CONSENT FOR ELECTRONIC RECEIPT, SIGNATURE AND DELIVERY OF INSURANCE APPLICATION AND ELECTRONIC DELIVERY OF RELATED INSURANCE APPLICATION DOCUMENTS

Thank you for considering the purchase of an insurance policy or annuity contract ("insurance policy", insurance" or "policy") from https://binsuredhere.store.

Please review the information below regarding your agreement and consent to receive and apply for an insurance policy from us soley by electronic means, including electronically receiving, signing and delivering to us your insurance application and its related documents using this electronic document. Your consent to receive and sign electronically the Insurance Application Documents is voluntary and not requried to apply for and purchase our insurance products.

INSURANCE APPLICATION DOCUMENTS: The documents that you will be consenting to receive electronically and, where requried, sign electronically are the documents relating to your application for insurance with us ("The Insurance Application Documents").

ELECTRONIC SIGNATURES AGREEMENT: By selectiong the **"I Accept"** tab below, you agree electronically to receive, sign and deliver to us the Insurance Application Documents, that your electronic signatures thereon shall be your legally binding signatures and that you agree to all the terms of this consent. This consent applies only to the Insurance Application Documents. If we issue an insurance policy to you, we will deliver it to you in paper form attached with a copy of your electronically signed insurance application.

CONSENT TO ELECTRONIC DELIVERY OF CONSUMER DISCLOSURES AND OTHER INSURANCE APPLICATION DOCUMENTS: By selecting the **"I Accept"** tab below, you agree to receive soley in electronic form the Insurance Application Documents, including all related required consumer disclosures that we must deliver in writing to you as part of your application for insurance with us, which you agree shall constitute our delivery of them to you in writing. When you receive an email from us at your email address you have provided in your insurance application alerting you that an electroinic message is waiting for you at your electronic mailbox, which you may access by the hyperlink provided in our email to you, you will promptly access the email and the hyperlink therein to read each such message. If applicable law requires us to provide particular information to you in writing, we may provide that information to you by alerting you by emal that the infomration is waiting for you at your electronic mailbox, which will constitute our delivery of that information in writing to you. You are considered to have received delivery of information from us when we send notice to you at your email address alerting you that the information has been delivered to you at your electronic mailbox.

OBTAINING PAPER COPIES: You may contact us to obtain paper copies from us of the Insurance Application Documents at no charge to you.

HOW TO CONTACT US: If you wish to change or correct the electronic mail address where we send you the Insurance Application Documents or to request paper copies of them, please contact us at https://binsuredhere.store/contact-us Or:

TomFlash LLC

1628 East Southern Avenue
Suite 908
Tempe, AZ 85282
Email: tomflash1@protonmail.com

Phone Number: 1-800-317-0625

License Type: Insurance Producer
License Number: 6727904
License Status: Active
First Active Date: 05/28/2014
Expiration Date: 12/31/2025
Designated Home State: Arizona
Additional Licensed State: Michigan

Please provide your full name, mailing address, telephone number and insurance policy number, if applicable.

REQUIRED COMPUTER HARDWARE AND SOFTWARE: As long as you can access, send and receive emails from the email account you have provided to us in your insurance application, you will need the following minimum computer hardware and software requirements:

Hardware - Software	Minimum Requirements
Browsers Supported	Internet Explorer 9 or higher with all critical updates Google Chrome's Latest Release Mozilla Firefox Latest Release Apply Safari Latest Release iPad Tablets Running Ios7+ Tablets Running Android OS4+
Computer System Requirements	Internet Access Minimum Screen Resolution 1024 X 768 512 MB's RAM Cookies and Java Script Enabled 500 MB's available for storage of electronic documents
Portable Document Format (PDF) Reader	Adobe Acrobat Reader 11 or higher Adobe Acrobat Reader DC

HOW TO OPT-OUT: If you decide you do not want to receive and sign the Insurance Application Documents, you can cancel your session use of the the electronic signed transactions by clicking on the **"CANCEL" t**ab before you have electronically signed all the Insurance Application Documents requiring your signature.

AGREEMENT AND CONSENT: By electronically signing this consent, I confirm, agree and consent that I:

*Am the person whose name appears on the signature lines of the Insurance Applicaiton Documents wihch will be presented to me for my electronic signature and able to read this electronic consent and print it on paper or electronically save it for my future access.

*I have the technological ability to receive, open, read, print and retain the Insurance Application Documents in the form in which they will be delivered to me based on the above-stated computer hardware and software requirements.

