><input type="checkbox"/> Non-Tax Qualified</p>	<p>Qualified Plan:</p> <p><input type="checkbox"/> 401(k) Qualified Savings Plan</p> <p><input type="checkbox"/> Cash Balance-Defined Benefit</p> <p><input type="checkbox"/> Cash Balance-Defined Contribution</p> <p><input type="checkbox"/> Governmental Deferred Compensation Plan</p> <p><input type="checkbox"/> HR-10 (Keogh) Plan</p> <p><input type="checkbox"/> Money Purchase</p> <p><input type="checkbox"/> Non-Profit Deferred Compensation Plan</p> <p><input type="checkbox"/> Profit Sharing Plan</p> <p><input type="checkbox"/> Roth 401k</p> <p><input type="checkbox"/> Target Benefit Plan</p>	<p>TSA Plan:</p> <p><input type="checkbox"/> 403(b) TSA</p> <p>SEP/IRA (408k):</p> <p><input type="checkbox"/> SARSEP</p> <p><input type="checkbox"/> SEP</p> <p>ORP:</p> <p><input type="checkbox"/> ORP</p> <p><input type="checkbox"/> Texas ORP</p> <p>Charitable Remainder Trust:</p> <p><input type="checkbox"/> Charitable Remainder Annuity Trust</p> <p><input type="checkbox"/> Charitable Remainder Unitrust</p>
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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

Have you submitted a transfer request to the surrendering institution? Yes No *By marking "Yes," Jackson will not request the funds.*

Transfer Type	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$

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.

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.

Select only one of the following (Ages 0-79)
 May not be selected in combination with LifeGuard Freedom 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)

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 FreedomSM (Ages 45-80) For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up
 LifeGuard Freedom DBSM ³ (Ages 45-75) For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up & Death Benefit
 LifeGuard Freedom w/ Joint Option^{4,5,6} (Ages 45-80) Joint For Life GMWB with Bonus, GWB Adjustment, & 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

Withdrawal Options (Ages 0-90)

20% Free Withdrawal Benefit⁷
 5-Year Withdrawal Charge Schedule

Contract Enhancement Options
 (May select only one) (Ages 0-87)

2% of first-year premium
 3% of first-year premium
 4% of first-year premium
 5% of first-year premium

¹ May not be selected in combination with a Contract Enhancement or with the Capital Protection Program. 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.

- 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.

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.

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.

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	
%	Global Natural Resources
%	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
%	Short Duration Bond

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

JNL/Oppenheimer	
%	Global Growth

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

JNL/PIMCO	
%	Real Return
%	Total Return Bond

JNL/PPM America	
%	Core Equity
%	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
%	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 Retirement	
%	Retirement Income
%	Retirement 2015
%	Retirement 2020
%	Retirement 2025

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

Fixed Account Options	
%	1-Year
%	3-Year
%	5-Year
%	7-Year

Capital Protection Program

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, New Hampshire and North Dakota and to "Yes" for residents of all other states.

Electronic Delivery Authorization

I agree to receive documents electronically:

- 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."

<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.

- 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.

Authorized Callers

First Name	Middle Name	Last Name

Social Security/Tax I.D. Number	Date of Birth(mm/dd/yyyy)
	/ /

First Name	Middle Name	Last Name

Social Security/Tax I.D. Number	Date of Birth(mm/dd/yyyy)
	/ /



Notice to Applicant

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. In COLORADO, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a

policyholder or claimant for the purpose of defrauding, or attempting to defraud, 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.

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.

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.
8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

Owner's Signature, Date Signed (mm/dd/yyyy), State where signed

Owner's Title (required if owned by an Entity)

Joint Owner 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:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. 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.
3. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
4. 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.
5. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
6. 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.
7. I have complied with requirements for disclosures and/or replacements as necessary.

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

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

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

<i>Broker/Dealer Name</i>				<i>Program Options</i>				
				A	B	C	D	E
				<input type="checkbox"/>				
<i>Address (number and street)</i>			<i>City</i>	<i>State</i>	<i>ZIP Code</i>			
<i>Email Address</i>			<i>Business Telephone No.</i> (including area code)			<i>Percentage</i>		
			()			%		

- **!** 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%).

