



2416 Sir Barton Way Suite 110 • Lexington, KY 40509  
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## Non-Resident Information Form

Generally, insurance products should not be solicited outside the state where the owner resides. However, in some cases it may be permissible for an owner to complete and sign an application in other states. Such transactions may be proper when the owner has a significant connection to the non-resident state, or in the case of one or more of the following:

- The owner/applicant owns or rents a secondary address in the non-resident state.
- The owner/applicant is employed by or owns a business in the non-resident state.
- The owner/applicant of the policy/contract will be a trust or LLC domiciled in the non-resident state.
- The owner/applicant is different than the insured/annuitant and the sale took place in the resident state of the insured/annuitant.
- The owner/applicant has a prior relationship with the producer and the sale took place in the producer's primary office location.
- The owner/applicant was referred to the producer and the sale took place in the producer's primary office location.

Some states prohibit non-resident sales to their residents. It is our interpretation that the insurance regulations of **Arkansas** and **Mississippi** do not permit sales of insurance products to residents outside of their state of residence, regardless of the circumstances or the connection to the non-resident state.<sup>1</sup> If a non-resident application is submitted for a resident of one of these states, it will be declined.

<sup>1</sup> Arkansas residents may purchase an annuity in Mississippi or Tennessee. Mississippi residents may purchase an annuity in Arkansas or Tennessee. Producers must have a non-resident license in the applicant's state of residence.

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### Instructions

This form is required to be completed whenever an owner applies for an annuity product outside of his or her state of residence (other than the states listed above). You must describe the connection between the owner/applicant and the non-resident state in which the sale took place. You may be asked to provide evidence that the owner/applicant was in the non-resident state for reasons other than to transact insurance at the time of solicitation.

NOTE: This form is not an application form and does not become a part of the contract. **The issued annuity contract must be delivered in the same state in which the application was solicited. It may not be mailed to the customer's home address.** Mountain Life Insurance Company products are only available to residents of the United States of America.

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### 1. Owner Information

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Name of owner/applicant

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Application date

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Annuity product

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Amount of annuity premium

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State of residence

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State of solicitation

## 2. Reason(s) for Solicitation Outside State of Residence

☐ Second Home \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

☐ Place of Employment \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

☐ Owner has regular business dealings in the state. *Please provide details, including locations and frequency.*

\_\_\_\_\_  
\_\_\_\_\_

☐ Other *Please provide details.*

\_\_\_\_\_  
\_\_\_\_\_

## Acknowledgments

We certify the following is correct.

The above information is true and complete. The solicitation and sale of the product and the signing of the application occurred solely within the state identified in the application. The contract will be delivered to the owner in the same state.

\_\_\_\_\_  
Owner name \_\_\_\_\_ Owner signature \_\_\_\_\_ Date signed \_\_\_\_\_

\_\_\_\_\_  
Joint owner name *if applicable* \_\_\_\_\_ Joint owner signature *if applicable* \_\_\_\_\_ Date signed \_\_\_\_\_

If you are signing on behalf of the owner, print your name and provide your signature below. Check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request to verify your authorization to act on behalf of the owner.

☐ Conservator ☐ Guardian ☐ Power of Attorney

\_\_\_\_\_  
Signature *if applicable* \_\_\_\_\_ Print name \_\_\_\_\_ Date signed \_\_\_\_\_

\_\_\_\_\_  
Name of agent \_\_\_\_\_ Agent number \_\_\_\_\_

\_\_\_\_\_  
Signature of agent \_\_\_\_\_ Date signed \_\_\_\_\_



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