



# Atlantic Coast Life Insurance Company

*Safe Harbor & Safe Haven Bonus Guarantee Annuities*

---

## ***Annuities:***

*5 Year Annuity*  
*6 Year Annuity*  
*7 Year Annuity*  
*10 Year Annuity*  
*20 Year Annuity*

## ***Optional Riders:*** *(available on annuities)*

- *Death Benefit Feature*
  - *Preferred 10% Free Withdrawal*
  - *Accumulated Interest Withdrawal*
- 

ATLANTIC COAST LIFE INSURANCE COMPANY  
ADMINISTRATIVE OFFICE  
PO BOX 27248, SALT LAKE CITY, UT 84127-0248  
STATE OF DOMICILE: SOUTH CAROLINA

# Agent checklist for completing the Atlantic Coast Life Insurance Company Annuity Application

This packet contains the following forms for an Atlantic Coast Life Insurance Company Annuity application. Please review the information carefully and complete all applicable forms:

**Annuity Application (ACLANAP-AZ 03/16/16)** – Complete all applicable sections and sign where indicated.

**Annuity Suitability Questionnaire (ACLAN-SQ-OT 10/14/15)** – This form is required with all applications. It must be completed by the agent and signed by the agent and owner(s). Return this form to the Home Office with the application. Note: Always complete the information for the owner, and joint owner if applicable. All pages of this Suitability Questionnaire need to be signed or initialed by the owner(s), and page 3 of 4 must be signed by the agent.

**Client Suitability Letter (ACLAN-SLTR-OT 06/23/16)** – This form is required only if the owner(s) check “I **REFUSE** to provide this information at this time” or “I have chosen to provide **LIMITED** information at this time” on the Annuity Suitability Questionnaire and has an issue age of 80 or older. This form must be completed and signed by the owner(s). Return this form to the Home Office with the application.

**Policy Owner Identification Verification (ACLAN-PIV-OT 10/14/15)** – This form is required with all applications and must be completed and signed by the agent. Return this form to the Home Office with the application.

**Community Property States Spousal Existence/Beneficiary Designation Consent Form (ACLAN-COMMPROPST-OT 10/14/15)** - Spousal consent and signature on this form is required with the application if the client’s spouse is not the sole primary beneficiary and the owner resides in a community property state (**AZ, CA, ID, LA, NV, NM, TX, WA, WI**).

**Required Minimum Distribution Disclosure (ACLAN-RMDDISC-OT 10/14/15)** – This form is required only if the owner(s) will reach age 70 ½ during the guarantee period and has not elected to add the Preferred 10% Free Withdrawal Rider. It must be signed by the owner(s) and returned to the Home Office with the application.

**IRA Rollover Certification Form (ACLAN-RO-OT 10/14/15)** – Complete this form if the annuity will be rolled over from another tax qualified retirement plan. This form must be signed by the owner and returned to the Home Office with the application.

**1035 Exchange Request Form/Direct Custodial Transfer Request (ACLAN1035-OT 10/14/15)** – Complete the applicable section of this form if the annuity will be funded with a transfer or 1035 Exchange. The 1035 Exchange section is used for non-qualified funds that are currently in an annuity or life insurance policy. The Direct Custodial Transfer side is used for all other transfers including all qualified transfers and non-qualified funds coming from a policy that is not an annuity or life insurance. This form must be signed by the owner(s) and returned to the Home Office with the application. If the application is faxed the original signed Transfer Request form must be mailed to the Home Office separately.

**Important Notice: Replacement of Life Insurance or Annuities (ACLREP 10/14/15)** – If there is a replacement involved with the application, both copies of the Replacement Notice must be signed by the owner(s) and agent. One copy should be left with the applicant and the other returned to the Home Office with the application.

**Non-Resident Verification Form (ACLAN-NRV-OT 10/14/15)** – This form is required only if the application is signed in a state other than the owner(s) Resident State. This form must be completed by the owner(s) and signed by the owner(s) and agent. Return this form to the Home Office with the application.

**Trustee Certification of Trust (ACLAN-CERTTRUST-OT 10/14/15)** – This form is required only if the contract owner will be a trust. This form must be completed and signed by all trustees and returned to the Home Office with the application.

