

SERFF Tracking Number: JACK-126637271 State: Arkansas  
 Filing Company: Jackson National Life Insurance Company State Tracking Number: 45730  
 Company Tracking Number: VDA 610 10/10, ET AL  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: VDA 610 10/10, et al  
 Project Name/Number: VDA 610 10/10, et al/VDA 610 10/10, et al

## Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: VDA 610 10/10, et al SERFF Tr Num: JACK-126637271 State: Arkansas  
 TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45730  
 Variable and Variable Closed  
 Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VDA 610 10/10, ET AL State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Authors: Julia Braem, Jamie Cook, Disposition Date: 05/21/2010  
 Julie Hughes, Lynda Neese, Lynne  
 Gerding, Shari McDuffie, Sarah  
 Hernandez  
 Date Submitted: 05/20/2010 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: VDA 610 10/10, et al Status of Filing in Domicile: Authorized  
 Project Number: VDA 610 10/10, et al Date Approved in Domicile: 05/07/2010  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 05/21/2010 Explanation for Other Group Market Type:  
 State Status Changed: 05/21/2010  
 Deemer Date: Created By: Jamie Cook  
 Submitted By: Jamie Cook Corresponding Filing Tracking Number:

Filing Description:  
 Submitted for your review are the above-referenced application forms. A corporate decision was made not to have a supplemental document disclosure regarding the fixed account. As a result of that decision, #5 in the Client Acknowledgements section on page 8 of the application has been removed and the remaining statements have been renumbered. This is the only change made to these applications, other than a change to the revision date in the form number. The chart below shows the approved contracts the new applications will be used with.



<i>SERFF Tracking Number:</i>	<i>JACK-126637271</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45730</i>
<i>Company Tracking Number:</i>	<i>VDA 610 10/10, ET AL</i>		
<i>TOI:</i>	<i>A02.II Individual Annuities- Deferred Non- Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.II.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VDA 610 10/10, et al</i>		
<i>Project Name/Number:</i>	<i>VDA 610 10/10, et al/VDA 610 10/10, et al</i>		

and certify that to the best of our knowledge and belief, the forms comply with applicable laws and regulations of your jurisdiction.

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 ensure the truth and accuracy of customer information received from the agent, broker or financial representative.

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

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

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

## Company and Contact

### Filing Contact Information

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

SERFF Tracking Number: JACK-126637271 State: Arkansas  
Filing Company: Jackson National Life Insurance Company State Tracking Number: 45730  
Company Tracking Number: VDA 610 10/10, ET AL  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: VDA 610 10/10, et al  
Project Name/Number: VDA 610 10/10, et al/VDA 610 10/10, et al

Fee Required? Yes  
Fee Amount: \$250.00  
Retaliatory? No  
Fee Explanation: \$50 per form x 5 forms = \$250.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jackson National Life Insurance Company	\$250.00	05/20/2010	36683331

SERFF Tracking Number: JACK-126637271 State: Arkansas  
Filing Company: Jackson National Life Insurance Company State Tracking Number: 45730  
Company Tracking Number: VDA 610 10/10, ET AL  
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
Variable and Variable  
Product Name: VDA 610 10/10, et al  
Project Name/Number: VDA 610 10/10, et al/VDA 610 10/10, et al

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/21/2010	05/21/2010

*SERFF Tracking Number:* JACK-126637271      *State:* Arkansas  
*Filing Company:* Jackson National Life Insurance Company      *State Tracking Number:* 45730  
*Company Tracking Number:* VDA 610 10/10, ET AL  
*TOI:* A02.11 Individual Annuities- Deferred Non-      *Sub-TOI:* A02.11.002 Flexible Premium  
Variable and Variable  
*Product Name:* VDA 610 10/10, et al  
*Project Name/Number:* VDA 610 10/10, et al/VDA 610 10/10, et al

## **Disposition**

Disposition Date: 05/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JACK-126637271 State: Arkansas  
 Filing Company: Jackson National Life Insurance Company State Tracking Number: 45730  
 Company Tracking Number: VDA 610 10/10, ET AL  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: VDA 610 10/10, et al  
 Project Name/Number: VDA 610 10/10, et al/VDA 610 10/10, et al

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

SERFF Tracking Number: JACK-126637271 State: Arkansas  
 Filing Company: Jackson National Life Insurance Company State Tracking Number: 45730  
 Company Tracking Number: VDA 610 10/10, ET AL  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: VDA 610 10/10, et al  
 Project Name/Number: VDA 610 10/10, et al/VDA 610 10/10, et al

## Form Schedule

### Lead Form Number: VDA 610 10/10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VDA 610 10/10	Application/Variable and Fixed Enrollment Annuity Application Form	Initial		0.000	VDA 610 10-10 (Base) (05-17-10).pdf
	VDA 620 10/10	Application/Variable and Fixed Enrollment Annuity Application Form	Initial		0.000	VDA 620 10-10 (Base) (05-17-10).pdf
	VDA 630 10/10	Application/Variable and Fixed Enrollment Annuity Application Form	Initial		0.000	VDA 630 10-10 (BASE) (05-17-10).pdf
	VDA 640 10/10	Application/Variable and Fixed Enrollment Annuity Application Form	Initial		0.000	VDA 640 10-10 (Base) 05-17-10.pdf
	VDA 123 10/10	Application/Variable and Fixed Enrollment Annuity Application Form	Initial		0.000	VDA 123 10-10 (BASE) (05-17-10).pdf

PERSPECTIVE<sup>SM</sup> L SERIES (10/10)  
 VARIABLE AND FIXED  
 ANNUITY APPLICATION (VA610)



Home Office: Lansing, Michigan  
 www.jackson.com

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

**Customer Care:** 800-873-5654  
**Bank or Financial Institution Customer Care:** 800-777-7779

**Overnight Mail:** 1 Corporate Way  
 Lansing, MI 48951

**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**

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

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

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

Only include mailing address if different from physical address.

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

**Primary Owner**

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

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

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

**Non-Natural Owner/Entity Name** (if applicable)

**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** 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 \$ \_\_\_\_\_

**Annuity Type**

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

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

**Statement Regarding Existing Policies or Annuity Contracts**

- 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).

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

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

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

**Are you replacing an existing life insurance policy or annuity contract?**

Yes  No  If yes, complete the following Company information.

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

**Transfer Information**

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

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

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." **Jackson will only request the funds if this section is left blank or checked "No."**

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

**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.**



- 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.**

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

**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. May not be selected in combination with LifeGuard Freedom Flex<sup>SM</sup> DB.