I will electronically receive delivery of and sign the Insurance Application Documents requiring my signature and be bound by my electronic signatures thereon and

	I agree to all the above terms and conditions of this consent

Signed @:____ Date__________________

Signature of Owner____

Signature of Joint Owner (if applicable)____

Signature of Annuitant (if different than Owner)____________________________________

Signature of Joint Annuitant (if applicable)____

What is the ownership type for this application? (Check appropiate box)

Individual Joint Trust Corporate

What is the plan type of this application? (Check appropiate box)

Non-Qualified Account

Qualified Account

Replacement Questions (Check appropiate box)

Yes No Does the applicant have an existing life insurance policy or annuity contract?

Yes No Does this application replace or change existing life insurance or annuities?

Beneficiary Information

How many beneficiaries do you have (pick a number between 1 and 16) Number ____

Beneficiary 1

First Name________________________ MI _______ Last Name _____________________

Social Security or Tax ID Number______________________Date of Birth_______________

Street Address____City____________________

State_________________ Zip Code_______________ Phone_________________________

Email Address____

Relationship to Owner___________________________ Percentage of Proceeds________

Primary Beneficiary Allocation total_________________

Contingent Beneficiary Allocation total_________________

Surrender Charges 10 year – 14%, 13%, 12%, 11%, 10%, 8%, 6%, 4%, 2%, 1% and Zero%

Riders:

Enhanced Guaranteed Minimum Withdrawal Benefit (EQMWB)

SOURCE OF FUNDS:

How many sources will be used to fund this annuity purchase? __________________

FUNDING METHOD:

Premium method of transfer

Premium Type:

Direct Rollover_________

Indirect Rollover_________

Contribution___________

Full 1035 Exchange_______

Partial 1035 Exchange_______

Qualified Transfer________

Non_Qualified Transfer________

How much – Amount $______________________________

____

Total Cash Amount (check/ACH/DTCC Settlement)

Anticipated total amount from Exchange(es) / Transfer(es) / Rollovers(es)

Total Estimated Premium $____

Please check box below if submitting multiple applications for the same household

☐

Owner Work Status:

Retired____ Employed_____ Unemployed_____ Disabled_____ Self Employed_____ Student_____ Homemaker______ Military______

Household Financial Information:

Federal Tax Rate

0%___ 1%-9%____ 10%-15%_____ 16%-25%_____ 26%-32%_____ 33%+_____

Do you have a reverse mortgage? Yes_____ No_____

Do you currently or have you previously owned any of the products listed below:

Stocks _____Mutual Funds _____Variable Life Insurance/Annuities _____CDs_____

Bonds_____ Fixed Annuities_____

Fixed Life Insurance with Cash Value (e.g. IUL, UL_____ Term Life Insurance______

Sources of Income

Salary/Wages_____ Investment Income_____ Pension/RMD_____ Trust Income_____

Social Security_____ Disability Income_____ Rental Income _____ Severance_____

Alimony_____ Other_____

Monthly Income / Expenses

Monthly Household Income (net after taxes) $________________________________

Monthly Household Expenses $____

Reflect assets prior to the purchase of this annuity

Liquid Assets

Cash/Checking/Savings $_____________________ CDs $________________________

Money market brokerage account $_________________ Stocks/bonds $_____________

Mutual Funds (except Class B W/deferred sales charge) $_________________________

Annuities (out of surrender period) $________________________

ERISA Plan: 401K, SEL, SIMPLE, ESOP,Traditional Pension, Profit Sharing Plan, etc.

(If over 59 1/2 no surrender penalties)

Non-Liquid Assets

Value of home $___________ Other Real Estate $_________ Stocks/Bonds $________

Annuities $______ (in surrender period) Money Market/Brokerage Account $_________

Other aluable personal property (e.g. gold, collectibles) $_________________

Class B Mutual Funds (W/deferred sales charges)

ERISA Plan: 401k, SEP, SIMPLE, ESOP, Traditional Pension, Profit-Sharing Plan, etc. (if under 59 ½)

NET WORTH

Total Short-Term Liablities $____________________________

Long-Term Liabilities $________________________________

What is your risk tolerance?

Conservative (prefer to take minimal on no market risk) _____

Moderate (comfortable taking some market risk to increase returns ______

Aggressive (seek maximum returns by taking on additional risk) ______

Is the purchase of this annuity connected to or based on information provided during the establishment of a trust sold to you by any Trust company, Insurance company or an attorney who recommended this annuity? Yes_____ No _____

Check the primary reasons for purchasing this annuity. Check up to 3 based on this product selection.

