CL LIFE AND ANNUITY INSURANCE COMPANY

201 Main Street, Suite 2100, Fort Worth, Texas 76102, (800) 520-6162. www.CLLife.com

Individual Annuity Application

PLAN: CL Life Arrow

Surrender Charge Period: ☐ 5 ☐ 7 ☐ 10

1. Owner/Annuitant Information

Owner

Full Legal Name: Last _____ First _____ MI ____ Sex ☐ M ☐ F U.S. Citizen ☐ Yes ☐ No Marital Status ☐ Single ☐ Married

Date of Birth _____ Age _____ SSN TIN EIN _____ Daytime Phone (____) _____ ☐ Home ☐ Cell

Permanent Physical Address _____ City _____ State _____ Zip _____-____

Mailing Address _____ City _____ State _____ Zip _____-____

E-Mail Address _____@_____ Government Issued Photo Identification Number/State _____ _____

ID Number State

Joint Owner (Not available for Tax Qualified Plans)

Full Legal Name: Last _____ First _____ MI ____ Sex ☐ M ☐ F U.S. Citizen ☐ Yes ☐ No Marital Status ☐ Single ☐ Married

Date of Birth _____ Age _____ SSN TIN EIN _____ Daytime Phone (____) _____ ☐ Home ☐ Cell

Permanent Physical Address _____ City _____ State _____ Zip _____-____

Mailing Address _____ City _____ State _____ Zip _____-____

E-Mail Address _____@_____ Government Issued Photo Identification Number/State _____ _____

ID Number State

Annuitant *(if left blank, will be same as the Owner)*

Full Legal Name: Last _____ First _____ MI ____ Sex ☐ M ☐ F U.S. Citizen ☐ Yes ☐ No

Date of Birth _____ Age _____ SSN TIN EIN _____ Daytime Phone (____) _____ ☐ Home ☐ Cell

Permanent Physical Address _____ City _____ State _____ Zip _____-____

Mailing Address _____ City _____ State _____ Zip _____-____

E-Mail Address _____@_____ Government Issued Photo Identification Number/State _____ _____

ID Number State

Joint Annuitant (Not available for Tax Qualified Plans)

Full Legal Name: Last _____ First _____ MI ____ Sex ☐ M ☐ F U.S. Citizen ☐ Yes ☐ No

Date of Birth _____ Age _____ SSN TIN EIN _____ Daytime Phone ☐ Home ☐ Cell (____)_____

Permanent Physical Address _____ City _____ State _____ Zip _____-_____

Mailing Address _____ City _____ State _____ Zip _____-_____

E-Mail Address _____@_____ Government Issued Photo Identification Number (Provide State of Driver's License) _____ _____

2. Beneficiary Information

*(Provide additional beneficiaries on a separate page <u>with</u> Annuitant/Owner's Signature and date) (**Primary beneficiaries must equal 100%) (Contingent beneficiaries must equal 100%)***

Primary Beneficiary

Name: Last _____ First _____ MI ____ Relationship _____ Share% _____

Date of Birth _____ SSN TIN EIN _____ Phone (____)_____ E-Mail Address _____@_____

Mailing Address _____ City _____ State _____ Zip _____-_____

Primary Beneficiary

Name: Last _____ First _____ MI ____ Relationship _____ Share% _____

Date of Birth _____ SSN TIN EIN _____ Phone (____)_____ E-Mail Address _____@_____

Mailing Address _____ City _____ State _____ Zip _____-_____

Contingent Beneficiary

Name: Last _____ First _____ MI ____ Relationship _____ Share% _____

Date of Birth _____ SSN TIN EIN _____ Phone (____)_____ E-Mail Address _____@_____

Mailing Address _____ City _____ State _____ Zip _____-_____

Contingent Beneficiary

Name: Last _____ First _____ MI ____ Relationship _____ Share% _____

Date of Birth _____ SSN TIN EIN _____ Phone (____)_____ E-Mail Address _____@_____

Mailing Address _____ City _____ State _____ Zip _____-_____

3. Tax Qualification

Non-Qualified	*Tax-Qualified*	*If TAX-QUALFIED, Type of Plan*		
☐ CASH W/ APPLICATION	☐ ROLLOVER	☐ Traditional IRA	☐ Roth IRA	☐ SEP IRA
☐ 1035 EXCHANGE	☐ DIRECT TRANSFER	Tax Year: _____		
☐ TRANSFER	☐ CASH W/ APPLICATION			

4. Premium Payment Source

Check Included ..... $ _____
Check in Transit ..... $ _____
Anticipated Total amount from external transfer(s) to be requested by CL Life ..... $ _____
Anticipated Total amount from external transfer(s) to be requested by Agent or Owner ..... $ _____