**5% Roll-Up Death Benefit** (4% if the owner is age 70 or older on the date of issue) (Ages 0-79)

- 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) (Ages 0-79)

- With Highest Quarterly Anniversary Value Death Benefit
- Without Highest Quarterly Anniversary Value Death Benefit

**Highest Quarterly Anniversary Value Death Benefit** (Ages 0-79)

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

**Guaranteed Living Benefit Options** (May select only one GMWB or GMAB)

**GMWB For Life**

(For Life Guaranteed Minimum Withdrawal Benefits)

**LifeGuard Freedom Flex**

For Life GMWB with Owner's choice of Bonus and Step-Up (Ages 35-80)

Bonus

(Must select one)

- 5%
- 6%
- 7%
- 8%

Step-Up

(Must select one)

- Annual
  - Annual to Highest Quarterly Contract Value\*
- \* Not available with 8% bonus

**LifeGuard Freedom Flex w/ Joint Option** <sup>1,2,3</sup>

Joint For Life GMWB with Owner's choice of Bonus and Step-Up (Ages 35-80)

Bonus

(Must select one)

- 5%
- 6%
- 7%

Step-Up

(Must select one)

- Annual
  - Annual to Highest Quarterly Contract Value\*
- \*Not available with 7% bonus

**LifeGuard Freedom Flex DB** <sup>4</sup>

For Life GMWB with 6% Bonus, Annual Step-Up, and Death Benefit (Ages 35-70)

**LifeGuard Freedom 6 Net** <sup>SM</sup>

For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount (Ages 45-80)

**LifeGuard Freedom 6 Net w/ Joint Option** <sup>1,2,3</sup>

Joint For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount (Ages 45-80)

**Jackson Select** <sup>SM 5</sup>

For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets (Ages 55-80)

**Jackson Select w/ Joint Option** <sup>1,2,3,5</sup>

Joint For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets (Ages 55-80)

**GMWB** (Guaranteed Minimum Withdrawal Benefits)

**SafeGuard Max** <sup>®</sup>

GMWB with 5-Year Step-Up (Ages 0-85)

**AutoGuard** <sup>® 5</sup>

5% GMWB with Annual Step-Up (Ages 0-80)

**AutoGuard 6**

6% GMWB with Annual Step-Up (Ages 0-80)

**GMAB** (Guaranteed Minimum Accumulation Benefit)

**Jackson GMAB** <sup>6</sup> (Ages 0-80)

**Contract Enhancement Options**

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

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

**Earnings Protection Benefit**

**EarningsMax** <sup>®</sup> (Ages 0-75)

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.

<sup>4</sup> May not be selected in combination with an Optional Death Benefit.

<sup>5</sup> If selected, the 3, 5, and 7-Year Fixed Account Options and the Capital Protection Program are not available. The total number of allocations in the Premium Allocation section may not exceed 17.

<sup>6</sup> 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. The total number of allocations 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/American Funds®	
%	Blue Chip Income and Growth
%	Global Bond
%	Global Small Capitalization
%	Growth-Income
%	International
%	New World

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

JNL/Credit Suisse	
%	Commodity Securities
%	Long/Short

JNL/Eagle	
%	Core Equity
%	SmallCap Equity

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

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

JNL/Ivy	
%	Asset Strategy

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

JNL/Lazard	
%	Emerging Markets
%	Mid Cap Equity

JNL/M&G	
%	Global Basics
%	Global Leaders

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

JNL/Oppenheimer	
%	Global Growth

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

JNL/PIMCO	
%	Real Return
%	Total Return Bond

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

JNL/Red Rocks	
%	Listed Private Equity

JNL/Select	
%	Balanced
%	Money Market
%	Value

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

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

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

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

PREMIUM ALLOCATIONS CONTINUED ON PAGE 6.

Premium Allocation (Cont. from page 5)

- See the **NOTE** for some important terms regarding the Fixed Account Options.

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

**NOTE:** The Contract permits Jackson without advance notice to restrict the amount of Premium payments into, and the amount and frequency of transfers between, into and from, any Fixed Account Option; to close any Fixed Account Option; and to require transfers from a Fixed Account Option. Accordingly, you should consider whether investment in a Fixed Account Option is suitable given your investment objectives.

Systematic Investment (periodic premium reallocation programs)

- Only the Investment Division(s) and the 1-Year Fixed Account Option (subject to availability) as selected in the Premium Allocation section will participate in Automatic Rebalancing.

**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 allocate Designated Option(s) using Systematic Investment Form (V2375).**

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

Capital Protection Program

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 pages 5 and 6.

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?**  <sup>Yes</sup>  <sup>No</sup>

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"/> <b>ALL DOCUMENTS</b>	<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 Jackson's 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](http://www.jackson.com)) is required for electronic delivery of Contract-related correspondence.

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](http://www.adobe.com).

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](http://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.

**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.

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

Notice to Applicant

**ARKANSAS, COLORADO, KENTUCKY, 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.

**NEW JERSEY RESIDENTS, PLEASE NOTE:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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 annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.**
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 the Contract's Fixed Account Minimum Interest Rate will be redetermined each Redetermination Date. The redetermined rate, which may be higher or lower than the Initial Fixed Account Minimum Interest Rate, will apply for that entire Redetermination Period.
8. **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.**
9. 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.

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

<b>Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Owner's Title (required if owned by an Entity)</b>		
<input type="text"/>		
<b>Joint Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Annuitant's Signature (if other than Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Joint Annuitant's Signature (if other than Joint Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<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.

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

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

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

<b>Broker/Dealer Name</b>	<b>Program Options</b>
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

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

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

- **!** 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%).

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

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

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

PERSPECTIVE II® (10/10)  
 VARIABLE AND FIXED  
 ANNUITY APPLICATION (VA620)



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

**Overnight Mail:** 1 Corporate Way  
 Lansing, MI 48951

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

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

**PLEASE PRINT**

**Primary Owner**

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

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

**Social Security Number** or **Tax I.D. Number** **Sex** Male  Female   
 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** **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**



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

**Premium Payment**

Select method of payment

Check \$ \_\_\_\_\_       Wire \$ \_\_\_\_\_  
 External Transfer \$ \_\_\_\_\_       Internal Transfer \$ \_\_\_\_\_

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

**Annuity Type**

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

**Statement Regarding Existing Policies or Annuity Contracts**

- ! 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).

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.**

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, complete the following Company information.
<b>Are you replacing an existing life insurance policy or annuity contract?</b>			
<b>Company name</b>	<b>Contract number</b>	<b>Anticipated amount</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	

**Transfer Information**

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

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

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." **Jackson will only request the funds if this section is left blank or checked "No."**

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	/ /	\$ <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	/ /	\$ <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	/ /	\$ <input style="width: 100%;" type="text"/>

**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. May not be selected in combination with LifeGuard Freedom 6<sup>SM</sup> DB.

