

NEW BUSINESS TRANSMITTAL-Preserve MYGA

Date _____

Applicant Name _____ Owner Name _____

Legal documents: ___ Power of Attorney ___ Trust ___ Guardianship ___ Assignment

Agent Name _____ Agent Number _____

Agent Phone _____ Agent Email _____

Check Enclosed ___ Yes ___ No Amount of Check: \$ _____

If this application is to be funded by funds from more than one source, please complete:

_____ **Hold funds until all transfers are received prior to contract issue.**

_____ **Issue contract at receipt of first funds; issue additional contract(s) at receipt of subsequent funds.**

Anticipated amount of transfers \$ _____

Special Request: _____

_____ **Application**

_____ **Product Summary– Required with all Applications**

_____ **Suitability Disclosure – Required with all Applications**

Other Forms:

_____ Authorization to Transfer Funds – If moving money from a mutual fund, obtain Signature Guarantee

_____ Replacement Form * (State specific forms in CA, FL, HI, IL, KS, KY, LA, MA, MI, MN, NV, OK, PA, SD, VA, WA)

_____ Copy of Legal Documents (see above)

_____ Special Beneficiary Designation Attachment

_____ MN Disclosure

_____ CA Disclosure (65+) & CA Pre Notice (65+)

_____ SPDA Disclosure-OH

_____ SPDA Disclosure-KS

_____ Disclosure & Comparison of Replacement Annuity Contracts-NV

_____ Disclosure & Comparison of Annuity Contracts-FL (65+)

_____ Annuity Suitability Questionnaire-FL (65+)

_____ W-9 Certification of Tax ID Number (Form W8-BEN required for Resident Alien applicants.)

* If the following question is answered “yes” on the application, you must include a Replacement Form Notice “Do you have any existing life insurance or annuity contracts?” This applies in the following states: AL, AK, AZ, AR, CO, HI, ID, IA, KY, LA, ME, MD, MS, MT, NE, NH, NM, NC, OH, OR, RI, SC, TX, UT, VT, VA, WV, WI.

Agent Use Only - Remit with each application submitted