Tax Deferral_____ Potential for Better Rate_____ Immediate Income_____

Probate Avoidance_____ Death Benefit/Pass on to Beneficiaries_____

Protection from Market Risk ______

Retirement Income/Guaranteed Withdrawal Benefits _____ Accumulation/Growth_____

Other_____

*Annuities purchased in a tax qualified account offer no additional tax deferral benefit over other tax qualified products or accounts.
Based on the response to question 9 on the Best Interest Acknowledgement Form (BIA), not including Retirement Income/Guaranteed Withdrawal Benefits as a primary reason for purchase, list an explanation as to:

(a) Why you recommended this income-oriented product designed with an emphasis on growing retirement income benefits?

(b) If applicable, does your client understand there is a fee for the income benefit feature?

(c) How this product, over the other product options considered, best addresses your client's needs and objectives?

Are you purchasing this annuity to qualify and/or intend to apply for means-tested Government Programs? (e.g. Medi-Cal, Medicaid, VA Aid and Attendance, etc.)

YES_____ NO______

Funding Source and Replacement Information
What is the source of funds for this annuity? If more than one source, check all that apply.

Cash/Checking/Savings_____ Stocks/Bonds_____ CDs _____

Reverse Mortgage/Home Equity Loan_____ Money Market/Brokerage Account_____

Inheritance/Death claim proceeds/Gift_____

Mutual Funds (except class B w/deferred sales charges)_____

Class B Mutual Funds (w/ deferred sales charges)_____

Annuities (out of surrender period)_____Annuities (in surrender period)_____

Cash value of Life Insurance (out of surrender period)_____

Cash value of Life Insurance (in surrender period)_____

Lump Sum Pension distribution (defined benefit)_____

ERISA Plan: (401(k), SEP, SIMPLE, ESOP, Traditional Pension, Profit-Sharing Plan, etc.)_____

Summary of the basis of recommendation:

Please explain specifically the primary reason why this particular annuity effectively addresses the Applicant's financial situation, insurance needs, and financial objectives. If a replacement or exchange of an existing life or annuity policy will be used to establish this annuity, please provide additional details on advantages and whether purchasing the proposed annuity will result in a positive financial benefit for the Applicant over the product's lifetime.

Potential upside on participation in market index gains_____

Protection against loss of principal_____

Steady, predictable interest offered by a multi-year guarantee_____
Looking for lifetime or period certain stream of income_____

Looking to diversify, already own other kinds of products_____

Believe this annuity will perform better than other product options considered_____

Looking to Add an Income Rider with Enhanced Benefits_____

Looking for Guaranteed Rate of Return_____

Looking to Leave a Death Benefit, Pass to Beneficiary_____

Higher Caps/Rates, Earning Potential_____

Specific features not available on existing investment or annuity_____

Find managing other products cumbersome or complex compared to this annuity_____

Reduced Fees_____

Additional Commentary

Insurance Needs

Do you anticipate taking distributions from this annuity (N/A for single premium immediate annuities) during the surrender charge period that would result in a surrender charge? If yes, when?

No - Do not plan to take withdrawals. Any withdrawals will only be RMDs, GMWB, and surrender charge free withdrawals/surrenders._______

Yes - 0-5 years from now_____ Yes - 6-7 years from now_____

Yes - 8-10 years from now_____ Yes - 11-14 years from now_____

Yes - 15 or more years from now______

Do you understand this annuity has surrender charges on withdrawals (N/A for immediate annuities)?

Beginning Surrender Charge (%):	Surrender Charge Period (years):
14%	10

Yes I understand ____ ^ No I don't understand _____

*For Multi-Year Guaranteed Annuities, Surrender Charge Percentage and Surrender Charge Period may repeat after each guaranteed period; however, terms may vary by product and state of issue. See the Statement of Understanding for detail.

Statement of Understanding Applicant Acknowledgement

Do any of the Applicant(s), Owner(s), or Annuitant(s) currently reside in a nursing home?

Yes_____ No _____

Additional Questions

Will Custodian/Guardian be signing on behalf of any of the adults on the policy?

Yes_____ No _____

Will AIF/Conservator be signing on behalf of any of the adults on the policy?

Yes_____ No _____

Special Instructions

Would you like to provide any special instructions for processing of this application?

Yes_____ No _____

Comments / Special Instructions

EMAIL ADDRESS: tomflash1@protonmail.com

Please click the 'Submit Tab' to send the application to Binsuredhere.store for your agent to proceed.

SUBMIT