

MOUNTAIN LIFE INSURANCE COMPANY

Home Office Address: 2416 Sir Barton Way Suite 110, Lexington, KY 40509

Telephone: 1-800-888-6542 (also referred to as "the Company")

**1. Annuitant (Joint Annuitants are permitted):**

First Name	Initial	Last Name	Suffix
Social Security Number/Tax ID	Birthdate (MM/DD/YYYY)		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Telephone	Relationship to Proposed Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		
Residence Address (Cannot be a PO Box)	City	State	Zip
Mailing Address (If different)	City	State	Zip
Email			
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship	
Government Issued Photo ID: Drivers License _____ Passport _____ Other _____		State or Country of Issue	

2. Owner (If Other Than Annuitant):

Individual or Trustee First Name	Initial	Last Name	Suffix
Company or Trust Name			
Social Security Number/Tax ID	Birthdate (MM/DD/YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Proposed Annuitant <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
Residence Address (Cannot be a PO Box)	City	State	Zip
Mailing Address (If different)	City	State	Zip
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship	Telephone (Required)	
Government Issued Photo ID: Drivers License _____ Passport _____ Other _____		State or Country of Issue	
Email			

3. Joint Owner (non-qualified contracts or those owned by natural entities (person) only.):

Individual or Trustee First Name	Initial	Last Name	Suffix
Company or Trust Name			
Social Security Number/Tax ID	Birthdate (MM/DD/YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Proposed Annuitant <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
Residence Address (Cannot be a PO Box)	City	State	Zip
Mailing Address (If different)	City	State	Zip
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship	Telephone (Required)	

Government Issued Photo ID: Drivers License _____ Passport _____ Other _____	State or Country of Issue
Email	

4A. Plan Applied For (Please Check One):

<input type="checkbox"/> SECURE SUMMIT 2	<input type="checkbox"/> SECURE SUMMIT 3	<input type="checkbox"/> SECURE SUMMIT 5	<input type="checkbox"/> SECURE SUMMIT 6
<input type="checkbox"/> SECURE SUMMIT 7	<input type="checkbox"/> SECURE SUMMIT 8	<input type="checkbox"/> SECURE SUMMIT 9	<input type="checkbox"/> SECURE SUMMIT 10
<input type="checkbox"/> ALPINE HORIZON 3	<input type="checkbox"/> ALPINE HORIZON 4	<input type="checkbox"/> ALPINE HORIZON 5	

4B. Optional Riders Applied For:

<input type="checkbox"/> 10% Free Withdrawal Rider	<input type="checkbox"/> RMD Free Withdrawal Rider (Qual. Plans)	
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5. Beneficiaries: If joint owners are named, on the death of either joint owner the surviving joint owner will become the sole primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries (unless otherwise requested in the Special Requests section).

Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

6. Premium and Tax Qualification Status:

<ul style="list-style-type: none"> • Amount paid with application \$ _____ • If a 1035 Exchange, Rollover or Transfer is occurring, the expected premium amount is \$ _____ 		
Non-Qualified <input type="checkbox"/>		
IRA (Select only one): <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP		
Inherited IRA* (Select only one): <input type="checkbox"/> Traditional <input type="checkbox"/> Roth		
For Qualified Plans, select all that apply:		
Contribution Year _____ <input type="checkbox"/> Direct Transfer** <input type="checkbox"/> Rollover***		
If inherited IRA selected above, list Decedent name: _____		
Relationship to proposed Annuitant: <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)

The Company will accept applications for a spouse Inherited IRA and trust owned Inherited IRA for trusts that qualify as a see-through trust where the sole trust beneficiary is the spouse. The Company won't accept applications for non-spouse Inherited IRAs.
 ** Please complete a separate transfer form and replacement form for each account.
 *** I understand that, except for Roth Conversions, I can make only one rollover from an IRA (including a Traditional IRA, Roth IRA, or SEP IRA) to an IRA in any 1-year period, regardless of the number of IRAs I own.

