

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

1. Provide Information from the Application

a. Total Amount of the intended purchase payment _____

Name of Product _____

Surrender Charge Term: _____ years

b. Type of contract ☐ Non-Qualified ☐ Traditional IRA ☐ Roth IRA

c. Name of Owner _____
First MI Last

Social Security Number _____ Age at Last Birthday _____ ☐ Male ☐ Female

d. Name of Joint Owner (if any) _____
First MI Last

Social Security Number _____ Age at Last Birthday _____ ☐ Male ☐ Female

Relationship With Owner (i.e., spousal or otherwise) _____

e. Name of Annuitant (if non natural owner) _____
First MI Last

Social Security Number _____ Age at Last Birthday _____ ☐ Male ☐ Female

f. Name, relationships of the beneficiaries; and % of benefit to each beneficiary

	Name	Relationships of the Beneficiaries	% of Benefit to Each Beneficiary
1.			
2.			
3.			
4.			
5.			
6.			

g. If applicable, will you be electing a rider? ☐ Guaranteed Lifetime Withdrawal Benefit

☐ Guaranteed Minimum Death Benefit ☐ No rider elected

h. If electing a GLWB rider, when do you intend to begin Lifetime Annual Income?

☐ 0-4 years ☐ 5-10 years ☐ 11-15 years ☐ 15-20 years ☐ 21+ years

i. 1. Source of the intended purchase payments _____

2. If replacement for item i., replacing company _____

2. Provide Health and Insurance Related Questions (continued on page 2)

"You" means the owner or annuitant (if non-natural owner) and if spousal joint owner, answer separately for spousal joint owner as well.

a. 1. Are you employed (at least 30 hours per week) for the past 12 months? ☐ Yes ☐ No

2. If retired or unemployed, are you capable of such employment? ☐ Yes ☐ No

b. Where do you currently reside? ☐ Personal residence ☐ With family members ☐ Nursing home or hospital

☐ Assisted living facility

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2. Provide Health and Insurance Related Questions (continued from page 1)

- c. In the last 12 months, did you see a physician (not necessarily the same physician) 5 or more times? If yes, please give reasons and details. Attach additional paper if necessary. ☐ Yes ☐ No
- _____
- _____
- d. In the past 12 months, were you hospitalized more than once? If yes, please give reasons and details. Attach additional paper if necessary. ☐ Yes ☐ No
- _____
- _____
- e. In the last 12 months, did you exercise at least three times a week (30+ minutes)? ☐ Yes ☐ No
- f. Are you currently under treatment or taking medication? If yes, please give reasons and details. Attach additional paper if necessary ☐ Yes ☐ No
- _____
- _____
- g. To the best of your knowledge, have you
1. Been advised by a physician to have any diagnostic test, hospitalization or surgery not yet completed? ☐ Yes ☐ No
2. Sought treatment for alcoholism or drug abuse in the last 5 years? ☐ Yes ☐ No
- If yes to any of the above, please give reasons & details. Attach additional paper if necessary. _____
- _____
- h. Have you had life insurance declined, non-renewed, rated, modified, postponed, or cancelled? ☐ Yes ☐ No
- i. List life insurance, disability income, and annuity policies you have in force:

Company	Policy #	Year Issued	Type of Insurance	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Financial Professional Information

Name of Financial Professional _____
First MI Last

Name of Marketing Organization _____

4. Provide Signature

AGREEMENT FOR PURCHASE OF ANNUITY CONTRACT: Except as stated above, I believe I am now in good health. I represent that each of the above statements and answers is true and complete to the best of my knowledge and belief. I understand my statements shall be the basis for issue of an annuity contract by Security Benefit Life Insurance Company. My signature below indicates that the information provided is accurate and true.

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

Signed at (City/State)

X _____
Signature of Joint Owner Date (mm/dd/yyyy)

Please submit the completed Large Case Review Form via email to your Security Benefit sales representative for review prior to submitting an application.