#### 5% Roll-Up Death Benefit (4% if the owner is age 70 or older on the date of issue) (Ages 0-79)

- 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) (Ages 0-79)

- With Highest Quarterly Anniversary Value Death Benefit  
 Without Highest Quarterly Anniversary Value Death Benefit

#### Highest Quarterly Anniversary Value Death Benefit (Ages 0-79)

- 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.

#### Guaranteed Living Benefit Options

(May select only one GMWB or GMAB)

##### GMWB For Life

(For Life Guaranteed Minimum Withdrawal Benefits)

- LifeGuard Freedom 6** (Ages 45-80)  
For Life GMWB with Bonus & Annual Step-Up
- LifeGuard Freedom 6 DB**<sup>1</sup> (Ages 45-75)  
For Life GMWB with Bonus, Annual Step-Up & Death Benefit
- LifeGuard Freedom 6 w/ Joint Option**<sup>2,3,4</sup> (Ages 45-80)  
Joint For Life GMWB with Bonus & Annual Step-Up
- LifeGuard Freedom 6 Net**<sup>SM</sup> (Ages 45-80)  
For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount
- LifeGuard Freedom 6 Net w/ Joint Option**<sup>2,3,4</sup> (Ages 45-80)  
Joint For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount
- Jackson Select**<sup>SM 5</sup> (Ages 55-80)  
For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets
- Jackson Select w/ Joint Option**<sup>2,3,4,5</sup> (Ages 55-80)  
Joint For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets

#### Guaranteed Living Benefit Options (Cont.)

##### GMWB (Guaranteed Minimum Withdrawal Benefits)

- SafeGuard Max**<sup>®</sup> (Ages 0-85)  
GMWB with 5-Year Step-Up
- AutoGuard**<sup>® 5</sup> (Ages 0-80)  
5% GMWB with Annual Step-Up
- AutoGuard 6** (Ages 0-80)  
6% GMWB with Annual Step-Up

##### GMAB (Guaranteed Minimum Accumulation Benefit)

- Jackson GMAB**<sup>6</sup> (Ages 0-80)

#### Contract Enhancement Options

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

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

#### Withdrawal Options

- 20% Free Withdrawal Benefit**<sup>7</sup> (Ages 0-90)
- 5-Year Withdrawal Charge Schedule** (Ages 0-85)

#### Earnings Protection Benefit

- EarningsMax**<sup>®</sup> (Ages 0-75)

<sup>1</sup> May not be selected in combination with an Optional Death Benefit.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.

<sup>5</sup> If selected, the 3, 5, and 7-Year Fixed Account Options and the Capital Protection Program are not available. The total number of allocations in the Premium Allocation section may not exceed 17.

<sup>6</sup> 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. The total number of allocations in the Premium Allocation section may not exceed 17.

<sup>7</sup> May not be selected in combination with either the 3%, 4% or 5% Contract Enhancements.



Premium Allocation

Tell us how you want your annuity premiums invested.

**TOTAL ALLOCATION MUST EQUAL 100%.**

Total number of allocation selections may not exceed 18.

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

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/American Funds®	
%	Blue Chip Income and Growth
%	Global Bond
%	Global Small Capitalization
%	Growth-Income
%	International
%	New World

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

JNL/Credit Suisse	
%	Commodity Securities
%	Long/Short

JNL/Eagle	
%	Core Equity
%	SmallCap Equity

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

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

JNL/Ivy	
%	Asset Strategy

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

JNL/Lazard	
%	Emerging Markets
%	Mid Cap Equity

JNL/M&G	
%	Global Basics
%	Global Leaders

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

JNL/Oppenheimer	
%	Global Growth

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

JNL/PIMCO	
%	Real Return
%	Total Return Bond

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

JNL/Red Rocks	
%	Listed Private Equity

JNL/Select	
%	Balanced
%	Money Market
%	Value

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

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

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

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

PREMIUM ALLOCATIONS CONTINUED ON PAGE 6.



**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"/> <b>ALL DOCUMENTS</b>	<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 Jackson's 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](http://www.jackson.com)] is required for electronic delivery of Contract-related correspondence.

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](http://www.adobe.com)].

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](http://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.

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

Notice to Applicant

**ARKANSAS, COLORADO, KENTUCKY, 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.

**NEW JERSEY RESIDENTS, PLEASE NOTE:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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 annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.**
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 the Contract's Fixed Account Minimum Interest Rate will be redetermined each Redetermination Date. The redetermined rate, which may be higher or lower than the Initial Fixed Account Minimum Interest Rate, will apply for that entire Redetermination Period.
8. **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.**
9. 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.

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

<b>Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Owner's Title (required if owned by an Entity)</b>		
<input type="text"/>		
<b>Joint Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Annuitant's Signature (if other than Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Joint Annuitant's Signature (if other than Joint Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<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  E ]

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

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

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

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

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

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

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

RETIREMENT LATITUDES® (10/10)  
 VARIABLE AND FIXED  
 ANNUITY APPLICATION (VA630)



Home Office: Lansing, Michigan  
 www.jackson.com

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

**Overnight Mail:** 1 Corporate Way  
 Lansing, MI 48951

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

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

**PLEASE PRINT**

**Primary Owner**

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

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

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

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

**Non-Natural Owner/Entity Name** (if applicable)

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

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

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

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

**City**  **State**  **ZIP Code**

**Mailing Address Line 1**  **Line 2**

Only include mailing address if different from physical address.

**City**  **State**  **ZIP Code**

**Joint Owner**

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

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

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

**Email Address**  **Relationship to Owner**  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 \$ \_\_\_\_\_

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

**Annuity Type**

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

- ! 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
		\$
		\$
		\$

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

**Transfer Information**

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

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." **Jackson will only request the funds if this section is left blank or checked "No."**

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

**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.

Select only **one** of the following. May not be selected in combination with LifeGuard Freedom Flex<sup>SM</sup> DB.

**5% Roll-Up Death Benefit** (4% if the owner is age 70 or older on the date of issue) (Ages 0-79)

- 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) (Ages 0-79)

- With Highest Quarterly Anniversary Value Death Benefit
- Without Highest Quarterly Anniversary Value Death Benefit

**Highest Quarterly Anniversary Value Death Benefit** (Ages 0-79)

• **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.

