

The Applications

You must apply for NWL Lifetime Returns Solutions, with life application ICC14 01-9063-14 (and state variations) and the Single Premium Immediate Annuity (SPIA) application ICC10 01-9062-10 (and state variations). Life application ICC14 01-9063-14 (and state variations) and SPIA application ICC10-01-9062-10 can be submitted with cash premium, as a 1035 Exchange or a direct transfer depending on the non-qualified or qualified status of the funds.

Lifetime Returns Solutions is available on FireLight eApp. The eApp process guides you through the application process in a digital, user-friendly way. The eApp handles many of the conditions in this document such as including the appropriate forms based on solicitation state, ownership type, funding method, and other case-specific conditions - all while reducing or eliminating not in good order requirements. FireLight eApp is available on MyNWL.com.

Keep reading to learn how to make NWL® Lifetime Returns Solutions happen for your client.

Tips For Completing Applications and Transfer Form:

SPIA Application Form ICC10 01-9062-10 (and state variations)

- Write the word **"SOLUTIONS"** in the top center portion of the ICC10 01-9062-10 SPIA application.
- Complete ALL the fields in the Annuitant section including the DOB and SSN.
- Complete the Owner section if owner is someone "other than" the annuitant.
- **DO NOT COMPLETE THE BENEFICIARY SECTION. THE SPIA CEASES AT THE DEATH OF ANNUITANT AND ALL BENEFITS ARE DETERMINED FROM THE LIFE POLICY.**
- Complete the Single Premium amount and anticipated transfer amount in the Premiums section. Check "Yes" or "No" to indicate whether this is a replacement of an existing life insurance or annuity policy.
- Complete the Plan section, checking "Non-Qualified or Qualified" tax status box. Check the Single Life Annuity Temporary Limited Pay box and write in either 5 or 10 years.
- Include agent, annuitant, owner, and joint owner, if applicable.
- Agent signature, agent's **LIFE AGENT NUMBER** and commission split (if applicable) is required on page 2.

NATIONAL WESTERN LIFE INSURANCE COMPANY		APPLICATION FOR SINGLE PREMIUM IMMEDIATE ANNUITY	
850 East Anderson Lane • Austin, Texas 78752-1602			
ANNUITANT: (Applicable for life contingent policies only)			
Name	Sex	Birth Date	Soc. Sec. No.
JOHN H. DOE	M	01/01/45 Age 65	111-22-3333
Address		City	State Zip
123 MAIN STREET		HOMETOWN	TX 77047
JOINT ANNUITANT (if any):			
Name	Sex	Birth Date	Soc. Sec. No.
Address		City	State Zip
OWNER:			
Name (if other than annuitant)		Birth Date	Soc. Sec. No.
SAME AS ANNUITANT			
Address		City	State Zip Phone No.
Joint Owner		Birth Date	Soc. Sec. No.
Contingent Owner		Birth Date	Soc. Sec. No.
BENEFICIARY:			
Primary Beneficiary		Relationship to Annuitant/Payee	
Contingent Beneficiary		Relationship to Annuitant/Payee	
PAYEE:			
Name (if other than annuitant)		NATIONAL WESTERN LIFE INSURANCE COMPANY	
Address		City State Zip	
PREMIUMS: Single Premium \$ <u>100,000.00</u> Anticipated amount on policy exchanges or transfers \$ <u>100,000.00</u>			
*Attach Transfer Form, the policy document that is to be exchanged, and any applicable replacement form.			
Will this annuity replace any existing insurance or annuities in this or any other company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(If yes, complete applicable replacement forms in states where required.)			
PLAN: Tax Status: <input type="checkbox"/> Qualified (excludes TSA 403(b)) <input checked="" type="checkbox"/> Non-Qualified			
Requested Date of First Payment <u>N/A</u>			
<input type="checkbox"/> Certain Period Only _____ years			
<input type="checkbox"/> Single Life Annuity <input type="checkbox"/> Life Only <input type="checkbox"/> With a Certain Period _____ years <input type="checkbox"/> Installment Refund			
<input checked="" type="checkbox"/> Temporary Limited Pay <u>5 OR 10</u> years			
<input type="checkbox"/> Joint Life Annuity <input type="checkbox"/> Life Only <input type="checkbox"/> With a Certain Period _____ years <input type="checkbox"/> Installment Refund			
Percent to Survivor: <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Other _____%			
Frequency of Payment: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually			
I have read the statements above and to the best of my knowledge and belief they are true and correct. Any statement made by either the agent of this application or by any other person shall not be binding on the Company unless such statement is reduced to writing by the Company and made a part of the annuity contract.			
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.			
Signed in (City) <u>HOMETOWN</u> (State) <u>TX</u> on (date) <u>7/15/24</u>			
<u>John H. Doe</u>		<u>John H. Doe</u>	
Annuitant Signature		Joint Annuitant Signature	
<u>John Q. Agent</u>		<u>John Q. Agent</u>	
Owner Signature		Joint Owner Signature	
Agent Signature (agent must complete reverse side)			