7. Owner Replacement Questions (Required)

(1)	Do you have any existing life insurance policies or annuity contracts with the Company or any other insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Is this Application intended to replace or change any life insurance or annuity contract with the Company or any other insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • Change means causing a policy or contract to lapse, surrender (in whole or part), forfeit, terminate, convert to reduce paid up or continue as extend term insurance, reduce in value by borrowing against it or change the term or coverage benefits
Company Name of Policy/Contract being replaced:	Policy/Contract Number:
If "Yes", please sign the required Replacement form.	

8. Application Completed At:

Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the person(s) signing this application. It is agreed that such statements shall form the basis of an Annuity issued by the Company and that such Annuity, together with this application, shall constitute the entire contract between the company and the person(s) signing this application. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½. If the Annuity for which application is being made is a Market Value Adjusted fixed annuity, the person(s) signing this application understand that withdrawals from the Annuity may be subject to a market value adjustment in addition to any applicable surrender charges.	
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.	
Signed at (city and state)	
Signature of Owner	Signature of Joint Owner (if any)
Date	Date

9. Agent's Report:

Do you have knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please sign the required Replacement form .	
FL Agent Name (Please Print)	FL Agent Number
Signature of FL Agent	FL State License Number

Additional Acknowledgements & Notice

IRS CERTIFICATION

Under penalties of perjury, I certify that: (1.) The Social Security Number or Taxpayer Identification Number shown on this form is correct, and (2.) I am not subject to backup withholding as a result of either being exempt from backup withholding, or not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3.) I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and (4.) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends.)

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

The Company is not a bank or credit union and this contract is not backed or guaranteed by any bank or credit union nor insured by the Federal Deposit Insurance Corporation (FDIC) or the National Credit Union Administration (NCUA).

COPY FRAUD NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.



SINGLE PREMIUM DEFERRED ANNUITY CONTRACT DISCLOSURE

Please check the appropriate box: Qualified Annuity Non-qualified Annuity

Please check the Initial Interest Rate Period:

2 years 3 years 4 years 5 years 6 years 7 years 8 years 9 years 10 years

The SPDA is an individual single-premium deferred annuity. You purchase the annuity with one premium payment. This contract includes a series of multi-year interest rates guaranteed for the duration of the guarantee periods. Under current tax law: (a) the principal and earnings are not subject to income taxes until funds are withdrawn or distributed; and (b) a 10% IRS early-withdrawal penalty may apply to withdrawals or distributions prior to age 59½. Tax law is subject to change. Please consult your financial or tax professional for any exceptions to the early-withdrawal penalty.

The main purposes of a deferred annuity are: (a) to save money for retirement; and (b) to receive retirement income for life. It is not meant for short-term financial goals.

THE ANNUITY CONTRACT. *How will my annuity grow?*

Annuity. An annuity allows you to pay a premium for the Contract and interest will be earned on a tax-deferred basis. The premium and interest earnings are not subject to income taxes until the funds are withdrawn or distributed.

Issue Age. The SPDA will be issued to Owners age 18-90 and Annuitants age 0-90.

Contract Effective Date. The contract effective date is the date premium is received in Mountain Life’s home office. The effective date is shown on the Contract Schedule.

Premium. The SPDA may be established with an initial premium of \$5,000 to \$1,000,000 (or more with prior home-office approval).

Interest Rates. The initial premium will receive the interest rate in effect as of the date the application and premium are received in the home office. In order to qualify for this rate, the application must be received in our home office within ten calendar days of the signature date and the premium must be paid within ten calendar days for cash payments and 60 days for transfer and rollover payments.

Premium payments are credited with a guaranteed interest rate for the Initial Interest Rate Period shown above. Thereafter, the Accumulation Value will be credited with renewal interest rates based on the current economic and interest rate environment. The interest rate will never be less than the guaranteed minimum interest rate (GMIR).

Annuity Values. The Accumulation Value is the amount available to provide annuity benefit payments and death benefits. The Accumulation Value is: (a) premium plus credited interest; minus (b) amounts surrendered, including surrender charges and associated market value adjustments. The Cash Value is: (a) the Accumulation Value; minus (b) surrender charges. The Cash Surrender Value is the amount available to provide surrender benefits. The Cash Surrender Value is: (a) the Cash Value; plus or minus (b) any associated market value adjustment.