**Trust and Other Non-Natural Owner 72(u) Tax Deferred Treatment Certification Form (ACLAN-72(u) 10/14/15)** – This form is required only if the owner(s) is a non-natural owner and entitled to the tax-deferral exception, as defined on the form. It must be signed by the trustee(s) or corporate officer(s), whichever is applicable, and returned to the Home Office with the application in order to qualify for tax deferred status.

**Applicants Statement Qualified Retirement Plans (ACLAN-APP-STMT-OT 10/14/15)** – This form is required if the annuity contract will be issued in connection with a retirement plan. It must be signed by the trustee(s) and agent and returned to the Home Office.

**Accumulated Interest Withdrawal Form (ACLAN-INTDIST-OT 10/14/15)** – This form is required in order to begin Accumulated Interest Withdrawal distributions with the Accumulated Interest Withdrawal Rider. This form must be completed and signed by the owner. Return this form to the Home Office.

**IRA 70 1/2 Required Minimum Distribution Election (ACLAN-RMD-OT 092316)** - This form is required in order to begin Required Minimum Distribution (RMD) payments with the Preferred 10% Free Withdrawal Rider. RMD payments may begin in year two with the 10% Free Withdrawal Rider. This form must be completed and signed by the owner. Return this form to the Home Office.

**Annuity Disclosure Statement (ACLAN-DISC-OT 10/14/15)** – The information in the Disclosure statement must be covered with the owner(s) by the agent and a copy must be left with the owner(s).

---

## Mailing Address

Administrative Office  
PO Box 27248  
Salt Lake City, UT 84127-0248

*Original check and transfer form must be mailed.*

## Physical Address

Administrative Office  
1405 W 2200 S  
Salt Lake City, UT 84119

## Phone/Business Fax

Main Telephone: 844-442-3847  
Business Fax: 888-433-4795

**APPLICATION SINGLE  
PREMIUM DEFERRED  
ANNUITY**

Print - Use Black Ink



**ATLANTIC COAST LIFE INSURANCE COMPANY**

**Administrative Office**

1405 West 2200 South, Salt Lake City, UT 84119

Home Office Use Only

**NOTICE:** On written request, We are required to provide within a reasonable time frame reasonable factual information regarding the benefits and provisions of the annuity contract to You. If, for any reason, You are not satisfied with the annuity contract, You may return it to us within 10 days (or within 30 days if You are 65 years of age or older on the date of this application for the contract) after the contract is delivered and You will receive a refund of all monies paid.

<b>Annuity Applied For</b>	<b>Guarantee Period:</b>				
	<b>5 Year</b>	<b>6 Year</b>	<b>7 Year</b>	<b>10 Year</b>	<b>20 Year</b>
	<b>Purchase Premium Payment \$</b>				
<b>Annuitant</b>	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Date of Birth (MM/DD/YYYY)		Age	Sex Male      Female	
	SSN		Telephone	Email Address	
<b>Joint Annuitant (if applicable)</b>	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Date of Birth (MM/DD/YYYY)		Age	Sex Male      Female	
	SSN		Telephone	Email Address	
<b>Owner (if other than annuitant)</b>	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Date of Birth (MM/DD/YYYY)		Age	Sex Male      Female	
	SSN		Telephone	Email Address	
<b>Joint Owner (if other than joint annuitant)</b>	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Date of Birth (MM/DD/YYYY)		Age	Sex Male      Female	
	SSN		Telephone	Email Address	
<b>Beneficiary(s) (Attach signed &amp; dated sheet if multiple)</b>	Primary / Contingent Beneficiary (circle one)		% Share	Date of Birth	SSN
	Address				Telephone
	Primary / Contingent Beneficiary (circle one)		% Share	Date of Birth	SSN
	Address				Telephone
		Relationship to Owner			



**OPTIONAL RIDERS – ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTIONS**

The annuity you are purchasing allows you the flexibility to choose certain beneficial features that will meet your financial objectives. Please carefully review each of the optional riders below to determine which, if any, you would like to add.