**Guaranteed Living Benefit Options** (May select only one GMWB)

**GMWB For Life**

(For Life Guaranteed Minimum Withdrawal Benefits)

**LifeGuard Freedom Flex**

For Life GMWB with Owner's choice of Bonus and Step-Up (Ages 35-80)

Bonus

(Must select one)

- 5%
- 6%
- 7%
- 8%

Step-Up

(Must select one)

- Annual
- Annual to Highest Quarterly Contract Value\*

\* Not available with 8% bonus

**LifeGuard Freedom Flex w/ Joint Option** <sup>1,2,3</sup>

For Life GMWB with Owner's choice of Bonus and Step-Up (Ages 35-80)

Bonus

(Must select one)

- 5%
- 6%
- 7%

Step-Up

(Must select one)

- Annual
- Annual to Highest Quarterly Contract Value\*

\*Not available with 7% bonus

**LifeGuard Freedom Flex DB** <sup>4</sup>

For Life GMWB with 6% Bonus, Annual Step-Up, and Death Benefit (Ages 35-70)

**LifeGuard Freedom 6 Net** <sup>SM</sup>

For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount (Ages 45-80)

**LifeGuard Freedom 6 Net w/ Joint Option** <sup>1,2,3</sup>

Joint For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount (Ages 45-80)

**Jackson Select** <sup>SM 5</sup>

For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets (Ages 55-80)

**Jackson Select w/ Joint Option** <sup>1,2,3,5</sup>

Joint For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets (Ages 55-80)

**GMWB** (Guaranteed Minimum Withdrawal Benefits)

**SafeGuard Max** <sup>®</sup>

GMWB with 5-Year Step-Up (Ages 0-85)

**AutoGuard** <sup>® 5</sup>

5% GMWB with Annual Step-Up (Ages 0-80)

**Contract Enhancement Options**

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

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

**Withdrawal Options**

(May select only one)

- 20% Free Withdrawal Benefit** <sup>6</sup> (Ages 0-90)
- 4-Year Withdrawal Charge Schedule** <sup>6,7</sup> (Ages 0-85)

**Earnings Protection Benefit**

- EarningsMax** <sup>®</sup> (Ages 0-75)

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.

<sup>4</sup> May not be selected in combination with an Optional Death Benefit.

<sup>5</sup> If selected, the 3, 5, and 7-Year Fixed Account Options and the Capital Protection Program are not available. The total number of allocations in the Premium Allocation section may not exceed 17.

<sup>6</sup> May not be selected in combination with either the 4% or 5% Contract Enhancements.

<sup>7</sup> If selected, premium payments will not be accepted after the first Contract Year.



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

JNL/American Funds®	
%	Blue Chip Income and Growth
%	Global Bond
%	Global Small Capitalization
%	Growth-Income
%	International
%	New World

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

JNL/Credit Suisse	
%	Commodity Securities

JNL/Eagle	
%	Core Equity
%	SmallCap Equity

JNL/Franklin Templeton	
%	Founding Strategy
%	Income
%	International Small Cap Growth

JNL/Goldman Sachs	
%	Core Plus Bond
%	Emerging Markets Debt

JNL/Ivy	
%	Asset Strategy

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

JNL/Lazard	
%	Emerging Markets

JNL/M&G	
%	Global Basics
%	Global Leaders

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

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

JNL/PIMCO	
%	Real Return
%	Total Return Bond

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

JNL/Red Rocks	
%	Listed Private Equity

JNL/Select	
%	Balanced
%	Money Market
%	Value

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

JNL/S&P Strategic	
%	S&P 4

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

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

PREMIUM ALLOCATIONS CONTINUED ON PAGE 6.

Premium Allocation (Cont. from page 5)

- See the **NOTE** for some important terms regarding the Fixed Account Options.

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

**NOTE:** The Contract permits Jackson without advance notice to restrict the amount of Premium payments into, and the amount and frequency of transfers between, into and from, any Fixed Account Option; to close any Fixed Account Option; and to require transfers from a Fixed Account Option. Accordingly, you should consider whether investment in a Fixed Account Option is suitable given your investment objectives.

Systematic Investment (periodic premium reallocation programs)

- Only the Investment Division(s) and the 1-Year Fixed Account Option (subject to availability) as selected in the Premium Allocation section will participate in Automatic Rebalancing.

**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 allocate Designated Option(s) using 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.

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 pages 5 and 6.

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?**  <sup>Yes</sup>  <sup>No</sup>

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"/> <b>ALL DOCUMENTS</b>	<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 Jackson's 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](http://www.jackson.com)) is required for electronic delivery of Contract-related correspondence.

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](http://www.adobe.com).

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](http://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.

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



Notice to Applicant

**ARKANSAS, COLORADO, KENTUCKY, 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.

**NEW JERSEY RESIDENTS, PLEASE NOTE:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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 annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.**
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 the Contract's Fixed Account Minimum Interest Rate will be redetermined each Redetermination Date. The redetermined rate, which may be higher or lower than the Initial Fixed Account Minimum Interest Rate, will apply for that entire Redetermination Period.
8. **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.**
9. 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.

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

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

**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.

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

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

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

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

- **!** 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%).

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

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

PERSPECTIVE REWARDS<sup>SM</sup> (10/10)  
 VARIABLE AND FIXED  
 ANNUITY APPLICATION (VA640)



Home Office: Lansing, Michigan  
 www.jackson.com

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

**Overnight Mail:** 1 Corporate Way  
 Lansing, MI 48951

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

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

**PLEASE PRINT**

**Primary Owner**

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

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

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

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

**Non-Natural Owner/Entity Name** (if applicable)

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

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

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

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

**City**  **State**  **ZIP Code**

**Mailing Address Line 1**  **Line 2**

Only include mailing address if different from physical address.

**City**  **State**  **ZIP Code**

**Joint Owner**

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

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

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

**Email Address**  **Relationship to Owner**  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 \$ \_\_\_\_\_

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

**Annuity Type**

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

**Statement Regarding Existing Policies or Annuity Contracts**

**!** 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).

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
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

**Transfer Information**

Non-Qualified Plan Types:  IRC 1035 Exchange  Non-1035 Exchange

All Other Plan Types:  Direct Transfer  Direct Rollover  Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." **Jackson will only request the funds if this section is left blank or checked "No."**

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

**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.

Select only **one** of the following. May not be selected in combination with LifeGuard Freedom 6<sup>SM</sup> DB.

**5% Roll-Up Death Benefit** (4% if the owner is age 70 or older on the date of issue) (Ages 0-79)

- 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) (Ages 0-79)

- With Highest Quarterly Anniversary Value Death Benefit
- Without Highest Quarterly Anniversary Value Death Benefit

**Highest Quarterly Anniversary Value Death Benefit** (Ages 0-79)

• **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.