Safety and Guarantees. Mountain Life guarantees that the Owner will never receive less than: (a) 87½% of the total premium payments, net of any withdrawals; accumulated at (b) an annual interest rate no less than 3.00%.

SURRENDER BENEFITS. *May I take money out of my annuity?*

You may take money out of your annuity any time before annuity benefit payments begin. You may take out all of your annuity’s Cash Surrender Value (**full surrender**) or part of it (**partial surrender**). At least \$2,000 must remain in the annuity for the Contract to remain in force. A 10% IRS penalty may apply to withdrawals made before you reach age 59½.

Initial Surrender Charge Period. A surrender charge will be assessed on amounts you withdraw during the Surrender Charge Period, as follows:

Contract Year		1	2	3	4	5	6	7	8	9	10
Surrender Charge Period	2 Years	9.0%	8.0%								
	3 Years	9.0%	8.0%	7.0%							
	4 Years	9.0%	8.0%	7.0%	6.0%						
	5 Years	9.0%	8.0%	7.0%	6.0%	5.0%					
	6 Years	9.0%	8.0%	7.0%	6.0%	5.0%	4.5%				
	7 Years	9.0%	8.0%	7.0%	6.0%	5.0%	4.5%	3.5%			
	8 Years	9.0%	8.0%	7.0%	6.0%	5.0%	4.5%	3.5%	2.5%		
	9 Years	9.0%	8.0%	7.0%	6.0%	5.0%	4.5%	3.5%	2.5%	1.5%	
	10 Years	9.0%	8.0%	7.0%	6.0%	5.0%	4.5%	3.5%	2.5%	1.5%	0.5%

Example: If you withdrew \$10,000 during the first contract year, a 9.0% surrender charge would apply. $\$10,000 \times 0.0900 = \900 . A \$900 surrender charge would be deducted from the \$10,000 withdrawal amount, i.e. $\$10,000 - \$900 = \$9,100$. The resulting \$9,100 is then subject to a market value adjustment.

Subsequent Surrender Charge Period(s). There are no surrender charges during the first 30 days of each subsequent Surrender Charge Period. During those 30 days, you may choose one of the following options:

1. Continue your Contract and apply the current Accumulation Value to a subsequent Surrender Charge Period equal to your current Surrender Charge Period. The new Interest Rate Guarantee Period will be through the end of your subsequent Surrender Charge Period.
2. Begin payment of the Accumulation Value under a payment option without a surrender charge or market value adjustment.
3. Make a partial surrender without a surrender charge or market value adjustment and apply the remaining Accumulation Value to a subsequent Surrender Charge Period equal to your current Surrender Charge Period. The new Interest Rate Guarantee Period will be through the end of your subsequent Surrender Charge Period.
4. Surrender your Contract without a surrender charge or market value adjustment.
5. Continue your Contract or make a partial surrender without a Surrender Charge or Market Value Adjustment and apply the remaining Accumulation Value to the Contract with a one-year interest rate guarantee period. Surrender Charges and Market Value Adjustments will no longer apply, and the one-year interest rate guarantee period will automatically renew each year.

If you do not make a choice during that 30-day period, option 1 above automatically becomes effective with a subsequent Surrender Charge Period equal to your current Surrender Charge Period. We will provide you with written notice of your options at least 30 days but not more than 45 days before each subsequent Surrender Charge Period.

Market Value Adjustment. The SPDA includes a market value adjustment feature. During each Surrender Charge Period, any amount surrendered is subject to a market value adjustment (MVA). The MVA may increase or decrease the amounts payable. Generally, if interest rates rise after the beginning of the current Surrender Charge Period, the MVA will decrease the Cash Surrender Value; and, if interest rates fall, the MVA will increase the Cash Surrender Value. The MVA is waived for any surrender or benefit payment for which surrender charges are waived.

Example. The following example shows the effective combination of surrender charges and the MVA upon an early surrender during the initial Surrender Charge Period when the MVA index rates increase or decrease. The example below assumes the index is 3.00% as of the Contract Effective Date, then either rises to 5.00% or drops to 1.00%. This is for example purposes only. Actual results may vary and depend upon a variety of factors, as described in the Market Value Adjustment rider.

