Generic Annuity - Life Insurance Application

Home Office:
TomFlash 'LLC'
1628 East Southern Avenue
Suite 908,
Tempe, AZ 85282

Phone 1-800-317-0625,
Email: tomflash1@protonmail.com

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1) Owners:

Name_____

Address_____

Male___ Female____ Date of Birth_____ Social Security or Tax ID_____

Phone _____ Email _____

ID# _____ State_____

Type of Identification State Issued ____ Immigration ____ Military ____ Passport ____

Joint Owner (if applicable)

Name _____

Address _____

Male ____ Female ____ Date of Birth _____

Social Security Number or Tax ID# _____

Phone _____ Email _____

ID# _____ State_____

Type of Identification State Issued ____ Immigration ____ Military ____ Passport _____

Relationship to Owner:_____

_____

2) Annuitant(s): ____ Check here if same as owner(s)

Names

_____

_____

_____

3) Beneficiary: Please select a primary and/or contingent beneficary for each beneficiary listed. If not selected, primary will be default. The percentage for all primary beneficiaries must total 100%. The percentage for all contingent beneficiaries must total 100%. All percentages must be in whole numbers. If beneficiary percentages are not specified, all beneficiaries within a beneficiary type will share equally. Additional beneficiaries, if any, can be listed on a separate document and submitted with this application.

The proposed owner agrees that, in the event of their death before the annuity contract is issued and/or delivered, the beneficiary designation below shall be treated as a transfer-on-death designation for the premium intended for this annuity contract.

(1) Name _____Primary ___ Contingent ____

Address _____

Phone _____ Email _____

Date of Birth _____Social Security# or Tax ID# _____Beneficiary%_____

Relationship to Owner _____

(2) Name _____Primary ___ Contingent ___

Address _____

Phone _____ Email _____

Date of Birth _____Social Security# or Tax ID# _____Beneficiary%_____

Relationship to Owner _____

(3) Name _____Primary ___ Contingent ____

Address _____

Phone _____ Email _____

Date of Birth _____Social Security# or Tax ID# _____Beneficiary%_____

Relationship to Owner _____

(4) Name _____Primary ___ Contingent ____

Address _____

Phone _____ Email _____

Date of Birth _____Social Security# or Tax ID# _____Beneficiary%_____

Relationship to Owner _____

(4) Plan Type and Premium

The Plan Type

Nonqualified____ Traditional IRA ____ Roth IRA ____ SEP IRA ____ Individual IRA

Tax Sheltered Annity ____ (Funding Vehicle Only)

Other (specify plan type _____

Contribution IRA Tax Year _____ Contribution Amount $_____

Please prepare for premium with:Check/ACH/DTCC Settlement)

Check/ACH/DTCC Settlement)	$	0.00	
Anticipated amount from Exchange(s) Transfer(s) Rollover(s)	$	0.00	
Total Estimated Premium	$	0.00	

Annuity Application

(5) Riders * Please understand 'Riders' may have additional fees

- **Living Benefit Rider:**
- **Death Benefit Rider:**
- **Rider Package: Enhanced Guaranteed Minimum Withdrawal Benefit (EGMWB)**
- **Surrender is charged by year for excess withdrawals (depends on annuity length)**

Example - 10 Year Surrender Charge Schedule

14%	13%	12%	11%	10%	8%	6%	4%	2%	1%

(6) Special Instructions

(7) Interest Crediting Options Strategies

This shows your approval to buy a fixed-indexed annuity which allows allocations to a wide selection of mutual funds with a ***risk/reward*** result for additional growth.

_____ I Approve

(8) Acknowledgments, Aggrements and Signatures

Replacement; If either of the following questions is answered 'YES', please complete and submit the state-specific replacement form.

(1) Do you have an existing life insurance policy or annuity contract? YES ____ NO ____

(2) Will the annuity applied for replace or change an existing life insurance policy or annuity contract? YES ____ NO ____

I (We) have read the statements made in this application. To the best of my (our) knowledge and belief, the statements made are complete, true, and correctly recorded. I (We) understand that: a copy of this application may form a part of any annuity issued; the annuity will not take effect until delivered to the Owner; no financial agent has the authority to modity any annuity issued; and ***there are terms, conditions, charges, and fees for any optional rider selected.***

I (We) understand that I (We) have applied for an indexed annuity. I (We) will receive a copy of the insurance company's disclosure material for this annuity. I (We) understand that: while the values of an annuity may be affected by an external index, *the annuity does not directly participate in any stock, bond, or equity investments;* any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties; and the annuity describes how the minimum guaranteed surrender values and indexed interest credits are calculated.

I (We) understand that the Life Insurance Company offers indexed annuity products with different features and benefits. I (We) can also apply for those products by contacting the Lfie Insurance Company or an agent on behalf of the company.