**PLEASE CHOOSE CAREFULLY: Your rider choices will become a permanent part of your contract.**

You may indicate your choice to select each optional rider by checking the appropriate box next to that rider. You may choose to decline all optional riders by checking the box immediately below marked "NONE."

NONE. I have read and understand each of the optional riders below, and I wish to decline all optional riders.

I select the following riders:

**Death Benefit Equal to Contract Value Rider**

*This rider ensures that upon the death of the Annuitant, the death benefit paid will be equal to the Total Contract Value, and any Withdrawal, Surrender Charge, or Market Value Adjustment will be waived.*

**Penalty-Free Withdrawal Option Riders**

**Preferred 10% Free Withdrawal Rider**

*Beginning in the second contract year, this rider allows you to withdraw in a contract year, without Surrender Charge or Market Value Adjustment applied to your first withdrawal, up to 10% of your Contract Value (on a non-cumulative basis) or your Required Minimum Distribution. You will not be entitled to a 10% free withdrawal on full surrenders.*

**Accumulated Interest Withdrawal Rider**

*Beginning in the first contract year, this rider allows you, during the Surrender Charge Period, to withdraw accumulated interest without Surrender Charge or Market Value Adjustment applied.*

**INTEREST – ALL APPLICANTS MUST COMPLETE THIS SECTION**

I select the following Atlantic Coast Life Insurance Company Product:

**Safe Harbor Bonus Guarantee** (Simple Interest)

I understand that interest will be calculated daily on the Initial Purchase Premium, less withdrawals that exceed the cumulative amount of interest credited. For subsequent guarantee periods interest will be calculated daily on the Contract Value at the date of renewal, less future withdrawals that exceed the cumulative amount of interest credited.

\_\_\_\_\_ Initial

**Safe Haven Bonus Guarantee** (Compound Interest)

I understand that interest will be calculated daily on the prior days Contract Value for the initial and subsequent guarantee issue periods.

\_\_\_\_\_ Initial

I have read and understand the provisions of each of the optional riders described above prior to signing this application. I understand that this is only a brief description of each rider.

\_\_\_\_\_ Annuitant / Owner Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Joint Annuitant / Owner Signature (if applicable)

\_\_\_\_\_ Date

Check One:

Non-Qualified

\*Tax Qualified Plan

\*If Tax Qualified Plan, this section must be completed.

Check One:

IRA

Roth IRA

SEP IRA

Simple IRA

Other

Source of Funds:

New Money

1035 Exchange

Qualified / Non-Qualified Transfer

Rollover

If other than New Money, complete applicable form.

**Producer Notes**

List producer notes here



**CHECKS MUST BE MADE PAYABLE TO ATLANTIC COAST LIFE INSURANCE COMPANY**

**Owners Signature - (All appropriate boxes must be checked or application will be deemed incomplete.)**

Do you have any existing life insurance or annuity contracts? Yes      No  
 Will this proposed contract replace any existing life insurance or annuity contract? Yes      No  
*(If yes, please complete and sign the appropriate replacement form for your state.)*

**By signing below:**

I acknowledge and understand that annuities purchased with qualified funds are subject to the Required Minimum Distribution ("RMD") Rules. If I turn 70 ½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds. **I further understand that if an RMD is taken from this contract and the Preferred 10% Free Withdrawal is not selected at the time of issue, withdrawal charges will apply.**

I believe this to be a suitable purchase for my financial status. Any applicable surrender, withdrawal and market value adjustment provisions have been explained to me. I understand that there are no free withdrawals with the base contract purchase unless a free withdrawal rider is selected at the time of application.