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

**Guaranteed Living Benefit Options**

(May select only one GMWB)

**GMWB For Life**

(For Life Guaranteed Minimum Withdrawal Benefits)

- LifeGuard Freedom 6** (Ages 45-80)  
For Life GMWB with Bonus & Annual Step-Up
- LifeGuard Freedom 6 DB**<sup>1</sup> (Ages 45-75)  
For Life GMWB with Bonus, Annual Step-Up & Death Benefit
- LifeGuard Freedom 6 w/ Joint Option**<sup>2,3,4</sup> (Ages 45-80)  
Joint For Life GMWB with Bonus & Annual Step-Up
- LifeGuard Freedom 6 Net**<sup>SM</sup> (Ages 45-80)  
For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount
- LifeGuard Freedom 6 Net w/ Joint Option**<sup>2,3,4</sup> (Ages 45-80)  
Joint For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount
- Jackson Select**<sup>SM 5</sup> (Ages 55-80)  
For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets
- Jackson Select w/ Joint Option**<sup>2,3,4,5</sup> (Ages 55-80)  
Joint For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets

**Guaranteed Living Benefit Options (Cont.)**

**GMWB** (Guaranteed Minimum Withdrawal Benefits)

- SafeGuard Max**<sup>®</sup> (Ages 0-85)  
GMWB with 5-Year Step-Up
- AutoGuard**<sup>® 5</sup> (Ages 0-80)  
5% GMWB with Annual Step-Up
- AutoGuard 6** (Ages 0-80)  
6% GMWB with Annual Step-Up

**Earnings Protection Benefit**

- EarningsMax**<sup>®</sup> (Ages 0-75)

<sup>1</sup> May not be selected in combination with an Optional Death Benefit.  
<sup>2</sup> 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.  
<sup>3</sup> 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.  
<sup>4</sup> For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.  
<sup>5</sup> If selected, the 3-, 5-, and 7-Year Fixed Account Options and the Capital Protection Program are not available. The total number of allocations 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/American Funds®	
%	Blue Chip Income and Growth
%	Global Bond
%	Global Small Capitalization
%	Growth-Income
%	International
%	New World

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

JNL/Credit Suisse	
%	Commodity Securities
%	Long/Short

JNL/Eagle	
%	Core Equity
%	SmallCap Equity

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

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

JNL/Ivy	
%	Asset Strategy

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

JNL/Lazard	
%	Emerging Markets
%	Mid Cap Equity

JNL/M&G	
%	Global Basics
%	Global Leaders

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

JNL/Oppenheimer	
%	Global Growth

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

JNL/PIMCO	
%	Real Return
%	Total Return Bond

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

JNL/Red Rocks	
%	Listed Private Equity

JNL/Select	
%	Balanced
%	Money Market
%	Value

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

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

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

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



Premium Allocation (Cont. from page 5)

- See the **NOTE** for some important terms regarding the Fixed Account Options.

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

**NOTE:** The Contract permits Jackson without advance notice to restrict the amount of Premium payments into, and the amount and frequency of transfers between, into and from, any Fixed Account Option; to close any Fixed Account Option; and to require transfers from a Fixed Account Option. Accordingly, you should consider whether investment in a Fixed Account Option is suitable given your investment objectives.

Systematic Investment (periodic premium reallocation programs)

- Only the Investment Division(s) and the 1-Year Fixed Account Option (subject to availability) as selected in the Premium Allocation section will participate in Automatic Rebalancing.

**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 allocate Designated Option(s) using Systematic Investment Form (V2375).**

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

Capital Protection Program

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 pages 5 and 6.

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"/> <b>ALL DOCUMENTS</b>	<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 Jackson's 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](http://www.jackson.com)) is required for electronic delivery of Contract-related correspondence.

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](http://www.adobe.com).

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](http://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.

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

Notice to Applicant

**ARKANSAS, COLORADO, KENTUCKY, 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.

**NEW JERSEY RESIDENTS, PLEASE NOTE:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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 annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.**
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 the Contract's Fixed Account Minimum Interest Rate will be redetermined each Redetermination Date. The redetermined rate, which may be higher or lower than the Initial Fixed Account Minimum Interest Rate, will apply for that entire Redetermination Period.
8. **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.**
9. 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.

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

<b>Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Owner's Title (required if owned by an Entity)</b>		
<input type="text"/>		
<b>Joint Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Annuitant's Signature (if other than Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Joint Annuitant's Signature (if other than Joint Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<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.

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

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

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

<b>Broker/Dealer Name</b>	<b>Program Options</b>								
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">A</td> <td style="padding: 2px;">B</td> <td style="padding: 2px;">C</td> <td style="padding: 2px;">D</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>	A	B	C	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	D						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Address (number and street)</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>						

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

- **!** 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%).

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

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

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

VARIABLE AND FIXED ANNUITY APPLICATION (10/10)



Home Office: Lansing, Michigan  
www.jackson.com

Perspective II® (VA620) • Perspective™ L Series (VA610)  
Perspective Advisors II™ (VA410)

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

Overnight Mail: 1 Corporate Way  
Lansing, MI 48951

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

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

PLEASE PRINT

Primary Owner

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

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

Social Security Number or Tax I.D. Number Sex Male  Female

U.S. Citizen Yes  No

First Name Middle Name Last Name

Non-Natural Owner/Entity Name (if applicable)

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

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

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

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

City State ZIP Code

Mailing Address Line 1 Line 2

Only include mailing address if different from physical address.

City State ZIP Code

Joint Owner

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

First Name Middle Name Last Name

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

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

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

City State ZIP Code





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

**Premium Payment**

Select method of payment

Check \$ \_\_\_\_\_  Wire \$ \_\_\_\_\_  
 External Transfer \$ \_\_\_\_\_  Internal Transfer \$ \_\_\_\_\_

**Annuity Type**

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

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

**Statement Regarding Existing Policies or Annuity Contracts**

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).

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

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

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

**Are you replacing an existing life insurance policy or annuity contract?**

Yes  No  If yes, complete the following Company information.

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

**Transfer Information**

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

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

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." **Jackson will only request the funds if this section is left blank or checked "No."**

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

**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.**



**Annuity Product Selection**

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

- Perspective II Fixed and Variable Annuity<sup>SM</sup> (VA620)**
- Perspective<sup>SM</sup> L Series Fixed and Variable Annuity (VA610)**
- Perspective Advisors II Fixed and Variable Annuity<sup>SM</sup> (VA410)**

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

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

May select only **one** of the following: May not be selected in combination with LifeGuard Freedom Flex<sup>SM</sup> DB.