If the annuity is issued with a market value adjustiment, the cash surrender values may increase or decrease based on a market value adjustment prior to the date or dates specified in the annuity; the market value adjustment applies when the surrender charge applies.

I (We) certify, under penalties of perjury, that I am a (We are) United States Citizen(s) or resident(s) of the United States (includes United States resident aliens and that the taxpayer ID# is/are correct). I (We) understand that federal law requires all financial institutions to obtain identity information in order to verify my (our) identity(ies) and I (We) authorize its use for this purpose. This information includes but is not limited to the name(s), residential address(es), date(s) of birth, Social Security or taxpayer identification number(s), and any other information necessary to sufficiently verify identity(ies). Third party sources may be used to verify the information provided.

Fraud Warning Notice

Text Book Definition of Fraud: The misrepresentation of a material fact for a profit or avoidance of a loss. Fraud is also: The failure to disclose a material fact for a profit or avoidance of a loss.

Fraud Warning Notice: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Any given state legal definition and interpretation of fraud can vary.

Signed at _____ Date _____

Singature of Owner _____

Singature of Joint Owner _____

(If Applicable)

Singature of Annuitant _____

Singature of Joint Annuitant _____

(If Applicable)

(9) Financial Professional / Agent Certification

Does the applicant have an existing life insurance policy or an annuity contract? ____Yes ____No

To the best of your knowledge does this application replace or change existing life insurance or annuities? ____Yes ____No

I certify that the application was signed and dated by the Owner(s). I certify that all the Company's disclosure material has been presented to the Owner(s) and a copy was provided. I have not made any statements which differ from this material nor have I made any guarantees or promises about the expected future values of the annuity. I have received a copy of, have carefully read and complied with the applied for annuity's(ies') training manual.

I have verified the identity of the Owner, Joint Owner, Annuitant and Joint Annuitant through an examination of state or federal government photo identification card provided by the Owner, Joint Owner, Annuitant or Joint Annuitant such as a driver's license or passport.

I have truly and accurately recorded on this application the information provided by the applicant.

Primary Professional Agent ____Thomas Attwell _____

Signature of Agent _____ Date _____

Agent Number:

Split% (if <100%): _____ Professional Agent's Phone #: 1-800-317-0625

Professional Agent's Email: tomflash1@protonmail.com

Additional Producer(s) If Any

Agent Full Name _____ _____ _____
Agent Number:

Split% (if <100%): _____ **Professional Agent's Phone # 1-800-317-0625**

Professional Agent's Email: tomflash1@protonmail.com

Agent Full Name _____ _____ _____
Agent Number:

Split% (if <100%): _____ **Professional Agent's Phone # 1-800-317-0625**

Professional Agent's Email: tomflash1@protonmail.com

Agent Full Name _____ _____ _____
Agent Number:

Split% (if <100%): _____ **Professional Agent's Phone # 1-800-317-0625**

Professional Agent's Email: tomflash1@protonmail.com

Commission Option Elected: _____Required

I (We) undersand that I (We) have applied for an indexed annuity. I (We)

Annuity Insurance Company	Annuity Application Transmittal Form

Confirmation Number: _____

Insurer:_____

Cover sheet information to accompany Annuity Application

Date:	**IMO Name if Any**
Applicant Name:	Annuity Name:
Customer#	Agent Name/# Thomas Attwell #

Total Expected Premium Amount: $_____

Plan Type: ____ Qualified ____ Non-Qualified

Funding Method _____

COMMENTS INSTRUCTIONS

SPECIAL INSTRUCTIONS

Mailing Address: ***TomFlash LLC*** 1628 East Southern Avenue Suite 908 Tempe, AZ 85282 Email: tomflash1@protonmail.com	Agent: Thomas Attwell License Type: Insurance Producer License Number: 6727904 License Status: Active First Active Date: 05/28/2014 Status Date: 12/28/2021 Expiration Date: 12/31/2025 Designated Home State: Arizona Other Licensed States: Michigan

Annuity Application

Solicitation of Sale has/will occur:

_____ In Person

_____ Phone ____Video Conference Online

_____ If Video Conference: I have agreed to the online sales disclosure

A 'statement of understanding' and the applicant's acknowledgement that they have received, read, or have been read its contents. Other important information and discloures that you should know about your policy will be provided with your final application Including: A Glossary of Terms for the Annuity

Please check to show one of these two Statements:

_____ I currently reside in a nursing home facility

_____ I currently DO NOT reside in a nursing home faciltiy

Owner's Name _____ _____ _____

Owner's Signature _____

Phone Number _____ Age ____ Sex _____

Date _____

Owner's Name _____ _____ _____

Owner's Signature _____

Phone Number _____ Age ____ Sex _____

Date _____

Producer Confirmation

I have reviewed the applicant's needs, assets and ability and they do qualify to make a final application for this Annuity.

Agent Signature _____