**I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.**

**I understand that amounts payable under the contract may be subject to a market value adjustment.**

Annuitant / Owner Signature	Joint Annuitant / Joint Owner Signature <i>(if applicable)</i>	Date
-----------------------------	--	------

Signed At (City)	(State)	(Zip)
------------------	---------	-------

**Producer Signature - (All appropriate boxes must be checked or application will be deemed incomplete)**

**Advertising:**

Did you use any sales materials? Yes      No  
 If yes, did you use any Company approved sales materials? Yes      No      N/A  
 If yes, did you leave a copy with the client? Yes      No      N/A

**Replacement:**

Does the proposed client have any existing life insurance or annuity contracts? Yes      No  
 Will the proposed contract replace any existing life insurance or annuity contract? Yes      No      N/A  
*(If yes, please complete and sign the appropriate replacement form for your state.)*

**By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable surrender charges, withdrawal and market value adjustment provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.**

Producer Name (Printed)	Producer Number	State Number <i>(if applicable)</i>
-------------------------	-----------------	-------------------------------------

Telephone	Email	Agency Name <i>(if applicable)</i>
-----------	-------	------------------------------------

Producer Signature	Date
--------------------	------

**IF JOINT CASE**

Producer Name (Printed)	Producer Number	State Number <i>(if applicable)</i>
-------------------------	-----------------	-------------------------------------

Telephone	Email	Agency Name <i>(if applicable)</i>	Split %
-----------	-------	------------------------------------	---------

Producer Signature	Date
--------------------	------

**Fraud Notice:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance on statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.







# ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Entity: \_\_\_\_\_

Tax Status: \_\_\_\_\_ Relationship to Annuitant(s): \_\_\_\_\_

Form of Ownership: \_\_\_\_\_

Supporting documents (list): \_\_\_\_\_

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets:	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	Yes No
Do you currently own life insurance? Please list:	Yes No
Does your income cover all of your living expenses including medical?	Yes No
Do you expect changes to your living expenses?	Yes No
Do you anticipate changes in your out-of-pocket medical expenses?	Yes No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	Yes No
Do you have an emergency fund for unexpected expenses?	Yes No

Why are you purchasing this annuity? \_\_\_\_\_

What are your financial objectives for this purchase? (Check all that apply)

- Income    Growth (long term)    Safety of Principal and Income
- Safety of Principal and Growth    Pass assets to a beneficiary or beneficiaries at death

Other: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint-Owner Signature

\_\_\_\_\_  
Date Signed







Note: The following three sections to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."

Advantages of purchasing the proposed annuity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disadvantages of purchasing the proposed annuity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

**ACKNOWLEDGMENTS AND SIGNATURES**

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

**APPLICANT:**  
**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint-Owner Signature

\_\_\_\_\_  
Date Signed



## EXPLANATION OF TERMS

**"Age"** is the natural person's attained age on the day the form is completed.

**"Tax Status"** is the owner's Federal Income Tax filing status such as "single" or "married filing jointly"; if "Exempt", state so.

**"Form of Ownership"** is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

**"Supporting documents"** are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

**"Annual income"** is income received during a calendar year, whether earned or unearned.

**"Source of annual income"** is the income-generating source, such as pension income, dividends, or earned income etc.

**"Annual household income"** is the combined annual income received by all household members each calendar year.

**"Existing Assets"** are financial assets including life insurance and annuities.

**"Existing Liquid Net Worth"** is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

**"Financial Objectives"** are the owner's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

**"Risk Tolerance"** means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns.)

**"Source of the funds"** to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

---

Owner Signature

---

Date Signed

---

Joint-Owner Signature

---

Date Signed







## CLIENT SUITABILITY LETTER

If your client is 80 years or older and answers the Suitability Questionnaire "I **REFUSE** to provide this information at this time" or "I have chosen to provide **LIMITED** information at this time," please obtain a written and signed statement from the client that clarifies the following:

1. The client understands that the funds are not liquid.
2. The client understands that new surrender charges will be incurred and that surrender charges may be assessed upon the clients' death, depending on the product applied for or optional liquidity riders selected.
3. Why does the client feel this is an appropriate purchase for them at this time?

It is better to add a few sentences to over communicate the intent of the purchase to make the suitability clear.

Please provide a written explanation in the following space:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint-Owner Signature

\_\_\_\_\_  
Date





# POLICY OWNER IDENTIFICATION VERIFICATION

Agent to complete the following information:

**POLICY OWNER IDENTIFICATION VERIFICATION** – I have personally verified the identity of the owner(s) listed below by reviewing a government issued **photo ID** for each individual and documents that confirm the legal entity status of any non-natural owner, such as a business or trust.