PROOF OF BIRTH DATE:
Proof of the date of birth of the proposed annuitant must be submitted before any annuity payments will be made, and should normally accompany the application. DO NOT SEND ORIGINAL DOCUMENTS.

Preferred proofs.

- Certified birth certificate.
- Government issued identification card (such as driver's license or state issued ID card).

AGENT'S SECTION:
Do you have any reason to believe that replacement of existing insurance or annuity will be involved? Yes No
If yes, give details below and attach applicable replacement forms.

Agent Signature X John Q. Agent Agent Number LIFE AGENT NUMBER

Agent Name (printed) _____ Agent Phone _____

Commission Splits:

Agent Number	Agent Name	Commission Split
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

ALL CHECKS MUST BE PAYABLE TO NATIONAL WESTERN LIFE INSURANCE COMPANY

NATIONAL WESTERN LIFE INSURANCE COMPANY
850 EAST ANDERSON LANE • AUSTIN, TEXAS 78752-1602

Print Annuitant's Name _____ Date _____
icc10 01-9062-10 Page 2 of 2

For Agent Use Only – This document has not been approved under the advertising laws of your state for dissemination to individual purchasers. Single Premium Immediate Life Annuity (Policy Form The 01-1159-10 and state variations) and NWL Lifetime Returns Solutions (Policy 01-1143-07 and state variations), a flexible premium life insurance policy with equity index options, are issued by National Western Life Insurance Company, Austin, Texas.

Life Application Form ICC14 01-9063-14 (and state variations)

- Fully complete all applicable sections of the life application.
- Complete Plan of Insurance in Section II as NWL Lifetime Returns Solutions or NWL LTR Solutions and include Face Amount. **Only select the Accelerated Benefit Rider if the client wants the Accelerated Benefit Rider for Chronic Illness. Rider(s) are not available in all states and on all Plans of Insurance.**
- Complete Single Premium amount in Section III and check box for 5 Pay or 10 Pay Modal Premium. Check box for Annual and indicate the annual amount. For Method and Source of Premium, check box for other and write in SPIA payout.
- Complete Beneficiary Information in Section V.
- Be sure to get the appropriate Proposed Insured, Owner, and Agent signature(s) on page 3.
- The agent's signature, **LIFE AGENT NUMBER** and split of commission (if applicable) are required on page 4.

NATIONAL WESTERN LIFE INSURANCE COMPANY
APPLICATION FOR INDIVIDUAL LIFE INSURANCE
10801 N Mopac Expy Bldg 3-150, Austin, TX 78759-5415

I. PRIMARY INSURED (Please Print Clearly Using Black Ink)

Name of Proposed Insured (First, Middle, Last) John H. Doe Date of Birth (mm/dd/yyyy) 01/01/45 Age 65 Place of Birth (State and Country) TX/USA

Sex: Male Female Marital Status: Married Single Widowed Divorced Tobacco Use: Tobacco Tobacco Free

Home Address (number and street) 1230 Main Street City Home Town State TX Zip 77047

Home Phone Number 111-22-3333 Office Phone Number 01234567 Best time and place to call: Home AM PM Work AM PM

Social Security Number or Tax ID 512-999-8888 Drivers License Number and State 512-999-8888 Home Phone Number 512-999-8888 Email John.H.Doe@Example.com

Citizenship: U.S. Citizen Foreign National

If Non US Citizen: Type of Visa _____ Exp date _____ Country of Citizenship _____

Current Employer _____ Occupation and Duties _____ Work Phone Number _____

Employer Address (number and street) _____ City _____ State _____ Zip _____

II. COVERAGE APPLIED FOR

Plan of Insurance (Name of Product) NWL LIFETIME RETURNS SOLUTIONS Face Amount \$ _____