<i>Producer/Representative Name</i>	<i>Jackson Producer/Representative No.</i>	<i>Percentage</i>
		%

<i>Producer/Representative Name</i>	<i>Jackson Producer/Representative No.</i>	<i>Percentage</i>
		%

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

RETIREMENT LATITUDESSM (09/09)
 FIXED AND VARIABLE
 ANNUITY APPLICATION (VA310)



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

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

First Name Middle Name Last Name

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

Non-Natural Owner/Entity Name (if applicable)

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

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

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

City State ZIP Code

• Only include mailing address if different from physical address.

Mailing Address Line 1 Line 2

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

- JacksonSM will issue Annuity Type per the bold headings.

<p>IRA:</p> <input type="checkbox"/> IRA - Traditional* <input type="checkbox"/> Stretch IRA	<p>Qualified Plan:</p> <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"/> Governmental Deferred Compensation Plan <input type="checkbox"/> HR-10 (Keogh) Plan <input type="checkbox"/> Money Purchase <input type="checkbox"/> Non-Profit Deferred Compensation Plan <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Roth 401k <input type="checkbox"/> Target Benefit Plan	<p>TSA Plan:</p> <input type="checkbox"/> 403(b) TSA
<p>Roth IRA:</p> <input type="checkbox"/> Roth Conversion <input type="checkbox"/> Roth IRA*		<p>SEP/IRA (408k):</p> <input type="checkbox"/> SARSEP <input type="checkbox"/> SEP
<p>*Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____</p> <p>Non-Qualified Plan:</p> <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Non-Tax Qualified		<p>ORP:</p> <input type="checkbox"/> ORP <input type="checkbox"/> Texas ORP
		<p>Charitable Remainder Trust:</p> <input type="checkbox"/> Charitable Remainder Annuity Trust <input type="checkbox"/> Charitable Remainder Unitrust

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

Have you submitted a transfer request to the surrendering institution? Yes No *By marking "Yes," Jackson will not request the funds.*

Transfer Type	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$

Annuitization/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.

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.

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

Select only one of the following (Ages 0-79)
 May not be selected in combination with LifeGuard Freedom 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

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)

Withdrawal Options (Ages 0-90)

20% Free Withdrawal Benefit^{6,7}

4-Year Withdrawal Charge Schedule⁷

Guaranteed Living Benefit Options
 (May select only one GMWB)

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

Contract Enhancement Options
 (May select only one) (Ages 0-87)

4% of first-year premium

5% of first-year premium

GMWB For Life (For Life Guaranteed Minimum Withdrawal Benefits)

LifeGuard FreedomSM (Ages 45-80) For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

LifeGuard Freedom DBSM 1 (Ages 45-75) For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit

LifeGuard Freedom w/ Joint Option^{2,3,4} (Ages 45-80) Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

LifeGuard SelectSM 5 (Ages 55-80) For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

LifeGuard Select w/ Joint Option^{2,3,4,5} (Ages 55-80) Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

¹ May not be selected in combination with an Optional Death Benefit.
² 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.
³ 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.
⁴ For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.
⁵ The total number of allocations in the Premium Allocation section may not exceed 17.
⁶ May not be selected in combination with either the 4% or 5% Contract Enhancements.
⁷ If selected, premium payments will not be accepted after the first Contract Year.

• 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.

DCA+ (\$15,000 contract minimum)

_____ % 6-month

_____ % 12-month

If DCA+ is selected, you must attach the Systematic Investment Form (V5385)

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.

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.