## Owner Verification

**Name** (Proposed owner or Non-natural Owner)

A. Drivers License (DL)	_____	_____	_____
	State of Issue	DL Number	Expiration Date
B. Passport	_____	_____	_____
	Country of Issuance	Number	Expiration Date
C. Other	_____/_____	_____	_____
	State/Country of Issuance	Number	Expiration Date

An unexpired Government issued photo ID is not available.

## Joint Owner Verification

**Name** (Proposed owner or Non-natural Owner)

A. Drivers License (DL)	_____	_____	_____
	State of Issue	DL Number	Expiration Date
B. Passport	_____	_____	_____
	Country of Issuance	Number	Expiration Date
C. Other	_____/_____	_____	_____
	State/Country of Issuance	Number	Expiration Date

An unexpired Government issued photo ID is not available

**AGENT'S CONFIRMATION** – I have verified the identity of the owner(s) and believe the information the owner(s) provided to me regarding his or her identity is true and accurate.

This form dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
City/State

Agent's Signature





# COMMUNITY PROPERTY STATES SPOUSAL EXISTENCE/BENEFICIARY DESIGNATION CONSENT FORM

---

---

## CONTRACT INFORMATION:

Name of Contract Owner: \_\_\_\_\_ Contract Number (if known): \_\_\_\_\_

### Spousal Existence:

I currently am a resident of one of the community property states: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin.

I currently: (Check one)

Do have a spouse -spousal consent and spousal signature required below **if** spouse is **not** sole primary beneficiary.

Do not have a spouse.

### Signature of Contract Owner

This form dated at (City/State) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Owner \_\_\_\_\_

Owner's Email Address \_\_\_\_\_ Owner's Telephone Number \_\_\_\_\_

### Spousal

I have reviewed the beneficiary designation dated \_\_\_\_\_ for the contract number above and, as the spouse of the contract owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter, and I relinquish all my statutory or other rights thereto.

### Signature of Spouse

This form dated at (City/State) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Owner's Spouse \_\_\_\_\_

Spouse's Email Address \_\_\_\_\_ Spouse's Telephone Number \_\_\_\_\_

**SEPARATE FORM FOR EACH CONTRACT IS REQUIRED**

---

---

For Home Office Use Only

Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_





# REQUIRED MINIMUM DISTRIBUTION DISCLOSURE

---

I understand that once I reach age 70 ½, I am required by the Internal Revenue Service to take a Required Minimum Distribution ("RMD") on an annual basis from qualified funds. I have, at this time, elected not to take my RMD from my Atlantic Coast Life Insurance Company Contract and will, instead, take my RMD from other qualified funds. However, I fully understand that if I subsequently choose to take an RMD from this Contract, Atlantic Coast Life Insurance Company would be entitled to assess Surrender Charges and Market Value Adjustments (MVA), if applicable.

I understand that by adding the Preferred 10% Free Withdrawal rider to my Atlantic Coast Life Insurance Company Contract, I could take my RMD from my Atlantic Coast Life Insurance Company Contract without incurring any Surrender Charges and MVA's on those withdrawals. By not electing to take the Preferred 10% Free Withdrawal rider at this time, I understand I will not be able to add the Preferred 10% Free Withdrawal rider to the contract until the beginning of another guarantee period.

---

*Signature of Owner*

---

*Date*







# IRA ROLLOVER CERTIFICATION FORM

Contract Number (If available): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contract Owner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## ROLLOVER INFORMATION

### *Qualified Plan Type of Rollover Contribution:*

### *Type of Qualified Funds:*

*Traditional IRA  
Roth IRA  
Simple IRA  
403(b)  
401(k)/ 401(a)  
Thrift Savings Plan  
Pension Plan  
TSA  
Other*