Total Premium ..... $ _____

5. Initial Premium Allocation (Total must equal 100%)

5-Year Surrender Charge Period – Available Allocations:

Fixed Interest Account		%
S&P 500® Annual Point-to-Point with Cap		%
Nasdaq-100® Annual Point-to-Point with Cap		%
	Total	100 %

7-Year Surrender Charge Period – Available Allocations:

Fixed Interest Account		%
S&P 500® Annual Point-to-Point with Cap		%
S&P 500® Annual Point-to-Point with Participation Rate		%
Nasdaq-100® Annual Point-to-Point with Cap		%
Nasdaq-100® Annual Point-to-Point with Participation Rate		%
	Total	100 %

10-Year Surrender Charge Period – Available Allocations:

Fixed Interest Account		%
S&P 500® Annual Point-to-Point with Cap		%
S&P 500® Annual Point-to-Point with Participation Rate		%
Nasdaq-100® Annual Point-to-Point with Cap		%
Nasdaq-100® Annual Point-to-Point with Participation Rate		%
MSCI USA 10% Volatility Target Annual Point-to-Point with Participation Rate		%
MSCI USA Annual Point-to-Point with Participation Rate		%
	Total	100 %

6. Existing Coverage/Replacement

1. Do you have existing life insurance or annuity contracts with this company or any other company? ☐ Yes ☐ No
   If "Yes" and required by your state, complete replacement form(s).
2. Will this annuity partially or completely replace or change any life insurance or annuity policy ☐ Yes ☐ No
   If "Yes" complete the state Specific Replacement Notice.
3. Has any owner, annuitant or beneficiary entered into an agreement to sell or assign this ☐ Yes ☐ No
   Annuity. If "Yes" please explain in Special Remarks.
4. Has any owner, annuitant or beneficiary ever sold, transferred, or assigned a life insurance ☐ Yes ☐ No
   or annuity policy to a third party? If "Yes" please explain in Special Remarks.

Special Remarks if "Yes" to either question 3 or 4: _____

7. Notice

State insurance law may prohibit the Owner of an annuity Contract from entering into any agreement to sell, transfer, or assign an annuity Contract prior to the date the Contract was issued, or within a period of time specified by state law after the Contract is issued. Consult your legal advisors if you have questions about these matters. **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.**

8. Signatures

TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding due to failure to report interest and dividend income; and
3. I am a U.S. Citizen or other U.S. Persons (as defined in the W-9 instructions).

Certification Instructions: You must strike out item 2 above if you have been notified by the IRS that you are currently subject to back up withholding.

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

OWNER'S/ANNUITANT'S STATEMENT

By signing below, the contract Owner and Annuitant acknowledges the statements mentioned above and agree to the following:

1. All statements and answers to questions in this application are true to the best of my knowledge and belief. The application was signed by me/us after all answers and information were recorded herein.
2. The insurance producer has delivered, and I have received *The Buyer's Guide to Deferred Annuities.*
3. I have read through the applicable product disclosure. The insurance producer has explained, and I understand the various product features, including: (a) surrenders and withdrawals; (b) surrender charges and surrender charge period; (c) early withdrawal tax penalty; and (d) annuitization. A signed product disclosure is enclosed with this application.
4. I am purchasing an annuity that includes a market value adjustment. The insurance producer has explained, and I understand that during the market value adjustment period: (a) any amount surrendered or withdrawn may be subject to a market value adjustment; and (b) the adjustment may increase, or decrease amounts payable under the contract. The insurance producer has explained, and I understand that: (a) if interest rates rise after the contract effective date, the market value adjustment will generally decrease the surrender value; and (b) if interest rates fall after the contract effective date, the market value adjustment will generally increase the surrender value.
5. The insurance producer has explained, and I understand that CL Life and Annuity Insurance Company does not offer legal, financial, tax, investment, or estate-planning advice. I have had the opportunity to seek such advice from the proper sources before applying for this annuity.
6. The insurance producer and I agree that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals, and other circumstances. The insurance producer and I have reviewed and completed the suitability form, as applicable. The completed and signed original of that form is enclosed with this application, a copy has been retained by me.
7. I understand that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue until the effective contract issue date

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

Signed at _____ _____ _____ _____

(City) (State) (Date)

Owner Signature: _____ Owner Name Printed:_____

Joint Owner Signature: _____ Joint Owner Name Printed:_____

Annuitant Signature: _____ Annuitant Name Printed:_____

Joint Annuitant Signature: _____ Joint Annuitant Name Printed:_____

9. Agent Certification

1. Does the Owner/Annuitant and have existing life insurance or annuities with this company or another company? ☐ Yes ☐ No
2. Will this annuity replace or change any life insurance or annuity policy ☐ Yes ☐ No
   If "Yes" complete the state Specific Replacement Notice.