<i>JNL® /AIM</i>	
%	International Growth
%	Large Cap Growth
%	Global Real Estate
%	Small Cap Growth

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

<i>JNL/Credit Suisse</i>	
%	Global Natural Resources
%	Long/Short

<i>JNL/Eagle</i>	
%	Core Equity
%	SmallCap Equity

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

<i>JNL/Goldman Sachs</i>	
%	Core Plus Bond
%	Emerging Markets Debt
%	Mid Cap Value
%	Short Duration Bond

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

<i>JNL/Lazard</i>	
%	Emerging Markets
%	Mid Cap Equity

<i>JNL/M&G</i>	
%	Global Basics
%	Global Leaders

<i>JNL/Mellon Capital Management</i>	
%	JNL 5
%	Dow SM 10
%	S&P [®] 10
%	Global 15
%	25
%	Select Small-Cap
%	JNL Optimized 5
%	VIP
%	Dow Dividend
%	European 30
%	Nasdaq [®] 25
%	Pacific Rim 30
%	S&P 24
%	Value Line [®] 30
%	S&P 500 [®] Index
%	S&P 400 MidCap Index
%	Small Cap Index
%	International Index
%	Bond Index

<i>JNL/Oppenheimer</i>	
%	Global Growth

<i>JNL/PAM</i>	
%	Asia ex-Japan
%	China-India

<i>JNL/PIMCO</i>	
%	Real Return
%	Total Return Bond

<i>JNL/PPM America</i>	
%	Core Equity
%	High Yield Bond
%	Mid Cap Value
%	Small Cap Value
%	Value Equity

<i>JNL/Red Rocks</i>	
%	Listed Private Equity

<i>JNL/Select</i>	
%	Balanced
%	Money Market
%	Value

<i>JNL/T. Rowe Price</i>	
%	Established Growth
%	Mid-Cap Growth
%	Value

<i>JNL/S&P Strategic</i>	
%	S&P 4

<i>JNL/S&P Managed</i>	
%	Conservative
%	Moderate
%	Moderate Growth
%	Growth
%	Aggressive Growth

<i>JNL/S&P Disciplined</i>	
%	Moderate
%	Moderate Growth
%	Growth

<i>Fixed Account Options</i>	
%	1-Year
%	3-Year
%	5-Year
%	7-Year

Capital Protection Program

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, New Hampshire and North Dakota and to "Yes" for residents of all other states.

Electronic Delivery Authorization

I agree to receive documents electronically:

- 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."

<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.

- 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.

Authorized Callers

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Social Security/Tax I.D. Number</i>		<i>Date of Birth</i> (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Social Security/Tax I.D. Number</i>		<i>Date of Birth</i> (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>



Notice to Applicant

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. In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false,

incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, 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.

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.

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.*
8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

<i>Owner's Signature</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

Owner's Title (required if owned by an Entity)

<i>Joint Owner Signature</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

<i>Annuitant's Signature (if other than Owner)</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

<i>Joint Annuitant's Signature (if other than Joint Owner)</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

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:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. 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.
3. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
4. 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.
5. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
6. 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.
7. I have complied with requirements for disclosures and/or replacements as necessary.

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

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

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

<i>Broker/Dealer Name</i>	<i>Program Options</i>						
	<table border="1" style="margin: auto;"> <tr> <td style="text-align: center; font-size: small;">A</td> <td style="text-align: center; font-size: small;">B</td> <td style="text-align: center; font-size: small;">C</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	A	B	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

<i>Address (number and street)</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

<i>Email Address</i>	<i>Business Telephone No.</i> (including area code)	<i>Percentage</i>
	()	%

- **!** 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%).

<i>Producer/Representative Name</i>	<i>Jackson Producer/Representative No.</i>	<i>Percentage</i>
		%

<i>Producer/Representative Name</i>	<i>Jackson Producer/Representative No.</i>	<i>Percentage</i>
		%

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

PERSPECTIVE REWARDSSM (09/09)
 FIXED AND VARIABLE
 ANNUITY APPLICATION (VA340)



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

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

First Name Middle Name Last Name

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

Non-Natural Owner/Entity Name (if applicable)

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

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

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

City State ZIP Code

• Only include mailing address if different from physical address.

Mailing Address Line 1 Line 2

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 Spouse Other Telephone Number (including area code)

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 \$ _____

• JacksonSM will issue Annuity Type per the bold headings.