Riders: Accelerated Benefit Rider (Not available in all states) Return of Premium Rider (Not available in all states)

Riders are only available for single-premium

III. PREMIUMS

Single Premium \$ _____

Modal Premium: 5 pay \$ _____ to be paid: Annual Semi-annual Quarterly Monthly 10 pay

Method: Direct Billing Bank Draft Other SPIA PAYOUT

Amount collected with application: \$ _____

Source of Premium: Salary Savings Investments 1035 Exchange Loan (premium financing) Other (specify) _____

IV. OWNERSHIP INFORMATION (Complete only if Owner is other than the Proposed Insured)

Owner / Applicant / Trust Name _____ Date of Birth (mm/dd/yyyy) _____ SSN / TIN _____

Phone Number _____ Relationship to Proposed Insured _____

Address (number and street) _____ City _____ State _____ Zip Code _____

If the owner is a trust, please submit the Trust Information Form.

V. BENEFICIARY INFORMATION (If percentages are not given, the shares will be divided equally)

Primary Beneficiaries			
Full Name	SSN	Relationship	% Share
1. <u>JANE DOE</u>	<u>_____</u>	<u>SPOUSE</u>	<u>100%</u>
2. <u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
3. <u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Contingent Beneficiaries			
Full Name	SSN	Relationship	% Share
1. <u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
2. <u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
3. <u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

Each of the undersigned: Declares that all answers in this application are true and complete to the best of their knowledge and belief, and understands that: (a) all statements and answers in this application will be relied upon by the Company to determine insurability and to issue the policy; (b) no information will be considered given to the Company unless it is stated in the application; (c) the agent does not have the Company's authorization to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions in the application, policy or receipt; as applicable; and (d) a material misrepresentation may void the policy during the contestable period. This policy will take effect when: (1) the application is approved at National Western's Office in Austin, Texas; (2) National Western delivers the policy; (3) the initial premium has been paid; and (4) each of the prior three conditions is satisfied while the proposed insureds are alive and their health and insurability are as described herein.

Proposed Insured: I am not currently taking, or under the influence of, any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this application. I authorize any licensed physician, medical practitioner, hospital, other health care provider, insurance company or MIB, or other organization or person to give any information about me or my mental or physical health to the Company and/or its authorized agents to determine my eligibility for life insurance coverage. The Company may disclose such information to its reinsurers and MIB. National Western or its reinsurers may also release such information to other life or health insurance companies to whom an application for insurance or to whom a claim for benefits is submitted. This authorization also applies to any member of my family proposed for coverage in the application and is valid for 2 years after the date shown below. A photocopy of this form is as valid as the original. I may have a copy of this form upon request.

Each of the undersigned acknowledges receipt of the Notice under the Fair Credit Reporting Act (Consumer Report Notice), MIB Disclosure Notice, and Notice of Information Practices (if applicable).

FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Signed at HOMETOWN, TX City and State Date 1/2/24

Signature of Proposed Insured (parent if age 17 or less) John H. Doe Signature of Owner (if other than Proposed Insured (If a Trust, signature of trustee) (If business or corporation, officer, other than Proposed Insured, and Title) _____

Agent Name (please print) John G. Agent License No. _____ Signature of Agent _____

Helpful Hints When Reviewing Medical Questions

1. COPD/COLD: Chronic obstructive pulmonary or lung disease: This health condition includes chronic bronchitis, emphysema, pulmonary fibrosis, pulmonary granulomatosis, pulmonary edema, active tuberculosis, pneumoconiosis (black lung, farmer's lung, asbestosis, silicosis), bronchiectasis, pulmonary sarcoidosis, histoplasmosis and cryptococcosis.
2. Asthma by itself is not considered COPD/COLD.
3. Question 10b: Heart Disease: The following are considered diseases or disorders of the heart occurring/discovered within the last 2 years. Heart attack, heart blocks, PVD (Peripheral vascular disease), valvular surgery, pacemaker, pacemaker replacement, abdominal aortic aneurysm, cerebral vascular disease, arrhythmias, carditis, abnormal resting and exercise EKG's, cardiac ischemia, enlarged heart, angina, coronary artery aneurysm, coronary artery bypass grafting, heart valve transplant, uncontrolled high blood pressure, heart or circulatory surgery, angioplasty, cardiac or vascular stent placement, coronary artery disease of any type and any procedure to improve the circulation to the heart or brain or extremities.
4. Question 10b: Prescription drug use for maintenance of health conditions originally diagnosed over 2 years ago, does not apply to question 10b.
5. Taking medication (prescription drug use) is considered treatment and if taking medication currently or within the last 2 years for listed medical conditions, applicant should answer the question Yes.
6. Uncontrolled high blood pressure: If the applicant feels their blood pressure is uncontrolled, they should answer the question Yes. If they are confident their blood pressure is controlled, and their physician has assured them that it is controlled, they should answer the question No. Controlled blood pressure is defined as – if they are taking the medication and if the average blood pressure reading does not exceed 140/90, it is generally considered that their blood pressure is under control.