I have personally reviewed the government issued identification for the Owner and confirmed the personal identification information provide by the applicant as noted in section 1.

If this is a replacement, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A

1. I declare that the identity of the applicant(s) has been verified by reviewing government-issued photo identification.
2. I have delivered a copy of *The Buyer's Guide to Deferred Annuities* to the applicant(s).
3. I have read through the applicable product disclosure with the applicant(s). I have explained and I believe the applicant(s) understands the various product features, including: (a) surrenders and withdrawals; (b) surrender charges and surrender charge period; (c) early withdrawal tax penalty; and (d) annuitization. A signed product disclosure is enclosed with this application.
4. The applicant(s) is purchasing an annuity that includes a market value adjustment. I have explained and I believe that the applicant(s) understands that during the market value adjustment period: (a) any amount surrendered or withdrawn may be subject to a market value adjustment; and (b) the adjustment may increase, or decrease amounts payable under the contract. I have explained and I believe the applicant(s) understands that: (a) if interest rates rise after the contract effective date, the market value adjustment will generally decrease the surrender value; and (b) if interest rates fall after the contract effective date, the market value adjustment will generally increase the surrender value.
5. I believe that the purchase of this annuity is appropriate to the applicant's particular legal, financial, tax, investment, estate-planning goals, and other circumstances. I have completed the suitability form and have reviewed it with the applicant(s). The completed and signed original of that form is enclosed with this application, a copy of which has been retained by me. I represent that with respect to the suitability of this sales recommendation, the applicable state requirements have been met.
6. This application was signed by the applicant(s) after all answers and information were recorded herein.

Agent/Producer Signature: _____ Agent/Producer Name: (Printed) _____

Agent/Producer Number: _____ Agent License Number: _____ Telephone Number: _____

Relationship to Owner: _____ E-mail: _____

10. Additional Notes

Index Disclosure Statements:

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CL Arrow Annuity Disclosure

The CL Arrow Annuity is a modified single premium fixed and indexed deferred annuity designed to accumulate money for retirement. This form is not intended to be a complete explanation of your annuity. **Please refer to your Contract for complete details.**

INTEREST CREDITING

You can choose different accounts for your money. You may make your allocation elections on the application. Your Accumulation Value is the total of the individual Account Accumulation Values for the interest accounts you select.

Fixed Rate Account

The fixed rate is guaranteed for one contract year. On contract anniversaries the rate may change subject to the contractual Guaranteed Minimum Interest Rate listed on the contract data page. All subsequent premiums received are applied to this account until the contract anniversary, then allocated per your instructions.

Indexed Interest Accounts

A wide variety of indexed interest accounts offer interest earnings based on the changes of a specified index. Indexed interest credited for indexed interest accounts is never less than zero and added to the Account Value at the end of each Index Term Period. Cap, participation, and spread rates are subject to reset at the end of each Index Term Period, subject to the minimums listed on the contract data page.

Point-to-Point with Cap Accounts

The Point-to-Point with Cap Accounts earn interest based on the percentage change in the underlying index during the Index Term Period, up to a specified cap. The minimum cap rate is listed on your contract data page. Indexed interest account selections containing a cap include:

- **S&P 500 Annual Point-to-Point with Cap**
- **Nasdaq-100 Annual Point-to-Point with Cap**

Point-to-Point No-Cap Accounts

The Point-to-Point with Participation Rate Accounts earn interest based on the percentage change in the underlying index during the Index Term Period, minus the spread rate, if any, multiplied by the participation rate. The minimum participation rate and maximum spread rate are listed on your contract data page. Indexed interest account selections with a participation rate include:

- **S&P 500 Annual Point-to-Point with Participation Rate**
- **MSCI USA 10% Volatility Target Annual Point-to-Point with Participation Rate**
- **MSCI USA Annual Point-to-Point with Participation Rate**
- **Nasdaq-100 Annual Point-to-Point with Participation Rate**

Transfers –Account Value may be transferred among the available Interest Accounts at the end of Index Term Period without a Surrender Charge or MVA. A written request for transfer must be received 5 days before the end of the current Index Term Period.

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LIQUIDITY FEATURES AND IMPORTANT TERMS

You may receive partial surrenders or periodic income payments from your annuity by submitting a request acceptable to the Company. When you make withdrawals, surrender or annuitize your annuity, the amount withdrawn will not be credited with any index return in the current Index Term Period. Withdrawals do not participate in any index interest crediting during the Contract Year of the withdrawal.