7-Year Surrender Charge Period

End of Surrender Charge Period Year	1	2	3	4	5	6	7
Unchanged at 3.00%	9.00%	8.00%	7.00%	6.00%	5.00%	4.50%	3.50%
Increased to 5.00%	19.90%	17.17%	14.40%	11.61%	8.77%	6.40%	3.50%
Decreased to 1.00%	-3.49%	-2.30%	-1.16%	-0.06%	1.00%	2.52%	3.50%

5-Year Surrender Charge Period

End of Surrender Charge Period Year	1	2	3	4	5
Unchanged at 3.00%	9.00%	8.00%	7.00%	6.00%	5.00%
Increased to 5.00%	16.40%	13.61%	10.77%	7.90%	5.00%
Decreased to 1.00%	0.84%	1.94%	3.00%	4.02%	5.00%

3-Year Surrender Charge Period

End of Surrender Charge Period Year	1	2	3
Unchanged at 3.00%	9.00%	8.00%	7.00%
Increased to 5.00%	12.77%	9.90%	7.00%
Decreased to 1.00%	5.00%	6.02%	7.00%

ANNUITY BENEFITS. *What annuity benefit payment options are available?*

Maturity Date. The Maturity Date is the Contract Anniversary coinciding with or next following the date of the annuitant's 100th birthday. The Contract will automatically Annuitize and begin its payout phase, unless otherwise directed. The Contract may be Annuitized at any time after the first Contract Year.

Payout Options. You may choose from the following payment options:

Life Income Only – Equal monthly payments for the Annuitant's lifetime. There is no death benefit for this option.

Certain Period – A guaranteed income for your chosen time period between 5 and 30 years.

Life Income with Certain Period – A guaranteed income for the longer of the Annuitant's remaining lifetime or the period certain.

If a payment option is not chosen, we will automatically pay under the life income with a 120-months certain period payment option.

Annuity Benefit Payments. The Contract may not be surrendered once annuity benefit payments have begun.

ACCESSING FUNDS. *Are there ways to access funds without incurring a surrender charge?*

Your annuity offers a number of ways to access funds without incurring a surrender charge. There are no surrender charges associated with the following options, but an IRS early-withdrawal penalty may apply to withdrawals before you reach age 59½.

- Free Partial Withdrawal: After the first contract year, any surrender charge and market value adjustment is waived for the first withdrawal, up to a maximum of 5% of the Accumulation Value as of the previous contract anniversary.
- Surrenders occurring during the first 30 days of each subsequent Surrender Charge Period.
- Annuitization.
- Out of surrender charge period withdrawals.

Additional free withdrawal options are available under the following Riders:

- **Penalty Free Withdrawal Rider** - Provides a penalty free withdrawal if the contract owner is terminally ill or confined to a nursing home. (Included with Secure Summit MYGA only)
- **10% Free Withdrawal Rider** - Increases the maximum withdrawal to 10% after the first contract year. This is an optional feature available for your election at the time of application. The crediting rate is reduced when this rider is elected.
- **Free Withdrawal Rider - Required Minimum Distribution** - provides a penalty free withdrawal for the greater of required minimum distributions or 10 percent of the Accumulation Value. This is an optional feature available for your election at the time of application. The crediting rate is reduced when this rider is elected.

DEATH BENEFITS. *What happens if I die?*

The Death Benefit is paid to the Beneficiary if the Owner or the Annuitant dies before the Maturity Date. The Death Benefit is based on the Accumulation Value as of the date of death. If the deceased Owner's surviving Beneficiary is the deceased Owner's spouse as recognized under federal law, that spouse does not need to have Death Benefits paid. Rather, that spouse may continue the Contract as though that spouse were the original owner.

ADVANTAGES OF TAX DEFERRAL UNDER CURRENT TAX LAW. *How will payouts and withdrawals from my annuity be taxed?*

Your annuity grows tax deferred. Taxes will be due only when withdrawals or distributions are paid from the annuity. An IRS early-withdrawal penalty may also apply to payouts and withdrawals paid before you reach age 59½. There are no additional tax advantages to purchasing an annuity as part of a qualified plan other than those provided by the qualified plan itself. Please consult your broker or financial advisor.