**5% Roll-Up Death Benefit** (4% if the owner is age 70 or older on the date of issue) (Ages 0-79)

- 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) (Ages 0-79)

- With Highest Quarterly Anniversary Value Death Benefit
- Without Highest Quarterly Anniversary Value Death Benefit

**Highest Quarterly Anniversary Value Death Benefit** (Ages 0-79)

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

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

**Guaranteed Living Benefit Options (May select only one GMWB or GMAB)**

**GMWB For Life**

(For Life Guaranteed Minimum Withdrawal Benefits)

**LifeGuard Freedom Flex**

For Life GMWB with Owner's choice of Bonus and Step-Up (Ages 35-80)

Bonus

(Must select one)

- 5%
- 6%
- 7%
- 8%

Step-Up

(Must select one)

- Annual
  - Annual to Highest Quarterly Contract Value\*
- \* Not available with 8% bonus

**LifeGuard Freedom Flex w/ Joint Option**<sup>1,2,3</sup>

Joint For Life GMWB with Owner's choice of Bonus and Step-Up (Ages 35-80)

Bonus

(Must select one)

- 5%
- 6%
- 7%

Step-Up

(Must select one)

- Annual
  - Annual to Highest Quarterly Contract Value\*
- \*Not available with 7% bonus

**LifeGuard Freedom Flex DB**<sup>4</sup>

For Life GMWB with 6% Bonus, Annual Step-Up, and Death Benefit (Ages 35-70)

**LifeGuard Freedom 6 Net<sup>SM</sup>**

For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount (Ages 45-80)

**LifeGuard Freedom 6 Net w/ Joint Option**<sup>1,2,3</sup>

Joint For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount (Ages 45-80)

**Jackson Select<sup>SM</sup>**<sup>5</sup>

For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets (Ages 55-80)

**Jackson Select w/ Joint Option**<sup>1,2,3,5</sup>

Joint For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Transfer of Assets (Ages 55-80)

**GMWB (Guaranteed Minimum Withdrawal Benefits)**

- SafeGuard Max<sup>®</sup>** (Ages 0-85) GMWB with 5-Year Step-Up
- AutoGuard<sup>®</sup> 5** (Ages 0-80) 5% GMWB with Annual Step-Up
- AutoGuard 6** (Ages 0-80) 6% GMWB with Annual Step-Up

**GMAB (Guaranteed Minimum Accumulation Benefit)**

(Not available on Advisors II)

- Jackson GMAB<sup>®</sup>** (Ages 0-80)

**Contract Enhancement Options**

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

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

**Withdrawal Options (Not available on Advisors II or L Series)**

- 20% Free Withdrawal Benefit<sup>7</sup>** (Ages 0-90)
- 5-Year Withdrawal Charge Schedule** (Ages 0-85)

**Earnings Protection Benefit**

- EarningsMax<sup>®</sup>** (Ages 0-75)

<sup>1</sup> 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.  
<sup>2</sup> 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.  
<sup>3</sup> For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.  
<sup>4</sup> May not be selected in combination with an Optional Death Benefit.  
<sup>5</sup> If selected, the 3-, 5-, and 7-Year Fixed Account Options and the Capital Protection Program are not available. The total number of allocations in the Premium Allocation section may not exceed 17.  
<sup>6</sup> May not be selected in combination with a Contract Enhancement or with the Capital Protection Program, if available. Premium payments will not be accepted after 90 days from the Issue Date. The required allocation percentage can be obtained from the Company. The total number of allocations in the Premium Allocation section may not exceed 17.  
<sup>7</sup> May not be selected in combination with either the 3%, 4% or 5% Contract Enhancements.



Premium Allocation

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

**Total number of allocation selections may not exceed 18.**

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

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/American Funds®	
%	Blue Chip Income and Growth
%	Global Bond
%	Global Small Capitalization
%	Growth-Income
%	International
%	New World

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

JNL/Credit Suisse	
%	Commodity Securities
%	Long/Short

JNL/Eagle	
%	Core Equity
%	SmallCap Equity

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

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

JNL/Ivy	
%	Asset Strategy

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

JNL/Lazard	
%	Emerging Markets
%	Mid Cap Equity

JNL/M&G	
%	Global Basics
%	Global Leaders

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

JNL/Oppenheimer	
%	Global Growth

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

JNL/PIMCO	
%	Real Return
%	Total Return Bond

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

JNL/Red Rocks	
%	Listed Private Equity

JNL/Select	
%	Balanced
%	Money Market
%	Value

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

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

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

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

PREMIUM ALLOCATIONS CONTINUED ON PAGE 6.

Premium Allocation (Cont. from page 5)

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

Fixed Account Option* (Advisors II ONLY)
* If selecting the Fixed Account Option, automatic transfer of funds over a 6-month period is required.
<input type="checkbox"/> Fixed Account Option

Fixed Account Options** ** (Not available on Advisors II)
<input type="checkbox"/> 1-Year
<input type="checkbox"/> 3-Year
<input type="checkbox"/> 5-Year
<input type="checkbox"/> 7-Year
See the <b>NOTE</b> for some important terms regarding the Fixed Account Options.

**For all Contracts except Advisors II, NOTE:** The Contract permits Jackson without advance notice to restrict the amount of Premium payments into, and the amount and frequency of transfers between, into and from, any Fixed Account; to close any Fixed Account Option; and to require transfers from a Fixed Account Option. Accordingly, you should consider whether investment in a Fixed Account Option is suitable given your investment objectives.

Systematic Investment (periodic premium reallocation programs)

**For all Contracts except Advisors II:** Only the Investment Division(s) and the 1-Year Fixed Account Option (subject to availability) as selected in the Premium Allocation section will participate in Automatic Rebalancing.

**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 allocate Designated Option(s) using 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.

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

Capital Protection Program (Not available on Advisors II)

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

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

**Select only one.**

1-Year    3-Year    5-Year    7-Year

Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation section on page 5 and 6.

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**

- 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."

**I agree to receive documents electronically:**

<input type="checkbox"/> <b>ALL DOCUMENTS</b>	<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 Jackson's 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](http://www.jackson.com)) is required for electronic delivery of Contract-related correspondence.

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](http://www.adobe.com).

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](http://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.

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

Notice to Applicant

**ARKANSAS, COLORADO, KENTUCKY, 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.

**NEW JERSEY RESIDENTS, PLEASE NOTE:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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 annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.**
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 the Contract's Fixed Account Minimum Interest Rate will be determined each Redetermination Date. The redetermined rate, which may be higher or lower than the Initial Fixed Account Minimum Interest Rate, will apply for that entire Redetermination Period.
8. **I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred. (Not applicable to Perspective Advisors II.)**
9. I (We) certify that the age(s) of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application is (are) true and correctly recorded.

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

<b>Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Owner's Title (required if owned by an Entity)</b>		
<input type="text"/>		
<b>Joint Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Annuitant's Signature (if other than Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<b>Joint Annuitant's Signature (if other than Joint Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<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.

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

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

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

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

- **!** 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%).