7. Treatment/Treated: Treatment is defined as receipt of medical services, surgery, or therapeutic care due to disease or injury; this does not include routine checkups.

1035 Exchange/Rollover/Transfer eForm (ACORD 951e) OP-2406

- Fully complete Section 1 (Surrendering Company Policy / Account / Contract Information). Include a street address and telephone number for the surrendering company. This enables NWL to mail the transfer requests via overnight delivery.
- Fully complete Section 2 (Transfer / Rollover / 1035 Exchange Surrendering Instructions).
 - Provide transfer dollar amount or percentage when electing "Partial".
 - Provide transfer date when electing "On a specific date".
- Complete Section 5 (Signatures). The signature(s) must match the other transfer company's application.
- Completed state replacement forms may be required. Forms must be submitted before the transfer paperwork can be mailed.

When the application has been accepted for the NWL Lifetime Returns Solutions, the exchange or transfer of funds will be initiated for the SPIA policy. The life policy premium will be paid with 5 or 10 annual payments from the SPIA policy. This process allows the taxable income to be spread over a 5 or 10 year annuity payout period.

ACORD 1035 EXCHANGE / ROLLOVER / TRANSFER eFORM

Name of Receiving Company National Western Life Insurance Company		
Business Address 10801 N MoPac Expy Bldg 3 Austin TX 78759-5415	Mailing Address PO Box 209080 Austin TX 78720-9080	Overnight Address 10801 N MoPac Expy Bldg 3 Austin TX 78759-5415

This form can be used to accomplish a FULL or a PARTIAL Exchange of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for Transfers of Funds and Direct Rollovers. Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application, and if applicable, prospectus and any state required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

If you are considering a replacement you have the right to receive information regarding your existing policy or contract values including, if available, an in force illustration, policy summary, premium payment amounts or the product prospectus. If the information is requested your existing company will return the requested information to you within five business days. Contact your existing carrier for additional information.

Complete one form for each surrendering company and contract. Please apply funds to:

New / Existing Contract Number: _____ Receiving Carrier DTCC #: _____
(for Money Settlement)

Without this contract number, the funds will be applied to a new contract.

The receiving company may not accept the exchange / rollover / transfer if the funds do not meet its minimum premium requirements.

1. SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION					
Surrendering Company Name (Complete one form for each surrendering company) ABC Insurance Company			Surrendering Company Account / Policy / Contract Number 12345679		
Street Address Line 1 123 Main Street		Address Line 2 12345679			
City HOMETOWN	State TX	Zip 77047	Phone Number 1-800-222-0000	Ext	Fax Number
Surrendering Plan Type (Non-Qualified, IRA, Roth IRA, etc.) IRA		Surrendering Product Type (Life, Annuity, CD, MF, Other, etc.) ANNUITY		Estimated Amount of Transfer \$ 50,000.00	
Owner (First, Middle, Last) / Entity Name John H. Doe			Social Security Number / Tax ID # 000-11-1111		
Joint Owner Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Company			Social Security Number		
Insured / Annuitant Name (First, Middle, Last) - if other than owner (applies to Life & Annuity products only)			Social Security Number		
Joint Insured / Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.			Social Security Number		
Contingent Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.			Social Security Number		

2. TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS

Full Partial \$ _____ or _____ %
 Penalty Free Amount

(This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount)

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation:

As soon as possible after receipt of all necessary forms On a specific date: _____

I / We also understand it is / our responsibility to confirm with the surrendering company their processing guidelines to selecting a specific transfer date.

3. DISCLOSURES / ACKNOWLEDGMENTS

I. I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the issuer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value, or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. Neither the receiving company nor the surrendering company is liable or responsible for changes in market value that may occur after the surrendering company has processed the transaction and before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.

II. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to effect a partial 1035 exchange of an annuity contract. However, I acknowledge that Revenue Procedure 2011-38 states that withdrawals from annuitization, taxable owner or annuitant changes, or surrenders, other than an amount received as an annuity for a period of 10 years or more or during one or more lives, of either the original contract or the new contract during the 180 day period following the partial exchange, may affect the tax free status of the partial exchange.

Note: Other exceptions may apply and a subsequent direct transfer of all or a portion of either contract involved in the exchange could have tax and tax reporting consequences. Please consult your tax advisor. Please confirm with the carrier if they will support partial 1035 exchanges.

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I authorize the receiving company and the surrendering institution to share information necessary to maintain accurate records of the annuity cost basis and to ensure proper withholding and tax reporting. I have been directed to consult my tax or legal advisor before proceeding.

III. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.

IV. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.

V. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT - Does not apply to partial 1035 exchanges on annuity contracts. Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.

VI. MAXIMUM ISSUE AGE DISCLOSURE - An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.

VII. NON-QUALIFIED TRANSFER OF FUNDS (NON 1035 EXCHANGE) - The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order. For index annuities, fixed account interest under the annuity contract will begin to accrue on the next issue day.

VIII. TRANSFER / EXCHANGE OF FUNDS INTO A TSA(403(b)) - The TSA(403(b)) owner / participant's employer or employer's third-party administrator must authorize and sign this transfer request in Section 5.

Authorization for a TSA(403(b)) transfer / exchange to a TSA(403(b)): This request is for the direct transfer / exchange of non-ERISA funds from the TSA(403(b)) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a TSA(403(b)) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company to take whatever action necessary to effect this transfer / exchange. I acknowledge that the transferred / exchanged funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer / exchange of funds pursuant to IRC section 403(b) and the final regulations. The transfer / exchange is to be executed from financial institution to financial institution in such a manner that it will not place me in actual or constructive receipt of all or any part of the transferred / exchanged funds. Because this transaction constitutes a direct rollover / transfer / exchange of funds and not a distribution, withholding does not apply. (Provide the receiving company with any records or documents they may request with respect to this transfer / exchange.)

IX. The IRS has provided limited guidance on the tax consequences of transferring a life insurance policy with values less than the investment in the contract to a new or existing annuity contract. If the owner surrenders the newly acquired annuity contract, it's not clear whether the annuity losses are fully deductible against ordinary income or deductible as a miscellaneous deduction subject to a limitation of 2% of adjusted gross income (AGI). If the IRS views the two transactions as a single integrated transaction, they could consider it a step transaction and successfully disallow the losses as a tax deduction.

4. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

- The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. person (including a U.S. resident alien).
 - Check this box 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 on your tax return.
- I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

5. SIGNATURES

This transfer request also authorizes the receiving and surrendering company to request information on the status of this transfer or exchange by phone or in writing. By signing below, I represent that the responses herein are, to the best of my knowledge, accurate and I have read the DISCLOSURES / ACKNOWLEDGMENTS section on page 2 the ACORD 1035 Exchange / Rollover / Transfer Form.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature Guarantee (if applicable)	<i>John H. Doe</i>	August 12, 2024
Signature of Owner / Plan Administrator / Trustee / Custodian		Date (mm/dd/yyyy)
Signature of Joint Owner / Co-Trustee (if applicable)		Date (mm/dd/yyyy)
Signature of Insured / Annuitant (if applicable)		Date (mm/dd/yyyy)
Signature of Irrevocable Beneficiary (if applicable)		Date (mm/dd/yyyy)
Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only) (if applicable)		Date (mm/dd/yyyy)

FOR TSA/403(b) TO TSA/403(b) TRANSFERS/EXCHANGES ONLY - EMPLOYER/THIRD PARTY ADMINISTRATOR SIGNATURE

By signing below, I am acknowledging that I have reviewed this direct transfer / rollover / exchange request and that it is authorized and approved under the employer's 403(b) plan under IRC section 403(b) and the final regulations.

- I am authorizing this transfer / rollover request.
- I am confirming that there is an information sharing agreement in place with the receiving company under the IRC section 403(b) regulations.
- All information provided on this form is accurate.