OTHER INFORMATION. *What else do I need to know about my annuity?*

Free Look. You have 30 days to look over the Contract. You may return the Contract to the agent who sold it or to our home office within those 30 days. Any premium paid will be refunded, less any benefits paid. The Contract will be void and considered never in force.

Commission. We pay a commission to the agent, broker or firm selling you the annuity.

OWNER ACKNOWLEDGEMENT

I understand the SPDA product features to the extent summarized in this disclosure. I understand that the Contract is intended as a long-term savings vehicle and, as such, may have substantial penalties for early surrenders. I understand and acknowledge that Mountain Life does not offer legal, financial, tax, investment or estate planning advice. I affirm that I have sought such advice from the proper sources before purchasing the Contract. I acknowledge and represent that the purchase of this annuity meets the financial purpose for which it is purchased given my particular legal, financial, tax, investment, estate planning or other goals or circumstances. I further understand that annuities are not: (a) insured by the FDIC or any federal government agency; (b) deposits of or guaranteed by any bank or credit union; (c) provision or conditions of any bank or credit union activity. Some annuities are subject to investment risk and may lose value. I certify that: (a) I have read and understand the SPDA product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure used during the course of the sale; and (c) I understand that this disclosure is not part of the Contract.



(Owner Signature) (Date - mm/dd/yyyy)

(Owner Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

(Joint Owner Signature, if any) (Date – mm/dd/yyyy)

(Joint Owner Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

(Annuitant Signature, if other than Owner) (Date - mm/dd/yyyy)

(Annuitant Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

AGENT ACKNOWLEDGEMENT

I have provided the applicant(s) with the consumer materials used during the course of the sales presentation, the application and the SPDA disclosure document. I have informed the applicant(s) of the various features of the SPDA. I certify that given the information provided to me by the applicant(s), I believe to the best of my knowledge and belief that the SPDA meets the applicant’s financial purpose for which it is purchased given the applicant’s particular legal, financial, tax, investment, estate planning or other goals or circumstances I further certify that I have made no statements, representations or promises about product features and future rate performance that are in any way inconsistent with those materials.

(Agent Signature) (Date - mm/dd/yyyy)

(Agent Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

Contract(s): ICC23-MLIC-SPDA; MLIC-SPDA-FL
Riders: ICC23-10FWR, ICC23-MVAR, ICC23-PBR, ICC23-PFWR, ICC23-FRMD, 10FWR, MVAR, PBR, PFWR, FRMD

APPENDIX A

**INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES
Do Not Sign Unless You Have Read and Understand the Information in this Form**

Date: _____

INSURANCE AGENT (PRODUCER) INFORMATION (“Me”, “I”, “My”)

First Name: _____ Last Name: _____

Business\Agency Name: _____ Website: _____

Business Mailing Address: _____

Business Telephone Number: _____

Email Address: _____

National Producer Number in [state]: _____

CUSTOMER INFORMATION (“You”, “Your”)

First Name: _____ Last Name: _____

What Types 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:

<input type="checkbox"/> Annuities from Only One (1) Insurer	<input type="checkbox"/> Annuities from Two or More Insurers
<input type="checkbox"/> Annuities from Two or More Insurers although I primarily sell annuities from: _____	

How I'm 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 while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

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.

Drafting Note: This disclosure may be adapted to fit the particular business model of the producer. As an example, if the producer only receives commission or only receives a fee from the consumer, the disclosure may be refined to fit that particular situation. This form is intended to provide an example of how to communicate producer compensation, but compliance with the regulation may also be achieved with more precise disclosure, including a written consulting, advising or financial planning agreement.

Drafting Note: The acknowledgement and signature should be in immediate proximity to the disclosure language.