You may be subject to a 10% Federal penalty tax if you make withdrawals or surrender your annuity before age 59½.

Penalty Free Withdrawals – During each Contract Year after the first, the surrender charge and MVA will be waived on any Account Value withdrawn up to an amount that does not exceed the greater of 10% of the Contract Value on the most recent Contract Anniversary and any Internal Revenue Service (IRS) required minimum distributions (RMD) applicable to Your Contract for the calendar year ending in the current Contract year.

Partial and Full Surrenders – Any withdrawal over the penalty free withdrawal amount will be subject to surrender charges and a Market Value Adjustment. In the event of a full surrender, you will receive the surrender value of your contract as a lump sum.

Surrender Charges – This annuity product is a long-term contract with substantial penalties for early surrender. A surrender charge is assessed, according to the schedule below, on any amount withdrawn as a partial or full surrender that is in excess of the penalty free amount.

SURRENDER CHARGE PERIOD	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	YEAR 9	YEAR 10
5 YEARS	9%	8%	7%	6%	5%					
7 YEARS	9%	8%	7%	6%	5%	4%	3%			
10 YEARS	9%	8%	7%	6%	5%	4%	3%	2%	1%	.5%

Market Value Adjustment – We will make a Market Value Adjustment (MVA) on amounts withdrawn or surrendered in excess of the penalty free withdrawal amount during the surrender charge period. It may result in either an increase or a decrease to the amount withdrawn or surrendered. A MVA will be made only when a Surrender Charge is deducted. Generally, the MVA decreases the Contract Value surrendered when interest rates rise, and increases it when interest rates fall. The MVA will not reduce the amount withdrawn below the Guaranteed Surrender Value.

Surrender Value – The Surrender Value is equal to the greater of (a) the Guaranteed Surrender Value; or (b) the Contract Value less any applicable Surrender Charge, and adjusted for any applicable MVA, determined as of the date of surrender. The Guaranteed Surrender Value will be 87.5% of Premium(s) Paid, less any partial withdrawals, plus interest earned at the nonforfeiture rate described in your contract.

Annuitization – You may choose to have the proceeds of this Contract paid under an income option. If proceeds other than a death benefit are applied to an income option during the surrender charge period, any applicable surrender charge and MVA will apply. This is called annuitizing your Contract. When you annuitize, you can choose from several options, including income for life and/or a specified period of years. Once you annuitize your Contract, you may not surrender it or have access to any values of your annuity, other than your income payments.

Payment options may not be elected after the Maturity Date. We reserve the right to modify the payment frequency so that each payment will be at least $100.

Death Benefit – The death benefit is equal to the Contract Value. Surrender charges and/or MVA do not apply in the event of death.

INDEX INFORMATION AND DISCLOSURES

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OTHER NOTES

• The CL ARROW ANNUITY is backed by the financial strength of the Company. It is not guaranteed by any bank and is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the federal government.

• Funded plans under the Employee Retirement Income Security Act of 1974 (ERISA) may not be used with this annuity.

• This material is provided by CL Life and Annuity Insurance Company (CL Life), which issues annuity contracts that are generally described in this material. CL Life is not undertaking to provide investment advice for any individual or any individual situation, and you should not look to this material for any investment advice.

If this annuity is replacing an existing annuity, it is important that you compare the two, taking into account whatever charges you may incur on the surrender of the existing annuity and your need to access your funds. For information about your existing annuity, contact the issuing company.

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The insurance producer is appointed to represent the Company and is approved to provide services to you on our behalf. The insurance producer will be compensated by us in connection with any business placed with our Company.

Applicant Statement:
By signing below, I acknowledge that I have read, or have been read, this document and understand I am applying for an indexed annuity. I also acknowledge that the annuity meets my financial objectives. The producer has not made statements which differ from this disclosure document and no promises or assurances have been made about the future equity values of the contract. I have received a copy of this document, as well as any advertisement that was used in connection with the sale of this annuity. I understand this is not a registered security and that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investments. Other than the minimum guaranteed values, there are no guarantees, promises, or warranties.

Owner/Applicant Signature	Date	Owner/Applicant Name (please print)	Date
Joint Owner/Applicant Signature	Date	Joint Owner/Applicant Name (please print)	Date

Producer Statement:
By signing below, I acknowledge I have reviewed this document with the applicant. I certify that a copy of this document, as well as any advertisement used in connection with the sales of this annuity, has been provided to the applicant. I have not made statements that differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any non-guaranteed elements.

Producer Signature	Date	Producer Name & Number (please print)	

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Annuity Suitability Form

Please complete this worksheet and submit with your application. The financial and personal information requested on this form is required to verify if the annuity meets your needs and objectives. This form must be completed, signed, and dated to consider your application. Incomplete forms will delay processing.