*Traditional IRA  
Roth IRA  
Simple IRA*

Cash Amount: \$ \_\_\_\_\_ *Pre-tax* *After-tax*

*\*Note: Please make checks payable to Atlantic Coast Life Insurance Company*

## ROLLOVER REQUIREMENTS

- The funds deposited into the IRA or Qualified Plan must be deposited within 60 days of receipt;
- Rollover deposits cannot include any distributions which are a part of a series of substantially equal periodic payments;
- Rollover deposits may not include any distributions which represent a required minimum distribution;
- Rollover deposits must consist of the same assets originally distributed;
- In an IRA to IRA rollover, no other IRA to IRA rollover completed within the past 12 months;
- Rollovers from Qualified Plans may consist of the proceeds from the sale of distributed property;
- Rollovers from Qualified Plans can consist only of tax deferred funds;
- A Traditional IRA inherited from someone other than a spouse is not eligible for rollover.
- Rollover deposits to a SIMPLE IRA can consist only of funds or securities distributed from a SIMPLE IRA

## PLEASE READ AND SIGN

*I certify that this deposit has met all of the above rollover eligibility requirements and assume full responsibility for any adverse tax consequences arising from this rollover. I further understand that rollover contributions have important tax implications and I have been advised to seek guidance from a tax professional.*

This form dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
City / State

\_\_\_\_\_  
*Owner Signature*





# QUALIFIED/NON-QUALIFIED TRANSFER 1035 EXCHANGE FORM

## OWNER INFORMATION

(If the Owner is a Trust, please provide a copy of the Title and Signature pages)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## JOINT OWNER INFORMATION

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## ANNUITANT / INSURED INFORMATION

(If other than the Owner information)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## JOINT ANNUITANT / INSURED INFORMATION

(If other than the Joint Owner information)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## CURRENT CONTRACT / POLICY / ACCOUNT INFORMATION

Company \_\_\_\_\_ Company Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contract / Policy / Account Number(s): \_\_\_\_\_



**NON-QUALIFIED TRANSFER TO LIFE OR ANNUITY CONTRACT**

I wish to liquidate and transfer the: Full Amount Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_

Upon Atlantic Coast Life Insurance Company's receipt of this request

From: CD Mutual Fund Checking Savings Other: \_\_\_\_\_

Atlantic Coast Life Insurance Company will apply all such funds received to a life or annuity contract issued to me.

**QUALIFIED TRANSFER / ACCOUNT ROLLOVER TO ANNUITY CONTRACT**

I wish to liquidate and transfer the: Full Amount Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_

Upon Atlantic Coast Life Insurance Company's receipt of this request

From: IRA Roth IRA SEP IRA Simple IRA Other: \_\_\_\_\_

To: IRA Roth IRA SEP IRA Simple IRA Other: \_\_\_\_\_

This amount represents all or part of my eligible rollover distribution to an eligible plan as defined under applicable tax laws.

I intend that this transfer be accomplished as trustee-to-trustee, in a non-taxable manner, in accordance with IRS rulings, and not constitute receipt by me for federal income tax purposes. I understand that I am purchasing this annuity in an IRA or other tax-qualified plan. Since IRAs and other tax-qualified plans are already afforded tax-deferred status, there is no additional tax deferral benefit in this annuity. I am purchasing this annuity because I value other features, such as income payments, principal protection, or death benefit protection, and I am willing to pay any additional cost associated with such features.

Prior Distribution Information (Participants age 70 and over only): If you have attained age 70 1/2 the IRS requires annual minimum distribution from your qualified account(s). If you are requesting a qualified transfer, the IRS allows you to transfer your entire IRA balance, including the minimum distribution, without incurring the 50% excess accumulation penalty. However, the full Required Minimum Distribution amount must be taken by December 31st of the current calendar year.

This is a transfer and my Required Minimum Distribution (RMD) amount for this tax year should be handled as follows:

My RMD has already been taken for the current year.

Distribute my RMD to me before transferring my funds to Atlantic Coast Life Insurance Company.

Proceed with the transfer; I will take responsibility for taking my RMD before December 31st of the current year.

