



**RBC
Insurance**

**OWNER/APPLICANT STATEMENT
CONTINUATION OF ANNUITY APPLICATION**

Liberty Life Insurance Company PO Box 19087 Greenville, SC 29602-9087

1.800.234.5514 ■ Traditional/Fixed Annuities

I AFFIRM I:

- Have paid \$_____ to purchase an annuity from Liberty Life Insurance Company ("the Company").
- Understand that:
 - This annuity provides a choice between Indexed and Fixed interest.
 - That the actual Annual Index Cap Rate, Annual Index Spread Fee, and Fixed Account Interest Rate, which will apply to my Initial Premium Payment, will be those declared by the Company on the day my annuity is issued and will be guaranteed for a one year period.
 - That the Company may declare, at its discretion, a new Annual Index Cap Rate and Annual Index Spread Fee for each subsequent Contract Year. The Annual Index Cap Rate will never be less than 10%, and the Annual Index Spread Fee will never be greater than 5%.
 - That for premium payments made after the Initial Premium Payment, and at any date subsequent to the first Contract Anniversary of the annuity, the Company may declare, at its discretion, different Fixed Account Interest Rates. The Fixed Account Interest Rate will never be less than 3%.
- Understand that only the interest earned in the Indexed Account is tied to the applicable Index.
- Understand that this annuity is designed to accumulate funds for retirement and other long-term objectives. Consequently, there may be substantial penalties if withdrawals are made during the earlier Contract Years.
- Understand this annuity is not a registered security and does not directly participate in any stock, bond or other securities results.
- Recognize this is an annuity, a form of insurance product.
- Understand that my agent is acting as an insurance agent.
- Have read the Product Brochure.
- Have read the Disclosure Statement and kept a copy.
- Believe that this annuity is a suitable product for my financial needs.

My account allocation percentages are indicated below:

ACCOUNT ALLOCATION PERCENTAGES FOR THE INITIAL PREMIUM PAYMENT	
(1) Indexed Account: _____%	(2) Fixed Account: _____%
<div>Total of (1) and (2) must equal 100%</div> <div>You can indicate as little as 0% in either account. Allocation percentages must be in whole numbers.</div>	

I understand the statements listed above, and I agree that they, with the statements on my application dated _____, will be the basis for and a part of any insurance issued.

OWNER/APPLICANT'S SIGNATURE

DATE

AGENT'S STATEMENT

I certify that I have:

- Given the applicant a Product Brochure;
- Presented and explained to the applicant the Disclosure Statement; and
- Made no statement that is inconsistent with the Disclosure Statement, nor have I made any promises about the expected Indexed Interest Rates, Index Caps, Index Spread Fees, or the future Fixed Interest Rates of the Annuity.

AGENT'S SIGNATURE

DATE