Owner
Full Name: _____
Age: _____
Employment Status: ☐ Employed ☐ Unemployed ☐ Retired

Jt. Owner
Full Name: _____
Age: _____
Employment Status: ☐ Employed ☐ Unemployed ☐ Retired

Please complete each section on behalf of the owner; for joint owners, the information should be combined. If the annuity will be owned by a trust, use the assets and objectives of the trust.

FINANCIAL OBJECTIVES

1. Why are you purchasing this annuity? (Check all that apply)
   ☐ Estate Planning ☐ Potential Growth ☐ Tax Deferral ☐ Immediate Income ☐ Protection from market risk
   ☐ Other (Details) _____

2. Indicate your risk tolerance for this annuity purchase:
   ☐ Conservative ☐ Moderate ☐ Aggressive

3. What is your financial experience?
   ☐ 0-5 years ☐ 6-10 years ☐ 11-20 years ☐ Over 20 years

4. Federal tax bracket:
   ☐ 0-10% ☐ 11-20% ☐ 21-30% ☐ 31-40%

5. Do you anticipate material changes in your income, expenses, or assets during the surrender charge period of the annuity you are purchasing? ☐ No ☐ Yes (please explain) _____

6. How long do you plan to keep this annuity?
   ☐ 3 years ☐ 4-7 years ☐ 8-10 years ☐ More than 10 years

7. When do you anticipate taking your first distribution from this annuity? (Check one)
   ☐ < 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11+ years ☐ I don't plan to take distributions

8. In consideration of your answer to #7, how do you anticipate taking distributions from this annuity? (Check all that apply)
   ☐ Immediate Income ☐ Required Minimum Distribution ☐ Penalty-free withdrawals ☐ Lump sum
   ☐ Annuitize ☐ Leave to Beneficiary ☐ I don't plan to take distributions

9. Are you aware that the fixed annuity contract for which you are applying may be a long-term contract with substantial penalties for early withdrawal and there are non-guaranteed elements in the annuity?
   ☐ Yes ☐ No (please explain) _____ ☐ N/A – Immediate Income Annuity

10. Are you aware that withdrawals prior to age 59-1/2 may result in a 10% IRS penalty tax?
    ☐ Yes ☐ No ☐ N/A

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CURRENT FINANCIAL STATUS

11. Annual Gross Household Income:

☐ $0-24,999 ☐ $25,000-49,999 ☐ $50,000-74,999 ☐ $75,000-100,000 ☐ Over $100,000

12. Source of Income (Check all that apply):

☐ Wages ☐ Pension Payments ☐ Guaranteed Annuity Payments
☐ Investments ☐ Social Security ☐ Rental Income ☐ Other: _____

13. Annual Household Expenses (Examples include mortgage/rent, health care, insurance, daily expenses, etc.)

☐ $0-24,999 ☐ $25,000-49,999 ☐ $50,000-74,999 ☐ $75,000-100,000 ☐ Over $100,000

14. Liquid Net Worth NOT including the funds used to purchase this annuity. (These are assets that can be easily converted to cash without incurring penalty charges (e.g., checking, savings, stocks, bonds, penalty free withdrawals from current assets))

☐ Under $10,000 ☐ $10,000-24,999 ☐ $25,000-49,999 ☐ $50,000-99,999 ☐ $100,000-149,999
☐ $150,000-199,999 ☐ $200,000-249,999 ☐ $250,000-500,000 ☐ $500,000-999,999 ☐ Over $1,000,000

15. Total amount of debt excluding primary residence (credit cards, student loans, personal loans, auto loans, etc.)

☐ Under $10,000 ☐ $10,000-50,000 ☐ $50,000-100,000 ☐ $100,000-250,000 ☐ Over $250,000

16. Estimated Total Net Worth (Exclude primary residence, furnishings & automobiles)

☐ $0-49,999 ☐ $50,000-99,999 ☐ $100,000-149,999 ☐ $150,000-199,999 ☐ $200,000-249,999
☐ $250,000-499,999 ☐ $500,000-999,999 ☐ $1 million -$2.5 million ☐ Over $2.5million

17. Types of current assets (Check all that apply)

☐ Annuities; Current Accumulation Value $_____ ☐ Life Insurance ☐ Stocks/Bonds/Mutual Funds
☐ CD/Money Market Funds ☐ Real Estate ☐ 401k/Pension ☐ Other

18. Source of funds used to purchase this annuity (Check all that apply)

☐ Life Insurance ☐ Variable Life Insurance ☐ Fixed/Indexed Annuity ☐ Variable Annuity ☐ Checking/Savings
☐ CD Money Market ☐ 401k/pension ☐ Stocks/Bonds/Mutual Funds ☐ Other_____

19. Do you have a reverse mortgage on your primary residence? ☐ Yes ☐ No

(A reverse mortgage is an agreement in which a senior homeowner takes a loan against the equity in their home. The loan is repaid when the borrower dies or moves out of the property and the house is sold.)