Annuity Type

<p>IRA: <input type="checkbox"/> IRA - Traditional* <input type="checkbox"/> Stretch IRA</p> <p>Roth IRA: <input type="checkbox"/> Roth Conversion <input type="checkbox"/> Roth IRA*</p> <p>*Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____</p> <p>Non-Qualified Plan: <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Non-Tax Qualified</p>	<p>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"/> Governmental Deferred Compensation Plan <input type="checkbox"/> HR-10 (Keogh) Plan <input type="checkbox"/> Money Purchase <input type="checkbox"/> Non-Profit Deferred Compensation Plan <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Roth 401k <input type="checkbox"/> Target Benefit Plan</p>	<p>TSA Plan: <input type="checkbox"/> 403(b) TSA</p> <p>SEP/IRA (408k): <input type="checkbox"/> SARSEP <input type="checkbox"/> SEP</p> <p>ORP: <input type="checkbox"/> ORP <input type="checkbox"/> Texas ORP</p> <p>Charitable Remainder Trust: <input type="checkbox"/> Charitable Remainder Annuity Trust <input type="checkbox"/> Charitable Remainder Unitrust</p>
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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.

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).

Are you replacing an existing life insurance policy or annuity contract?		Yes	No	If yes, complete the following Company information.
		<input type="checkbox"/>	<input type="checkbox"/>	
Company name	Contract number	Anticipated amount		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		

Transfer Information

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

Have you submitted a transfer request to the surrendering institution? Yes No *By marking "Yes," Jackson will not request the funds.*

Transfer Type	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

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

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.

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.

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

Select only one of the following (Ages 0-79)
 May not be selected in combination with LifeGuard Freedom 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

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 GMWB)

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 FreedomSM (Ages 45-80) For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up
 LifeGuard Freedom DBSM 1 (Ages 45-75) For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit
 LifeGuard Freedom w/ Joint Option^{2,3,4} (Ages 45-80) Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up
 LifeGuard SelectSM 5 (Ages 55-80) For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up
 LifeGuard Select w/ Joint Option^{2,3,4,5} (Ages 55-80) Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

¹ May not be selected in combination with an Optional Death Benefit.
² 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.
³ 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.
⁴ For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.
⁵ The total number of allocations in the Premium Allocation section may not exceed 17.

• 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.

DCA+ (\$15,000 contract minimum)

_____ % 6-month
 _____ % 12-month

If DCA+ is selected, you must attach the Systematic Investment Form¹(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.

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.

<i>JNL®</i>	
%	Institutional Alt 20
%	Institutional Alt 35
%	Institutional Alt 50
%	Institutional Alt 65

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

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

<i>JNL/Credit Suisse</i>	
%	Global Natural Resources
%	Long/Short

<i>JNL/Eagle</i>	
%	Core Equity
%	SmallCap Equity

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

<i>JNL/Goldman Sachs</i>	
%	Core Plus Bond
%	Emerging Markets Debt
%	Mid Cap Value
%	Short Duration Bond

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

<i>JNL/Lazard</i>	
%	Emerging Markets
%	Mid Cap Equity

<i>JNL/M&G</i>	
%	Global Basics
%	Global Leaders

<i>JNL/Mellon Capital Management</i>	
%	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

<i>JNL/Oppenheimer</i>	
%	Global Growth

<i>JNL/PAM</i>	
%	Asia ex-Japan
%	China-India

<i>JNL/PIMCO</i>	
%	Real Return
%	Total Return Bond

<i>JNL/PPM America</i>	
%	Core Equity
%	High Yield Bond
%	Mid Cap Value
%	Small Cap Value
%	Value Equity

<i>JNL/Red Rocks</i>	
%	Listed Private Equity

<i>JNL/Select</i>	
%	Balanced
%	Money Market
%	Value

<i>JNL/T. Rowe Price</i>	
%	Established Growth
%	Mid-Cap Growth
%	Value

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

<i>JNL/S&P Managed</i>	
%	Conservative
%	Moderate
%	Moderate Growth
%	Growth
%	Aggressive Growth

<i>JNL/S&P Retirement</i>	
%	Retirement Income
%	Retirement 2015
%	Retirement 2020
%	Retirement 2025

<i>JNL/S&P Disciplined</i>	
%	Moderate
%	Moderate Growth
%	Growth

<i>Fixed Account Options</i>	
%	1-Year
%	3-Year
%	5-Year
%	7-Year



Capital Protection Program

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, New Hampshire and North Dakota and to "Yes" for residents of all other states.

