

PTE 84-24 Compensation Disclosure and Acknowledgement Form

Agent ("Agent") Name: _____

Name of Proposed Annuity Owner ("You"): _____

Insurance Company Name: _____

Product Name: _____

This disclosure form provides important information for the Fiduciary or IRA owner to consider prior to making the purchase of or adding additional payments to a tax-qualified insurance or annuity policy ("Policy") issued by an insurance company. In that regard, the information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24 ("PTE 84-24").

This form will describe the following:

- The relationship between the Agent and the insurance company;
- The compensation (commissions) the Agent will receive as a result of Your purchasing this Policy;
- A description of any charges, fees, discounts, penalties or adjustments that may be imposed in connection with the purchase, holding, exchange or sale of the Policy, and,
- A notice on certain conflicts of interest.

THE RELATIONSHIP BETWEEN THE AGENT AND THE INSURANCE COMPANY

You will be purchasing this Policy through the Agent who is independent of the insurance company listed above and is under no contractual obligation to offer the above insurance company's Policies. The Agent may be licensed and appointed with several insurance companies and have many policies of which he /she can represent. The Agent may not make any representations or accept any responsibilities on behalf of the insurance company that are not expressly contained in the Insurance Company's Policy or Policies. The Agent may not waive or modify any terms of your Policy or Policies. The fact that the Agent may receive a commission for the sale can create a conflict of interest.

COMPENSATION

The insurance company will pay commissions to the Agent for the sale of this Policy. In addition, the insurance company may pay additional amounts to other third parties that are involved in the marketing, training, administration, wholesaling, supervision of the Agent, or issuance of the Policy. These parties may also allocate a portion of such amounts to the Agent. The commission is paid by the insurance company and one-hundred percent of your premium payment will be credited to the accumulation value of your Policy.

The commission the Agent receives for the sale of this Policy to you is _____ percent of gross annual premium in the first year and _____ percent subsequent years the Policy is active.

AGENT CERTIFICATION/ACKNOWLEDGEMENT

I certify and acknowledge that I have provided the Disclosure to the Annuity Owner and that I have complied with the Impartial Conduct Standards under PTE 84-24, including the disclosure of my relationship with the issuing insurance company, my compensation, all fees and charges associated with this Annuity, and existing and potential conflicts of interest, if any.

I provided the client with the following point of sale disclosure document:

- Statement of Understanding
- Contract Summary
- Other _____

Agent Signature

Date