Print Name of Employer or Third Party Administrator	Title of Employer or Third Party Administrator
Signature of Employer or Third Party Administrator	Date (mm/dd/yyyy)

6. SIGNATURES (For the receiving company's use only)

6 A. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER

By signature of an authorized officer below, the receiving company accepts assignment of all (or a portion of the assets if this is a partial exchange) to the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue payment payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract or a portion if it is a partial surrender.

For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:

The receiving company will deposit funds received into a:

6 B. eCONSENT AND ACKNOWLEDGMENT (Applies to eSignature Transactions Only)

To the extent the receiving company has obtained electronic signatures to effectuate the transaction(s) set forth in this form, the receiving company, by the below signature of its authorized officer, hereby represents and warrants to the surrendering company that:

- This form has been completed using an electronic system that has an integrated e-signature capability;
- All consumer consents have been obtained under, and this form was signed using an e-signature process that complies with, all applicable federal and state e-signature requirements, including, but not limited to, the federal E-Sign Act, and the applicable states' versions of the Uniform Electronic Transactions Act;
- It shall indemnify, defend, and hold harmless the surrendering company from and against all losses, costs, liabilities, claims, threatened claims, demands, suits, obligations, expenses, judgments, and damages, including, but not limited to, reasonable attorneys' fees and witness' fees, arising from or related to: (i) the receiving company's breach of the warranties set forth in (a) and/or (b) above; (ii) a liability imposed by any municipal, state or federal governmental body relating to the receiving company's violation of an applicable e-signature law or regulation; and (iii) the receiving company's gross negligence, willful misconduct or illegal acts, including, but not limited to, claims that the e-signatures obtained on this form by the receiving company are invalid or were improperly obtained; provided, however, that (v) the surrendering company shall provide the receiving company of prompt written notice of any claim that the surrendering company believes falls within this scope of this paragraph, and (v) the surrendering company shall not settle any claim that adversely affects any rights of the receiving company without the receiving company's prior written consent; and
- It shall promptly provide to the surrendering company and/or its designee(s) any and all information in the receiving company's possession (or within the receiving company's reasonable control) as may be necessary to evidence the validity of the electronic signatures that were obtained to effectuate the transaction(s) set forth in this form.

Print Name of Authorized Officer	Title of Authorized Officer
Signature of Authorized Officer (if applicable - may not be required if LOA is used)	Date (mm/dd/yyyy)

Collecting the Premium by Other Than 1035 Exchange

Once the NWL Lifetime Returns Solutions application has been accepted, the agent can begin assisting the client in funding the SPIA policy from other assets. If the funds are qualified funds from an annuity or otherwise, the same payment process as indicated above will allow the client to spread the taxable income over a 5 or 10 year payment period.

Quick Guideline to the "Solutions" Process

NWL Lifetime Returns Solutions (Required Forms*)

- ICC14 01-9063-14 – Application for Life Insurance
- ICC14 01-S028 – Equity Index Life Application Supplement
- ICC18 01-S043-18 – Disclosure for Terminal Illness ABR - Compact
- ICC19 01-S057-19 – Disclosure for Chronic Illness ABR – Compact**
- SA-8717 – Agent Certification & Application Acknowledgement
- SU-6412 – Notice of Information Practices*
- SU-6592 – Authorization for Release of Health-Related Information
- DM-1146 – NWL Lifetime Returns Solutions Consumer Brochure

*Form Numbers and requirements vary by State

** If applicable

***The client has the option to have NWL® do tax withholding from their SPIA payments. If withholding is elected, the Face Amount will be adjusted accordingly.

If the life application is accepted, the agent sends National Western Life Insurance Company the payment.

If the life insurance application is declined, the client will receive a letter from National Western Life Insurance Company indicating the application was declined. The agent can submit an application for a deferred annuity.

Temporary Life SPIA (Required Forms*)

- ICC10 01-9062-10 – SPIA Application**
- DM-1081 – Annuity Suitability Questionnaire or DM-1174 depending on state
- SA-8505 – Social Security Verification (W-9)
- SA-8600 – Authorization to Transfer Funds
- SA-8629 – SPIA Quote Form
- SA-8699 – SPIA Disclosure
- SA-8714 – Minimum Distribution Requirements Disclosure
- SA-8934 – Replacement of Life Insurance or Annuities
- SA-9205 – Replacement Worksheet
- W-4P – Withholding Information for Pension or Annuity Payments***