Electronic Delivery Authorization

I agree to receive documents electronically:

- 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."

<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.

- 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.

Authorized Callers

First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth(mm/dd/yyyy)
		/ /
First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth(mm/dd/yyyy)
		/ /



Notice to Applicant

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.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, 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.

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.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.*
8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

<i>Owner's Signature</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

Owner's Title (required if owned by an Entity)

<i>Joint Owner Signature</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

<i>Annuitant's Signature (if other than Owner)</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

<i>Joint Annuitant's Signature (if other than Joint Owner)</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

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:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. 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.
3. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
4. 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.
5. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
6. 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.
7. I have complied with requirements for disclosures and/or replacements as necessary.

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

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

<i>Broker/Dealer Name</i>	<i>Program Options</i>								
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><i>A</i></td> <td style="padding: 2px;"><i>B</i></td> <td style="padding: 2px;"><i>C</i></td> <td style="padding: 2px;"><i>D</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

<i>Address (number and street)</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

<i>Email Address</i>	<i>Business Telephone No.</i> (including area code)	<i>Percentage</i>
	()	%

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

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%).

<i>Producer/Representative Name</i>	<i>Jackson Producer/Representative No.</i>	<i>Percentage</i>
		%

<i>Producer/Representative Name</i>	<i>Jackson Producer/Representative No.</i>	<i>Percentage</i>
		%

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

PERSPECTIVE ADVISORS IISM (09/09)
 FIXED AND VARIABLE
 ANNUITY APPLICATION (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

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

First Name Middle Name Last Name

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

Non-Natural Owner/Entity Name (if applicable)

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

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

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

City State ZIP Code

Only include mailing address if different from physical address.

Mailing Address Line 1 Line 2

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 Spouse Other Telephone Number (including area code)

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 \$ _____

• JacksonSM will issue Annuity Type per the bold headings.

Annuity Type

<p>IRA: <input type="checkbox"/> IRA - Traditional* <input type="checkbox"/> Stretch IRA</p> <p>Roth IRA: <input type="checkbox"/> Roth Conversion <input type="checkbox"/> Roth IRA*</p> <p>*Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____</p> <p>Non-Qualified Plan: <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Non-Tax Qualified</p>	<p>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"/> Governmental Deferred Compensation Plan <input type="checkbox"/> HR-10 (Keogh) Plan <input type="checkbox"/> Money Purchase <input type="checkbox"/> Non-Profit Deferred Compensation Plan <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Roth 401k <input type="checkbox"/> Target Benefit Plan</p>	<p>TSA Plan: <input type="checkbox"/> 403(b) TSA</p> <p>SEP/IRA (408k): <input type="checkbox"/> SARSEP <input type="checkbox"/> SEP</p> <p>ORP: <input type="checkbox"/> ORP <input type="checkbox"/> Texas ORP</p> <p>Charitable Remainder Trust: <input type="checkbox"/> Charitable Remainder Annuity Trust <input type="checkbox"/> Charitable Remainder Unitrust</p>
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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

Have you submitted a transfer request to the surrendering institution? Yes No *By marking "Yes," Jackson will not request the funds.*

Transfer Type	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial			/ /	\$

Annuitization/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.



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.

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

Select only one of the following (Ages 0-79)
 May not be selected in combination with LifeGuard Freedom 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

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)

Contract Enhancement Option

2% of first-year premium (Ages 0-87)

Guaranteed Living Benefit Options

(May select only one GMWB)

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 FreedomSM (Ages 45-80) For Life GMWB with Bonus, GWBalance Adjustment, & Annual Step-Up

LifeGuard Freedom DBSM ¹ (Ages 45-75) For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit

LifeGuard Freedom w/ Joint Option^{2,3,4} (Ages 45-80) Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

LifeGuard SelectSM ⁵ (Ages 55-80) For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

LifeGuard Select w/ Joint Option^{2,3,4,5} (Ages 55-80) Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up

¹ May not be selected in combination with an Optional Death Benefit.
² 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.
³ 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.
⁴ For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.
⁵ The total number of allocations in the Premium Allocation section may not exceed 17.

