

Before completing an application, take note of the following tips to help move your business along quickly.

We strongly suggest you utilize the user-friendly FireLight[®] eApplication through MyNWL. Processing priority is given to eApps as it considerably reduces the likelihood of NIGO resulting in faster processing and release of commission.

Appointment, Licensing, and Training

Please Ensure:

- You are licensed in the state of solicitation.
- Your NWL appointment/contracting paperwork has been submitted in good order. Including,
 - Providing a copy of your current E&O certificate.
 - Completing AML training through LIMRA or an approved vendor within the past 2 years.
 - Providing proof of completion of any required Annuity Suitability/Best Interest training and Continuing Education (CE) required by your state.
- You have completed the required Product Specific Training (PST). PST can be taken through RegEd.

Acceptable Premium Methods

- Personal check*, wire transfer, or ACH (NWL[®] ChoiceOptimizer only) from the owner/insured's account or from a business account accompanied by documentation showing the relationship of that business to the owner/insured, Cashier's check purchased by the owner/insured, accompanied with the purchase stub

*Starter checks must be accompanied by a letter from the issuing bank indicating the owner/insured's account has been established for a minimum of 3 months

Annuity Application

Review product highlight sheet for minimum requirements for the product such as state availability and maximum allowable age. This information can be found on MyNWL and FormSource.

Submission

At a minimum, we must receive the following in order for processing to begin:

- All pages of the Annuity Application completed in its entirety
- Suitability Questionnaire
- The product disclosure brochure with the allocations totaling 100%
- Replacement Paperwork and DM-1510 (Producer Disclosure for Annuities) as applicable.

Please note, any corrections made on paperwork must be initialed **and** dated by the **client**.

Ownership

- When a policy is to be owned by a business, employer, or trust, we must always receive official articles of incorporation, or official documentation clearly defining authorized signing parties.
- If policy is to be owned by a non-natural entity, the authorized signer will need to sign with their title.

Plan: IRA /Roth/SEP IRA

Please ensure contributions to qualified plans do not exceed IRS limits.

Plan: Other Tax Status

If "Other" is selected, you may only select a status from the options indicated below "Other":

PLAN: Plan Name _____
Tax Status: IRA SEP-IRA Roth IRA Non-Qualified
 Other* (Must also mark one box below)
 401(K) Profit Sharing Defined Benefit Keogh/HR10 Money Purchase Plan

*Satisfaction of applicable tax qualifications and all other legal requirements regarding the tax qualified status of the plan is the responsibility of the plan sponsor and/or administrator, not National Western. National Western will issue a non-qualified annuity under this option.

Other Coverage and Replacement

If the source of premium is coming from an annuity or life insurance policy, please indicate on question #2 under the "Other Coverage and Replacement" section.

OTHER COVERAGE AND REPLACEMENT:

1. Does the applicant have any **existing life insurance or annuity** contracts? Yes No

2. If yes, is this annuity intended to replace or change any existing life insurance or annuity contracts? Yes No
(If yes, please submit appropriate state replacement forms.)

Suitability Questionnaire

Ownership

Please note, suitability information applies to the owner, not annuitant

Corporation or Plan Owned: Questionnaire must be completed with the corporation/plan's financial information

Trust Owned:

- **Living/Revocable:** The questionnaire must be filled out with the grantor/settlor's **personal information** (if grantor/settlor and trustee are the same)
 - If there are multiple non-spousal grantors/settlors, a separate questionnaire must be completed for each grantor/settlor.
- **Irrevocable:** The questionnaire must be filled out with the **Trust's financial information.**

Non-Spousal Joint Ownership

- Separate questionnaires must be completed for each owner if it's a non-spousal relationship

Financial Situation and Needs (Section D)

Employment Status:

- When selecting "self-employed", please complete question #1a with the actual business name, "self" is not an acceptable answer.
- Question #1b: Occupation/Job title – if self-employed, list the actual job duties and nature of the business.

Household Net Worth: Assets-Liabilities

- All liquid assets listed in section #4 must also be listed in question #14 (Financial Investments), along with the years of experience.