**I understand that if I take the RMD for the current year from the Atlantic Coast Life Insurance Company contract, surrender charges will be deducted.**

**1035 EXCHANGE / ABSOLUTE ASSIGNMENT OF LIFE OR ANNUITY CONTRACT**

1035 Exchange: Full Amount Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_

Upon Atlantic Coast Life Insurance Company's receipt of this request

From: CD Mutual Fund Checking Savings Other: \_\_\_\_\_

I, the undersigned, hereby state that I am the owner of the above life insurance, endowment, or annuity contract ("Contract"). I hereby assign and transfer the specified portion of my right, title, and interest in the Contract to Atlantic Coast Life Insurance Company. I irrevocably waive all rights, claims, and demands under the Contract. I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment, or other lien and that no proceeding in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

The purpose of this transfer is to affect a direct nontaxable exchange of the Contract pursuant to Section 1035 of the Internal Revenue Code. I understand and agree that the cost basis in the contract issued by Atlantic Coast Life Insurance Company shall be determined based upon the cost basis information provided by the above-referenced surrendering company. I further understand and agree that Atlantic Coast Life Insurance Company assumes no responsibility in determining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if Atlantic Coast Life Insurance Company does not receive cost basis information acceptable to it, the cost basis of the contract issued by Atlantic Coast Life Insurance Company will be zero.

I understand and agree that Atlantic Coast Life Insurance Company will request that the surrendering company totally or partially surrender the original Contract immediately upon receipt of this request, and that Atlantic Coast Life Insurance Company assumes no liability for any action by the surrendering company that results in a delay in paying the surrender proceeds or for any changes in the payment amount. I understand and agree that Atlantic Coast Life Insurance Company makes no representations concerning the tax treatment of this matter under Internal Revenue Code Section 1035 or otherwise, and that Atlantic Coast Life Insurance Company has no responsibility or liability for the validity of this assignment. I understand that Atlantic Coast Life Insurance Company will apply the transfer funds it receives as premium on the contract it issues, and that the contract values and terms of the above identified surrendered Contract may differ substantially from those in the contract issued by Atlantic Coast Life Insurance Company.



**IF FUNDS ARE COMING FROM A SURRENDERED LIFE OR ANNUITY CONTRACT**

Attach original contract or Initial here: \_\_\_\_\_

I / (We) certify that the original contract is lost or destroyed and cannot be found after a careful search.

**IMPORTANT ACKNOWLEDGMENTS**

I understand that by signing this form, I hereby authorize the Company listed under Current Contract/Policy/Account Information Section to immediately surrender and transfer my policy/contract to Atlantic Coast Life Insurance Company.

I understand that if I return the Atlantic Coast Life Insurance Company contract under the "free look" provision, the exchanged/ transferred contract may not be eligible for reinstatement because it has already been surrendered or partially surrendered. Also, if I return the contract under the "free look" provision, Atlantic Coast Life Insurance Company has no liability beyond the return of the cash surrender or the partial surrender value of an exchanged/transferred contract.

I understand that if the new contract is for life insurance, coverage does not go into effect and no liability exists for Atlantic Coast Life Insurance Company until: (1) Atlantic Coast Life Insurance Company receives the cash surrender or partial surrender value of the exchanged/transferred contract; (2) there has been no change in the health of the Proposed Insured(s) that would change the answers in the application; and (3) the premium is fully paid, and the contract is delivered to and accepted by me. For transfers to an Atlantic Coast Life Insurance Company annuity, I understand and agree that the date that the proceeds are received from the surrendering insurance company will be the date on which coverage first becomes effective under the Atlantic Coast Life Insurance Company contract.

I understand that the proposed transfer may have important tax consequences and/or surrender/withdrawal penalties. I acknowledge that Atlantic Coast Life Insurance Company assumes no responsibility or liability for any penalty or for any tax treatment of this matter under the Internal Revenue Code or otherwise, and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. Further, I certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against me.

**OWNER(S) SIGNATURE:**

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Policy Owner's Spouse Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(if community property state)

ATLANTIC COAST LIFE INSURANCE COMPANY AGREES TO ACCEPT THE TRANSFER FOR THE PLAN ESTABLISHED ON BEHALF OF THE NAMED OWNER. WE ACCEPT APPOINTMENT AS SUCCESSOR CUSTODIAN OF THE ABOVE ACCOUNT AND REQUEST THE LIQUIDATION AND TRANSFER OF FUNDS AS INDICATED ABOVE.