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

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

SERFF Tracking Number: JACK-126637271 State: Arkansas  
 Filing Company: Jackson National Life Insurance Company State Tracking Number: 45730  
 Company Tracking Number: VDA 610 10/10, ET AL  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: VDA 610 10/10, et al  
 Project Name/Number: VDA 610 10/10, et al/VDA 610 10/10, et al

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Bypassed - Item:** Flesch Certification  
**Bypass Reason:** Not Applicable  
**Comments:**

**Item Status:** **Status Date:**

**Satisfied - Item:** Application  
**Comments:**  
 See the Form Schedule tab.

**Item Status:** **Status Date:**

**Satisfied - Item:** Statements of Variability  
**Comments:**  
**Attachments:**  
 VDA 610 10-10 Statement of Variability - Base.pdf  
 VDA 620 10-10 Statement of Variability - Base.pdf  
 VDA 630 10-10 Statement of Variability (Base).pdf  
 VDA 640 10-10 Statement of Variability - Base.pdf  
 VDA 123 10-10 Statement of Variability (BASE).pdf

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

Form Numbers: VDA 610 10/10

Revised: 05/18/10

Page(s)	Bracketed (Variable)	Range of Variables
1	[Perspective L Series (10/10)]	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. This edition date could change to reflect subsequent product launches.
1	[(VA610)]	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, 7	[Home Office: Lansing, Michigan <a href="http://www.jackson.com">www.jackson.com</a> ]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	Customer Care Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Customer Care Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1	Type of Ownership: <input type="checkbox"/> Individual/Joint <input type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Corporation/Pension Plan]	These are the current types of annuity ownerships the Company is currently tracking. Should Company needs require a change to add to or eliminate ownership types for tracking, this section would be modified.
1	[Form W-9] [Form W-8BEN]	These are the IRS forms that are required for all non-US Citizen and/or non-US resident applicants. In the future, if the IRS changes the form number of these forms, this will reflect the valid IRS form number.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
1-9	Control Number [V610 10/10]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form [X0512]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
3	Transfer Information [Non-Qualified Plans Types: <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange All Other Plan Types: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
4	Optional Death Benefits	These are the Optional Death Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
4	Other Optional Benefits	These are the Other Optional Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
5	Number of Premium allocations allowed: [18]	This is the number of allocations that are currently allowed by our IT systems. The number of allocations may change as our IT systems are upgraded, not to exceed 100.
5	Premium Allocation section. Investment Division names	These are the current Investment Divisions offered by the Company. In the future, if changed, the Investment Divisions offered by the Company will reflect Investment Division names that have been appropriately filed with the SEC.
6	Fixed Account Options names	These are the current Fixed Account Options offered by the Company. The Company may offer one Fixed Account Option, any

Page(s)	Bracketed (Variable)	Range of Variables
		combination of Fixed Account Options or no Fixed Account Options based upon the yield on investments available to the Company in relation to the statutory minimum interest rate.
6	Automatic Rebalancing option	These are the current rebalancing options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	DCA+ option	These are the current DCA+ options offered by the company. Any different information will reflect currently available DCA+ options offered by the Company.
6	Systematic Investment Form [(V2375)]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6	Capital Protection Program (for products where available)	These are the current capital protection options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [Nebraska, 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.
7	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.
7	[ <a href="http://www.adobe.com">www.adobe.com</a> ]	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.
8	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
9	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
9	Program Options [ <input type="checkbox"/> Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.

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

Form Numbers: VDA 620 10/10

Revised: 05/18/10

Page(s)	Bracketed (Variable)	Range of Variables
1	[Perspective II (10/10)]	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. This edition date could change to reflect subsequent product launches.
1	[(VA620)]	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, 7	[Home Office: Lansing, Michigan <a href="http://www.jackson.com">www.jackson.com</a> ]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	Customer Care Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Customer Care Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1	Type of Ownership: <input type="checkbox"/> Individual/Joint <input type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Corporation/Pension Plan]	These are the current types of annuity ownerships the Company is currently tracking. Should Company needs require a change to add to or eliminate ownership types for tracking, this section would be modified.
1	[Form W-9] [Form W-8BEN]	These are the IRS forms that are required for all non-US Citizen and/or non-US resident applicants. In the future, if the IRS changes the form number of these forms, this will reflect the valid IRS form number.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
1-9	Control Number [V620 10/10]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form [X0512]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
3	Transfer Information [Non-Qualified Plans Types: <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange All Other Plan Types: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
4	Optional Death Benefits	These are the Optional Death Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
4	Other Optional Benefits	These are the Other Optional Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
5	Number of Premium allocations allowed: [18]	This is the number of allocations that are currently allowed by our IT systems. The number of allocations may change as our IT systems are upgraded, not to exceed 100.
5	Premium Allocation section. Investment Division names	These are the current Investment Divisions offered by the Company. In the future, if changed, the Investment Divisions offered by the Company will reflect Investment Division names that have been appropriately filed with the SEC.
6	Fixed Account Options names	These are the current Fixed Account Options offered by the Company. The Company may offer one Fixed Account Option, any

Page(s)	Bracketed (Variable)	Range of Variables
		combination of Fixed Account Options or no Fixed Account Option based upon the yield on investments available to the Company in relation to the statutory minimum interest rate.
6	Automatic Rebalancing option	These are the current rebalancing options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	DCA+ option	These are the current DCA+ options offered by the company. Any different information will reflect currently available DCA+ options offered by the Company.
6	Systematic Investment Form [(V2375)]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6	Capital Protection Program (for products where available)	These are the current capital protection options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [Nebraska, 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.
7	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.
7	[ <a href="http://www.adobe.com">www.adobe.com</a> ]	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.
8	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
9	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
9	Program Options [ <input type="checkbox"/> Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.

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

Form Numbers: VDA 630 10/10

Rev. 05/18/2010

Page(s)	Bracketed (Variable)	Range of Variables
1	[Retirement Latitudes (10/10)]	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. This edition date could change to reflect subsequent product launches.
1	[(VA630)]	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, 7	[Home Office: Lansing, Michigan <a href="http://www.jackson.com">www.jackson.com</a> ]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	Customer Care Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Customer Care Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1	Type of Ownership: <input type="checkbox"/> Individual/Joint <input type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Corporation/Pension Plan]	These are the current types of annuity ownerships the Company is currently tracking. Should Company needs require a change to add to or eliminate ownership types for tracking, this section would be modified.
1	[Form W-9] [Form W-8BEN]	These are the IRS forms that are required for all non-US Citizen and/or non-US resident applicants. In the future, if the IRS changes the form number of these forms, this will reflect a deferent, valid form number.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
1-9	Control Number [V630 10/10]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form [X0512]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
3	Transfer Information [Non-Qualified Plans Types: <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange All Other Plan Types: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
4	Optional Death Benefits	These are the Optional Death Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
4	Other Optional Benefits	These are the Other Optional Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
5	Number of Premium allocations allowed: [18]	This is the number of allocations that are currently allowed by our IT systems. The number of allocations may change as our IT systems are upgraded, not to exceed 100.
5	Premium Allocation section. Investment Division names	These are the current Investment Divisions offered by the Company. In the future, if changed, the Investment Divisions offered by the Company will reflect Investment Division names that have been appropriately filed with the SEC.
6	Premium Allocation section. Fixed Account Options	These are the current Fixed Account Options offered by the Company. The Company may offer one Fixed Account Option, any