20. Do you have an emergency fund for unexpected expenses? ☐ Yes ☐ No

CL Life
An Affiliate of Crestline Management

CL LIFE AND ANNUITY INSURANCE COMPANY
Administrative Office: P.O. Box 11525, Winston-Salem, NC 27116, (800) 520-6162
Executive Office: 201 Main Street, Suite 2100, Fort Worth, Texas 76102

INSURANCE PRODUCER DISCLOSURE FOR ANNUITIES

Do not sign unless you have read and understand the information in this form.

1. INSURANCE PRODUCER INFORMATION ("Me", "I", "My")

Full Name (first-middle-last)		
Business Telephone Number	National Producer Number	State

2. OWNER/APPLICANT INFORMATION ("You", "Your")

Full Name (first, middle, last)	
Joint Owner Full Name (first, middle, last)	

3. TYPES OF PRODUCTS I CAN SELL:

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 noninsurance financial products that I am licensed and authorized to provide advice about or to sell.

☐ Mutual Funds ☐ Stocks/Bonds ☐ Certificates of Deposits

4. ANNUITIES I CAN SELL:

I am authorized to sell: ☐ Annuities from One (1) Insurer ☐ Annuities from Two (2) or more Insurers

Annuities from Two (2) or more Insurers although I primarily sell annuities from _____

5. 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 (select one):

☐ Commission, which is usually paid by the insurance company or other sources.

☐ Other (Details) _____

If you have questions about the above compensation I will be paid for this transaction, please ask me.

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Applicant/Owner's Acknowledgement

By signing below, I acknowledge that I have reviewed the product with my producer, in addition to the financial factors listed on this form and have determined that the product meets my needs and objectives. I confirm that I provided the information above and that it is true and complete to the best of my knowledge. The producer discussed with me the surrender charges, if applicable, and other costs relating to this annuity contract. I understand the advantages and disadvantages of this annuity contract.

To recommend a product that effectively meets your needs, objectives and situation, the producer, broker or company needs information about you, your financial situation, insurance needs and financial objectives. If you refuse to provide your producer, broker, or company, some or all of the information needed to decide if this annuity effectively meets your needs, objectives and situation, or you provide inaccurate information, you may lose protections provided by various state insurance laws.

Note: if you refuse or are unable to provide the requested information, CL Life is unable to issue the contract.

Statement of Purchaser:

- ☐ I REFUSE to provide this information at this time.
- ☐ I have chosen to provide LIMITED information at this time.

PLEASE REVIEW THIS FORM AND SIGN ATTESTING THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. THIS FORM SHOULD NOT BE SIGNED IF ANY REQUIRED ITEM IS LEFT BLANK.

Purchase Recommendation (Required):

- ☐ My annuity purchase is NOT based on the recommendations of this producer or the insurer.
- ☐ My annuity purchase is based on the recommendations of this producer or the insurer.

Applicant/Owner's Signature _____ Date _____

Joint Owner's Signature _____ Date _____

Producer Statement

I believe the purchase of this annuity contract is suitable after reviewing the information provided to me by the applicant/owner. If applicable, I have discussed the advantages and disadvantages of any replacement or exchange of another annuity contract or life policy. I have reasonably informed the applicant/owner of all-important features of the annuity and proposed transaction.

To the best of my knowledge, the questions on this form have been answered truthfully and I have complied with suitability requirements consistent with my contractual obligations.

Producer Signature _____ Date _____

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Important Notice Regarding Replacement of Life Insurance or Annuities - Indiana

If you are thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good one – or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form MUST be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION on _____
(Name of Insured)

Company	Type of Policy*	Policy No.	Date of Issue	Face Amount of Basic Policy	Type of Optional Benefits
(If more policies are involved, use additional sets of forms)					

PROPOSED POLICY INFORMATION on _____
(Name of Insured)

Company	Type of Policy*	Face Amount of Basic Policy	Type of Optional Benefits
(If more policies are involved, use additional sets of forms)			

*As shown on face of policy

Indiana Department of Insurance Regulation, 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within no less than twenty days after delivery of the replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid to it.)