Funding Source (Question 5)

- If "other investments" is selected, list the underlying funding vehicle such as mutual funds, stocks, bonds, etc. We do not accept "401k", "403b", "IRA", etc. as acceptable answers.

Intended Use of This Annuity/Insurance Needs

Distributions (Question 7)

Please be sure method of distribution is consistent with purchase. For example, if the client selects an income rider, 'Lifetime Withdrawal Payments through Withdrawal Benefit Rider' is selected.

Exchange or Replacement

Exchange or Replacement (Question 15)

- Regardless of what your state considers to be a replacement, question #15 should always be marked "yes" if the source of funds is coming from another insurance contract such as annuity or life policy.
- If a replacement is occurring, you **must** also submit a recent account statement (within the last 12 months)

EXCHANGE OR REPLACEMENT

Note: Completion of this section is required regardless of your state's definition of a replacement.

15. Is this an **exchange or replacement** of an annuity or life contract? Yes No (if no, skip to question 16)

15a. If yes, please select the type of exchange or replacement. If there are multiple replacements or exchanges, select all that apply.

Penalty Free Amount (skip to question 15e) Partial Exchange or Replacement Full Exchange or Replacement

Producer Certification (Section E)

Provide a sound and meaningful response as to why the specific base product was recommended to the client, include product specifics.

Transfers/1035 Exchanges

- Transfers/1035 Exchanges must be “like-to-like”, meaning, the owner (and annuitant if applicable) of the previous investment vehicle needs to match the proposed annuity application
- Verify with the existing company:
 - If they accept electronically signed paperwork or a fax or if original wet signatures are required.
 - If a Signature Guarantee/Medallion stamp and signature is required

Authorization to Transfer/Exchange Funds (SA-8600)

If NWL will be initiating the transfer/exchange, transfer form (SA-8600) must be completed in its entirety:

- If you have questions regarding the information for the account being replaced, please have the client call the transferring company for the details – do not leave blanks.
- If a 1035 Exchange is occurring, Questions 2 & 2a **must** be completed.

SECTION 1: NWL INFORMATION	
Existing Policy/Contract Number _____ (if no number provided, funds will be applied to a new account.)	
Owner Information	Annuitant or Proposed Insured
1) Owner Name: _____	2) Annuitant/Proposed Insured Name: _____
1a) SSN/Tax ID: _____	2a) SSN/Tax ID: _____
3) Joint Owner Name: _____	4) Joint/Co-Annuitant or
3a) SSN/Tax ID: _____	Proposed Insured Name: _____
	4a) SSN/Tax ID: _____

- “Distributing Company Policy/Contract Number” must have the contract number listed. The client’s SSN in lieu of is not acceptable.

SECTION 2: DISTRIBUTING COMPANY			
Note: This form may not be accepted by a 401k or other employer-sponsored retirement plans. The applicant may need to complete a phone liquidation/transfer or other plan-specific paperwork.			
5) Policy/Contract Owner(s) Name(s)	6) Distributing Company Name	7) Distributing Company Policy/Contract Number	
8) Distributing Company Overnight Address <i>(P.O. Box addresses are not accepted)</i>	9) City	10) State	11) Zip
12) Distributing Company Phone Number	13) Distributing Company Fax Number		

- Question #15a (for transfers) or #16 (for 1035 Exchanges) cannot have both “Full” and “Partial” selected - only one should be selected.
 - a. If “partial” is selected, provide the specific partial amount or mark “penalty free withdrawal”

15) Qualified Funds Transfer or Rollover	OR
15a) <input type="checkbox"/> Full Transfer or Rollover, or	<input type="checkbox"/> Partial Transfer or Rollover: <input type="checkbox"/> Penalty Free Withdrawal, or <input type="checkbox"/> Transfer Amount: \$ _____ or _____ %

Please note, the spouse’s signature is always required for community property states. (Currently AZ, CA, ID, LA, NV, NM, TX, WA, & WI)