• Only the Investment Division(s) selected in the Premium Allocation section will participate in the program. The Fixed Account Option is not available for Automatic Rebalancing.

Systematic Investment (periodic premium reallocation program)

Automatic Rebalancing

Frequency (for Rebalancing or Dollar-Cost Averaging only):

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.



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.

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	
%	Global Natural Resources
%	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
%	Short Duration Bond

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

JNL/Oppenheimer	
%	Global Growth

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

JNL/PIMCO	
%	Real Return
%	Total Return Bond

JNL/PPM America	
%	Core Equity
%	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
%	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 Retirement	
%	Retirement Income
%	Retirement 2015
%	Retirement 2020
%	Retirement 2025

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

Fixed Account Option*	
%	Fixed Account Option

* If selecting the Fixed Account Option, automatic transfer of funds over a 6-month period is required.

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, notwithstanding 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, New Hampshire and North Dakota and to "Yes" for residents of all other states.

Electronic Delivery Authorization

I agree to receive documents electronically:

- 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."

<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.

- 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.

Authorized Callers

First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth(mm/dd/yyyy)
		/ /
First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth(mm/dd/yyyy)
		/ /



Notice to Applicant

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.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, 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.

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.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

<i>Owner's Signature</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

Owner's Title (required if owned by an Entity)

<i>Joint Owner Signature</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

<i>Annuitant's Signature (if other than Owner)</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

<i>Joint Annuitant's Signature (if other than Joint Owner)</i>	<i>Date Signed (mm/dd/yyyy)</i>	<i>State where signed</i>
	/ /	

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.

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

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

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

<i>Broker/Dealer Name</i>		<i>Program Options</i>	
		<input type="checkbox"/> A	<input type="checkbox"/> B
<i>Address (number and street)</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<i>Email Address</i>	<i>Business Telephone No. (including area code)</i>	<i>Percentage</i>	
	()	%	

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%).

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

<i>Producer/Representative Name</i>	<i>Jackson Producer/Representative No.</i>	<i>Percentage</i>
		%
<i>Producer/Representative Name</i>	<i>Jackson Producer/Representative No.</i>	<i>Percentage</i>
		%

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

SERFF Tracking Number: JACK-126110010 State: Arkansas
 Filing Company: Jackson National Life Insurance Company State Tracking Number: 42103
 Company Tracking Number: VDA 210 09/09 ET AL
 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 210 09/09 ET AL

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to variable annuity filings subject to SEC review.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This is an application filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to application filings.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: AR - Certification Notice		
Comments:		
Attachment: AR - Certification Notice.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability (BASE).pdf		

CONSENT TO SUBMIT RATES
AND/OR COST BASIS FOR APPROVAL

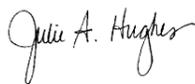
The Jackson National Life Insurance Company of Lansing, Michigan does hereby consent and agree:

A) that all premium rates and/or cost basis both “maximum” and “current or projected,” used in relation to form numbers VDA 210 09/09, VDA 220 09/09, VDA 310 09/09, VDA 340 09/09 & VDA 410 09/09 must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost basis shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost basis prior to the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Jackson National Life Insurance Company

By : 

Julie Hughes
Assistant Vice-President
Product Drafting and State Filing Department

Date: April 13, 2009

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

Form Numbers: VDA 210 09/09, VDA 220 09/09, VDA 310 09/09, VDA 340 09/09, and VDA 410 09/09.

Page(s)	Bracketed (Variable)	Range of Variables
1	[Perspective L Series (09/09)] [Perspective II (09/09)] [Retirement Latitudes (09/09)] [Perspective Rewards (09/09)] [Perspective Advisors II (09/09)]	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)] [(VA310)] [(VA340)] [(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	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.
1-8	Control Number [V4673 09/09] Control Number [V4173 09/09] Control Number [V5673 09/09] Control Number [V5473 09/09] Control Number [V4473 09/09]	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	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.
4	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.
4	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.
4	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.
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 are upgraded, not exceed 50.
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.

Page(s)	Bracketed (Variable)	Range of Variables
		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.
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, New Hampshire 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.
8	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.
8	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.