Applicant Name (printed)

_____

Applicant Signature

_____

Date

_____

Replacing Agent's Signature

_____

Address

_____

Telephone Number

_____

Indiana License Number

_____

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Replacement Comparison Worksheet

This form must be submitted for each contract/policy being replaced (including partial and penalty-free transfers) in addition to any state-required replacement form(s). If not applicable, put N/A. Do not leave any questions blank. If there are more than two (2) replacement/exchanges, please use an additional Replacement Comparison Form.

Owner Name _____ Joint Owner Name _____

CL Life Contract Number _____

	Replaced Contract 1	Replaced Contract 2	Proposed Product
1. Type of Contract	☐ Indexed Annuity ☐ Declared Rate Annuity ☐ Variable Annuity ☐ Life Insurance	☐ Indexed Annuity ☐ Declared Rate Annuity ☐ Variable Annuity ☐ Life Insurance	☐ Indexed Annuity ☐ Declared Rate Annuity
2. Company Name			CL Life and Annuity Insurance Company
3. Product Name			
4. Date of Issue (mm/dd/yyyy)	/ /	/ /	
5. Replacement Withdrawal Type	☐ Full ☐ Partial ☐ Partial Penalty Free	☐ Full ☐ Partial ☐ Partial Penalty Free	
6. Current Surrender Charge %	%	%	
7. Current Accumulation Value	$	$	
8. Current Cash Surrender Value	$	$	
9. Total Amount Being Transferred	$	$	
10. Current Fixed Interest Rate	☐ N/A %	☐ N/A %	☐ N/A (SPIA only) %
11. Annual fees, expenses or charges	☐ N/A %	☐ N/A %	N/A
12. Does the contract being replaced include an Income Rider?	☐ Yes ☐ No If Yes, value of Benefit Base is $	☐ Yes ☐ No If Yes, value of Benefit Base is $	No

A. Please explain why you have chosen to replace your existing life insurance or annuity contract. (Give specific reasons)

B. Is the producer assisting you with this transaction the agent on the contract that is being replaced? ☐ Yes ☐ No

C. Excluding the current replacement, have you replaced any annuity contracts within the past 60 months? ☐ Yes ☐ No
If Yes, Explanation for other replacements within the past 60 months (e.g. how long ago, whether they involved the same agent, whether they involved the same funds):

Do not sign this form if any item has been left unanswered. Please carefully review the information recorded and confirm that it is true and correct to the best of your knowledge.

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

Producer Signature _____ Date _____

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Qualified/Non-Qualified Transfer 1035 Exchange Form

Transferring Company

Company Name	Phone		
Overnight Address (No P.O. Box)	City	State	Zip

Existing Policy or Account

Contract/Policy Number Being Exchanged/Transferred			
Owner	Owner SSN or TIN	Phone Number	
Joint Owner (if applicable)	Joint Owner SSN or TIN	Phone Number	
Owner(s) Address	City	State	Zip
Annuitant/Insured	Annuitant/Insured SSN (if applicable)		
Joint Annuitant/Insured (if applicable)	Joint Annuitant/Insured SSN (if applicable)		

Existing Policy Type

☐ CD ☐ Annuity ☐ Life Insurance ☐ Custodial Account ☐ Other: _____ (check one)

Transfer Instructions

I wish to liquidate and transfer the:

☐ Full Value ☐ Partial Value in the amount of $_____ or _____% (Certain restrictions may apply)
☐ All funds not subject to surrender/back-end sales charges

Please transfer these funds ☐ immediately or ☐ on a specific date ___/___/____ (not later than the maturity date)

Return of Contract/Policy (Please choose one if you are transferring the full value of your contract/policy)

☐ I certify that I cannot find my contract/policy. ☐ The contract/policy is attached.

Qualified Account Transfer /Rollover

I wish to transfer:

From: ☐ IRA ☐ Roth IRA ☐ SEP IRA ☐ TSA ☐ 401(k) Plan ☐ 457 Plan ☐ Other _____ (check one)

To: ☐ IRA ☐ Roth IRA ☐ SEP IRA ☐ Inherited/Stretch IRA ☐ Other _____ (check one)

I authorize my present Financial Institution name above to:

☐ My RMD has already been taken for the transfer year.

☐ Distribute my RMD to me prior to transfer.

If this amount represents all or part of an eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax laws. NOTE: For IRA transfers, if we are issuing a Roth IRA at CL Life you are responsible for issuing a 1099R for the conversion at the time of surrender.

CL Life and Annuity Company's Traditional IRA, Roth IRA, and SEP contracts meet the requirements of Internal Revenue Code § 408(b), 408A, 408(k) and 403(b)(1) respectively.