Page(s)	Bracketed (Variable)	Range of Variables
		combination of Fixed Account Options or no Fixed Account Options based upon the yield on investments available to the Company in relation to the statutory minimum interest rate.
6	Automatic Rebalancing option	These are the current rebalancing options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	DCA+ option	These are the current DCA+ options offered by the company. Any different information will reflect currently available DCA+ options offered by the Company.
6	Systematic Investment Form [(V5385)]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6	Capital Protection Program (for products where available)	These are the current capital protection options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [Nebraska, 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.
7	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.
7	<a href="http://www.adobe.com">www.adobe.com</a> ]	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.
8	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
9	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
9	Program Options [ <input type="checkbox"/> Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.

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

Form Numbers: VDA 640 10/10

Revised: 05/18/10

Page(s)	Bracketed (Variable)	Range of Variables
1	[Perspective Rewards (10/10)]	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. This edition date could change to reflect subsequent product launches.
1	[(VA640)]	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, 7	[Home Office: Lansing, Michigan <a href="http://www.jackson.com">www.jackson.com</a> ]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	Customer Care Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Customer Care Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1	Type of Ownership: <input type="checkbox"/> Individual/Joint <input type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Corporation/Pension Plan]	These are the current types of annuity ownerships the Company is currently tracking. Should Company needs require a change to add to or eliminate ownership types for tracking, this section would be modified.
1	[Form W-9] [Form W-8BEN]	These are the IRS forms that are required for all non-US Citizen and/or non-US resident applicants. In the future, if the IRS changes the form number of these forms, this will reflect the valid IRS form number.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
1-9	Control Number [V640 10/10]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form [X0512]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
3	Transfer Information [Non-Qualified Plans Types: <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange All Other Plan Types: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
4	Optional Death Benefits	These are the Optional Death Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
4	Other Optional Benefits	These are the Other Optional Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
5	Number of Premium allocations allowed: [18]	This is the number of allocations that are currently allowed by our IT systems. The number of allocations may change as our IT systems are upgraded, not to exceed 100.
5	Premium Allocation section. Investment Division names	These are the current Investment Divisions offered by the Company. In the future, if changed, the Investment Divisions offered by the Company will reflect Investment Division names that have been appropriately filed with the SEC.
6	Fixed Account Options names	These are the current Fixed Account Options offered by the Company. The Company may offer one Fixed Account Option, any

Page(s)	Bracketed (Variable)	Range of Variables
		combination of Fixed Account Options or no Fixed Account Option based upon the yield on investments available to the Company in relation to the statutory minimum interest rate.
6	Automatic Rebalancing option	These are the current rebalancing options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	DCA+ option	These are the current DCA+ options offered by the company. Any different information will reflect currently available DCA+ options offered by the Company.
6	Systematic Investment Form [(V2375)]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6	Capital Protection Program (for products where available)	These are the current capital protection options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
6	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [Nebraska, 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.
7	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.
7	[ <a href="http://www.adobe.com">www.adobe.com</a> ]	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.
8	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
9	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
9	Program Options [ <input type="checkbox"/> Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.

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

Form Numbers: VDA 123 10/10

Page(s)	Bracketed (Variable)	Range of Variables
1	[(10/10)]	This is the current month and year of the product launch associated with this optional benefits and funds listed on this application. This edition date could change to reflect subsequent product launches.
1	[Perspective L Series] [Perspective II] [Perspective Advisors]	This is the current marketing name for this contract. The marketing name on the applications may change to correspond with any changes made to the marketing name of the contracts.
1	[(VA610)] [(VA620)] [(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, 7	[Home Office: Lansing, Michigan <a href="http://www.jackson.com">www.jackson.com</a> ]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	Customer Care Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Customer Care Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1	Type of Ownership: <input type="checkbox"/> Individual/Joint <input type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Corporation/Pension Plan]	These are the current types of annuity ownerships the Company is currently tracking. Should Company needs require a change to add to or eliminate ownership types for tracking, this section would be modified.
1	[Form W-9] [Form W-8BEN]	These are the IRS forms that are required for all non-US Citizen and/or non-US resident applicants. In the future, if the IRS changes the form number of these forms, this will reflect the valid IRS form number.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
1-9	Control Number [V3573 10/10]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form [X0512]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
3	Transfer Information [Non-Qualified Plans Types: <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange All Other Plan Types: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
4	Annuity Product Selection: [Perspective II Fixed and Variable Annuity (VA620) Perspective L Series Fixed and Variable Annuity (VA610) Perspective Advisors II Fixed and Variable Annuity (VA410)]	This is the current marketing name and current underlying contract, which may be elected using this application. The marketing name or underlying contract form number on the applications may change to correspond with any changes made to the marketing name of the contracts or different approved contract form number.
4	Optional Death Benefits	These are the Optional Death Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
4	Other Optional Benefits	These are the Other Optional Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
5	Number of Premium allocations allowed:	This is the number of allocations that are currently allowed by our IT

Page(s)	Bracketed (Variable)	Range of Variables
	[18]	systems. The number of allocations may change as our IT systems are upgraded, not exceed 100.
5	Premium Allocation section. Investment Division names	These are the current Investment Divisions offered by the Company. In the future, if changed, the Investment Divisions offered by the Company will reflect Investment Division names that have been appropriately filed with the SEC.
6	Fixed Account Options names	These are the current Fixed Account Options offered by the Company. The Company may offer one Fixed Account Option, any combination of Fixed Account Options or no Fixed Account Option based upon the yield on investments available to the Company in relation to the statutory minimum interest rate.
6	Directed Transfer form [(V4490)]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6	Automatic Rebalancing option	These are the current rebalancing options offered by the Company. Any different information will reflect currently available rebalancing options offered by the Company.
6	DCA+ option	These are the current DCA+ options offered by the Company. Any different information will reflect currently available DCA+ options offered by the Company.
6	Systematic Investment Form [(V2375)]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6	Capital Protection Program (for products where available)	These are the current capital protection options offered by the Company. Any different information will reflect currently available rebalancing options offered by the Company.
6	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [Nebraska, 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.
7	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.
7	[ <a href="http://www.adobe.com">www.adobe.com</a> ]	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.
8	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
9	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
9	Program Options [ <input type="checkbox"/> Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.