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

Customer Signature

Date

Agent (Producer) Signature

Date



SUITABILITY QUESTIONNAIRE

Owner Information	
Name: Last _____ First _____ Middle _____	
Date of Birth _____ / _____ / _____ Age _____ Sex _____	
Tax Bracket _____ Relationship to Annuitant _____	
Source of Income:	
Annual Income:	
Joint Owner Information	
Name: Last _____ First _____ Middle _____	
Date of Birth _____ / _____ / _____ Age _____ Sex _____	
Tax Bracket _____ Relationship to Annuitant _____	
Source of Income:	
Annual Income:	
Financial Profile Information	
Estimated Gross Monthly Household Income:	\$ _____
Provide a breakdown of your monthly income by income type:	
Employment: \$ _____ Social Security: \$ _____ Investments: \$ _____	
Retirement: \$ _____ Pension: \$ _____ Other (describe): _____ \$ _____	
Estimated Monthly Household Expenses:	\$ _____
Monthly Disposable Income:	\$ _____
Existing Assets:(such as bank Estimated accounts, stocks/bonds/mutual funds)	\$ _____
Existing Liquid Net Worth:	\$ _____
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Reverse Mortgage or plan to take one in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current living arrangement? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Other	Monthly Cost of living arrangement: \$ _____



Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- Income
- Growth (long term)
- Safety of Principal and Income
- Safety of Principal and Growth
- Pass assets to beneficiary(ies) at death
- Other

Describe your risk tolerance (Check all that apply)

- Conservative
- Moderately Conservative
- Moderate
- Moderately Aggressive
- Aggressive
- Other (Comments) _____

Investment Experience (type and length of time): _____

Source of Funds for Purchase: _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? Yes No

If yes, complete the following:

How long has the life insurance or annuity been in force? _____ Years

Will you pay a penalty or other charge to obtain these funds? Yes No

What is the amount of the charge or penalty to obtain the funds? \$ _____

Describe any benefits or bonus lost due to the replacement? _____

Additional Information:



Acknowledgement

I/We acknowledge that I/We are aware of the following with regard to the purchase of this annuity:

- I am purchasing a _____(product name) annuity.
- The surrender charge period is ___ years, and any withdrawal during this time may be subject to penalties.
- The surrender charge percentage is ___% in the first year and ___% in the last year of the surrender charge period.
- Any withdrawals could be subject to a market value adjustment Yes No.
- There are potential tax penalties associated with a withdrawal of income from this annuity prior to age 59 ½ Yes No.

I understand (please select one of the following):

- I am buying an annuity recommended by my agent
- I am buying an annuity but my agent did NOT recommend that I buy it. I understand that, by buying without a recommendation, I may lose protections under the Insurance Code of my state.*

Please select one of the following to allow the insurance company to better understand the information you have provided:

- I have REFUSED to provide my agent or the company with any information needed to decide if the annuity effectively meets my needs, objectives, and situation. I understand that I may lose protections under the Insurance Code of my state if I provide incomplete or inaccurate information. **
- I have provided my agent or the company with LIMITED information needed to decide if the annuity effectively meets my needs, objectives, and situation. I understand that I may lose protections under the Insurance Code of my state if I provide incomplete or inaccurate information. **
- I have provided my agent or the company with ALL the information needed to decide if the annuity effectively meets my needs, objectives, and situation.

* If selected, complete form ML-AS-NOREC (0124)

** If selected, complete form ML-AS-CONREF (0124)

Signed at (City/State) _____

Proposed Owner's Signature _____

_____ Date Signed

Proposed Joint Owner's Signature _____

_____ Date Signed



2416 Sir Barton Way Suite 110 • Lexington, KY 40509
Phone: 800-888-6542 • Fax: 859-335-0307
contact@mountainlife.com • www.mountainlife.com

Note: The following three sections to be completed by the agent proposing purchase. Each section requires a response. No section may be left blank or contain a response consisting of "None" or "N/A".

Agent's Acknowledgement

Based on the facts disclosed by the proposed owner, I have reasonable grounds for believing that the recommendation for the purchase or exchange of the product is suitable. I agree to maintain the information collected and used as a basis for this recommendation for a period of at least five (5) years and make it available upon request to the Company or the insurance commissioner.

During the solicitation of this product, I did did not (select one) use any sales materials other than the pre-printed product brochures and other material provided by the Company. I certify that the applicant was given a copy of the applicable product brochure and disclosure form. I have attached to this form any and all supplementary information used in the solicitation of this product.

Agent Signature

Date Signed