



Questions? Call our Service Center at 1-800-888-2461.

Instructions

Please read the questions and statements very carefully. The Client should provide responses and then sign and date the form. Submit the original signed form with the Application.

Client Acknowledgment and Disclosures

- 1. Did a financial professional recommend this annuity to you?
2. My decision to purchase this annuity was based on my financial professional's recommendation.
3. My financial professional informed me of the various features of the annuity and of the advantages and disadvantages of the annuity.
4. Will this purchase result in a replacement?
4a. Has your financial professional explained the advantages and disadvantages of replacing the existing product with this annuity?
5. Has your financial professional disclosed to you, in writing, how he/she is compensated for the sale and servicing of this annuity?
6. Did your financial professional disclose to you that FSBL offers other annuity products through other distributors, and inform you how you can learn more about FSBL's other annuity products?

By signing this form, I acknowledge the following:

- To the best of my knowledge and belief, the information I provided to my financial professional, if any, is true and complete, and was given prior to my purchase of the annuity.
I understand that my failure to provide true and complete information may affect the ability of my financial professional to determine the suitability of the annuity being applied for, and may limit the protection provided by regulations regarding suitability of the annuity being purchased.
If I am purchasing this annuity contract for a Traditional or Roth IRA, I understand that a Traditional IRA already provides tax deferral or that Roth IRAs, subject to certain restrictions, provide tax-free accumulation and that such deferral will NOT be enhanced by this annuity contract. I understand that I should consult my tax advisor if I have any questions about tax savings and the purchase of this annuity.
I understand that access to the funds used to purchase this annuity, in excess of the free withdrawal amount during the withdrawal charge period, may result in a penalty.

X Owner's Signature Date (mm/dd/yyyy) (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)

X Joint Owner's Signature Date (mm/dd/yyyy)

Continued on Next Page



Instructions

Please read the questions and statements very carefully. The Financial Professional should provide responses and then sign and date the form. Submit the original signed form with the Application.

Financial Professional Acknowledgment and Disclosures

1. Did you recommend to the client the transaction related to this application? Yes No

If you answered Yes, skip question 1a. If you answered No, skip questions 2 through 13.

1a. The transaction related to this application was NOT recommended to the client by me due to the following:

- I made reasonable efforts to collect the required suitability information from the client, but he/she refused to provide it Yes No
- I did not make a recommendation in connection with the transaction related to this application Yes No
- The client wishes to enter into the transaction related to this application even though I did not recommend it Yes No

2. Will the client's purchase of this annuity result in a replacement? Yes No

2a. If you answered Yes to Question 2, which of the following did you take into consideration to determine the replacement is suitable? *Please check all that apply.*

- | | | |
|--|--|--|
| <input type="checkbox"/> The consumer may incur a surrender charge | <input type="checkbox"/> Be subject to the commencement of a new surrender period | <input type="checkbox"/> Increased fees, investment advisory fees, premium loads, or charges for riders and similar product enhancements |
| <input type="checkbox"/> Increased premium or fees | <input type="checkbox"/> Loss of existing benefits (such as death, living or other contractual benefits) | <input type="checkbox"/> The completed Regulation 60 Disclosure paperwork |
| <input type="checkbox"/> Decreased coverage duration | <input type="checkbox"/> Tax implications if the consumer surrenders or borrows from the policy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Decreased death benefit or income amount | | |

3. Did you obtain all relevant suitability information from the client? Yes No

3a. If you answered Yes to Question 3, which of the following pieces of information did you obtain from the client? *Please check all that apply.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Intended use of the product and any attached riders | <input type="checkbox"/> Liquid net worth |
| <input type="checkbox"/> Annual income | <input type="checkbox"/> Financial time horizon | <input type="checkbox"/> Risk tolerance |
| <input type="checkbox"/> Financial situation and needs | <input type="checkbox"/> Existing assets | <input type="checkbox"/> Willingness to accept non-guaranteed elements in the product |
| <input type="checkbox"/> Financial experience | <input type="checkbox"/> Liquidity needs | <input type="checkbox"/> Tax status |
| <input type="checkbox"/> Financial objectives | | <input type="checkbox"/> Other: _____ |

4. In your professional opinion based on the information the client provided, is this annuity suitable and in the client's best interest for the client's needs and objectives, as compared to other annuity or financial products that you are appropriately designated to offer, and would the client benefit from certain features of the annuity?

Yes No



5. Did you provide the client with a product summary and inform the client about the applicable features and the potential consequences of the transaction, both advantages and disadvantages, as applicable? Yes No

5a. If you answered Yes to Question 5, which of the following did you discuss with the client? *Please check all that apply.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Surrender period and surrender charge | <input type="checkbox"/> Investment advisory fees | <input type="checkbox"/> Guaranteed interest rates |
| <input type="checkbox"/> Availability of cash value | <input type="checkbox"/> Non-guaranteed elements | <input type="checkbox"/> Potential tax implications associated with various transactions |
| <input type="checkbox"/> Market risk | <input type="checkbox"/> Product restrictions | <input type="checkbox"/> Mortality and expense fees |
| <input type="checkbox"/> Insurance and investment components | <input type="checkbox"/> Potential charges for and features of riders | <input type="checkbox"/> Death benefit |
| | <input type="checkbox"/> Limitations on interest returns | <input type="checkbox"/> Other: _____ |

6. My recommendation was based on an evaluation of the relevant suitability information of the client and was made with the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under the prevailing circumstances. Yes No

7. I only considered the interests of the client in making my recommendation. I did not recommend this product because of any compensation that I, or anyone affiliated with me, would receive. Yes No

8. I did not recommend this product because of any compensation that I, or anyone affiliated with me, would receive. Yes No

9. Did you provide the required compensation disclosures to the client? Yes No

10. Did you disclose to the client that FSBL offers other annuity products through other distributors, and inform the client how he/she can learn more about FSBL's other annuity products? Yes No

11. Did you document the basis for your recommendation and the facts and analysis to support that recommendation? Yes No

12. Did you disclose to the client the basis for your recommendation and all relevant suitability considerations and product information that formed the basis of your recommendation? Yes No

13. Do you understand that upon request, you are required to provide FSBL with supporting documentation regarding the basis of your recommendation as well as any applicable disclosures, including the compensation disclosure, provided to the client? Yes No

By signing this form, I represent that, to the best of my knowledge and belief, the information on the form is true and complete.

X _____ Date (mm/dd/yyyy)

Financial Professional's Signature

Broker/Dealer, Firm, or Affiliation Name

Mail to:

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