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Non-Qualified 1035 Exchange / Non-Qualified Transfer

☐ **1035 Exchange**

I hereby make a complete and absolute assignment and transfer all rights, titles, and interests of every nature and character in and to the above contract to the Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. Additionally, by signing this form, I acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange. Upon receipt, the Company is directed to surrender all or part of my contract, as indicated above, and apply the value to the product for which I have submitted an application. I understand that by executing this assignment, I irrevocably waive all rights, claims and demand under the above contract. I acknowledge that the Company is furnishing this form and participating in this transaction as an accommodation to me and that the Company assumes no responsibility or liability for my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

☐ **Non-Qualified Transfer** - such as Mutual Fund shares, savings/checking account or CD transfers.

I understand that the 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 Company receives these proceeds and all other necessary paperwork in good order.

Signatures and Authorizations

Please make check(s) payable and mail to:

CL Life and Annuity Insurance Company (USPS)
Attn: Annuity New Business
P.O. Box 11525
Winston-Salem, NC 27116

or

CL Life and Annuity Insurance Company (Overnight)
Attn: Annuity New Business
4964 University Parkway Suite 203
Winston-Salem, NC 27106

I understand that the Company is providing this form for my convenience and makes no representations concerning my tax treatment. I agree to execute any additional documents required to complete this transaction. **If this is an exchange, I acknowledge that this qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.**

Owner Signature (Signature guarantee may be required)	Joint Owner Signature (if applicable)
Date	Spouse Signature (if required for Community Property State)
Signature Guarantee by: Name of Bank/Firm	Officer Signature and Title
Place Signature Guarantee Stamp here:	

Acceptance for Transfers/1035 Exchange (Home Office use only)

The Company requests this liquidation and transfer of the assets listed above. By its signature below, the Company represents that the above-described receiving Annuity Contract is or is intended to be an Annuity Contract of the type indicated and that the Company will accept the Section 1035 Exchange/Transfer on behalf of the person(s) named on this form. Please provide us with a report of the pre- and post-TEFRA cost basis in the current contract, if applicable.

Authorized Signature	Date
Title	New Contract Number

PROHIBITED TRANSACTION EXEMPTION 84-24
Compensation Disclosure and Acknowledgement Form

Agent Name: _____

Name of Owner: _____

Insurance Company Name and Product: _____

This disclosure form provides important information for the Fiduciary or IRA owner to consider prior to making the purchase of or adding additional payments to a tax-qualified insurance or annuity policy ("Policy") issued by an insurance company. In that regard, the information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24 ("PTE 84-24").

This form will describe the following:

- The relationship between the Agent and the insurance company;
- The compensation (commissions) the Agent will receive as a result of You purchasing this Policy;
- A description of any charges, fees, discounts, penalties or adjustments that may be imposed in connection with the purchase, holding, exchange or sale of the Policy,

  and,

- A notice on certain conflicts of interest.

The Relationship Between the Agent and the Insurance Company

You will be purchasing this Policy through the Agent who is independent of the insurance company listed above and is under no contractual obligation to offer the above insurance company's Policies. The Agent is licensed and appointed with a number of insurance companies and Policies of which he /she can represent. The Agent may not make any representations or accept any responsibilities on behalf of the insurance company that are not expressly contained in the Insurance Company's Policy or Policies. The Agent may not waive or modify any terms of your Policy or Policies. The fact that the Agent may receive a commission for the sale can create a conflict of interest.

Compensation

The insurance company will pay commissions to the Agent for the sale of this Policy. In addition, the insurance company may pay additional amounts to other third parties that are involved in the marketing, training, administration, wholesaling, supervision of the Agent, or issuance of the Policy. These parties may also allocate a portion of such amounts to the Agent. The commission is paid by the insurance company and one hundred percent of your premium payment will be credited to the accumulation value of your Policy.

The commission the Agent receives for the sale of this Policy to you is: _____

percentage of gross annual premium in the first year and: _____subsequent years the Policy is active

Charges

This Policy may include certain charges imposed by the insurance company. These may include surrender charges, bonus recapture provisions, market value adjustments, or fees for optional features available through a rider. The specific charges, fees and provisions applicable to your Policy are available from your Agent or the insurance company. It is important that you understand the charges that may be imposed under the Policy you are purchasing.

Conflicts of Interest

A conflict of interest exists when a reasonable person would conclude that a financial interest affects the Agent's best judgment when recommending the purchase of a Policy The following are material conflicts of interest relevant to the services provided by, and actions taken by, Agent in relation to the purchase recommendation:

- Insurance company payments for the services provided to you may represent a conflict of interest as they may affect the recommendations of the Agent.
- _____
- _____
- _____

Acknowledgement / Approval

I acknowledge receipt of the information contained in this disclosure for the qualified purchase referenced above. I approve the purchase of the policy as well as the compensation and other charges disclosed for that contract.

Contract Owner: _____

Date: _____