

Insurance Agent Disclosure For Annuities

Do Not Sign Unless You Have Read and Understand the Information in this Form

Insurance Agent Information (“Me”, “I”, “My”)

Date:		
Agent First Name (Print):	Agent Last Name (Print):	
Business/Agency Name:	Website:	
Business Mailing Address:	Business Phone Number:	
Email Address:	National Producer Number (NPN):	Resident License State:

Customer Information (“You”, “Your”)

Customer Name (Print):	Policy Number (if known):
Product Name:	

What Type of Products Can I Sell You?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

- Fixed or Fixed Indexed Annuities Variable Annuities Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds Stocks/Bonds Certificates of Deposits

Whose Annuities Can I Sell to You?

I am authorized to sell:

- Annuities from Only One (1) Insurer Annuities from Two or More Insurers

- Annuities from Two or More Insurer although I primarily sell annuities from: _____

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How I am Paid for My Work:

It's important for You to understand how I'm paid for My work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company (or other source such as an intermediary marketing organization) while fees are generally paid to Me by the consumer. You have the right to request additional information concerning My cash compensation described below.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

Commission, which is usually paid by the insurance company or other sources. If other sources, describe:

Fees (such as a fixed amount, an hourly rate, or a percentage of Your payment), which are usually paid directly by the customer.

Other (Describe): _____

If You have questions about the above compensation I will be paid for this transaction, please ask Me.

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

Material Conflict of Interest:

I have no material conflicts of interest as defined by state regulation (excluding My compensation as described above) except as disclosed here. If none, indicate N/A. Add additional pages as needed.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Owner's (Applicant's) Name (Print): _____ Date: _____	Owner's (Applicant's) Signature: _____ _____
Joint Owner's (Applicant's) Name (Print): _____ Date: _____	Joint Owner's (Applicant's) Signature: _____ _____
Agent's Name (Print): _____ Date: _____	Agent's Signature: _____ _____