**Signature Guarantee  
(If required by Surrendering Company)**

**Accepted By (Signature & Title of Authorizing Officer of  
Atlantic Coast Life Insurance Company)**

**CHECKS SHOULD BE MADE PAYABLE TO:**

Atlantic Coast Life Insurance Company

FBO \_\_\_\_\_

**MAILING ADDRESS:**

Administrative Office  
PO Box 27248  
Salt Lake City, UT. 84127-0248  
P: 844-442-3847  
F: (888) 433-4795

**OVERNIGHT/PHYSICAL ADDRESS:**

Administrative Office  
1405 W 2200 S  
Salt Lake City, UT. 84119

**FOR PRODUCER EXPLANATION, REMARKS AND / OR REQUESTS PLEASE ATTACH ADDITIONAL PAGES**





**IMPORTANT NOTICE:  
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased, and in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. There may be surrender costs deducted from your existing policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision, and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? \_\_\_ YES \_\_\_ NO
  
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? \_\_\_ YES \_\_\_ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
Applicant's Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature and Printed Name

\_\_\_\_\_  
Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

RETURN TO HOME OFFICE



**IMPORTANT NOTICE:  
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased, and in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. There may be surrender costs deducted from your existing policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? \_\_\_ YES \_\_\_ NO
  
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? \_\_\_ YES \_\_\_ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____			
2. _____			
3. _____			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
Applicant's Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature and Printed Name

\_\_\_\_\_  
Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

LEAVE WITH APPLICANT

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:** Are they affordable?  
Could they change?  
You're older—are premiums higher for the proposed new policy?  
How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:** New policies usually take longer to build cash values and to pay dividends.  
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.  
What surrender charges do the policies have?  
What expense and sales charges will you pay on the new policy?  
Does the new policy provide more insurance coverage?

**INSURABILITY:** If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.  
You may need a medical exam for a new policy.  
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.  
Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

How are premiums for both policies being paid?  
How will the premiums on your existing policy be affected?  
Will a loan be deducted from death benefits?  
What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

Will you pay surrender charges on your old contract?  
What are the interest rate guarantees for the new contract?  
Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

What are the tax consequences of buying the new policy?  
Is this a tax free exchange? (See your tax advisor.)  
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?  
Will the existing insurer be willing to modify the old policy?  
How does the quality and financial stability of the new company compare with your existing company?

LEAVE WITH APPLICANT



# NON-RESIDENT VERIFICATION FORM

For questions, please contact Atlantic Coast Life Insurance Company's Administrative Office

Phone: (844) 442-3847 • Fax: (888) 433-4795

Mail to: PO Box 27248, Salt Lake City, UT 84127-0248

This form can be used to assist you in providing the required documentation if an application is signed in a state other than the applicant/owner "Resident State."

## Definitions

**Resident State-** is defined for this purpose as the state where a client or owner has his or her residence and receives mail on a regular basis. A residence can be a primary residence or vacation home. Please note, that a "Time Share" will be considered a temporary residence and therefore does not qualify for a primary residence under this form.

**For business entity,** "Residence State" is defined as the state where the business entity has its primary place of business or place of incorporation. For trusts, "Resident State" is defined as the state where the trust is located or where the trustee has an office or primary residence.

**Application State-** is where the applicant/ owner signed the application and where the policy is solicited, paramedic exam is scheduled (if applicable), and policy/contract is delivered. The "Application State" must be a state where the agent is licensed and the product is approved.

**When a product is not available for sale in the owner's resident state, a resident is only allowed to purchase the product in another state if they provide a valid reason to be in the non-resident state, other than solely to purchase the product\*.**

I \_\_\_\_\_ (Owner/ Joint Owner) am a resident of the state of \_\_\_\_\_

My valid reasons for being in the Application Signed State of \_\_\_\_\_ is (other than to purchase an annuity or insurance)

## Acknowledgments

All communications, sales material and negotiations of the application occurred in the Application State.

The application was signed by the owner and the agent in the Application State.

The owner will take delivery of the policy/contract issued in the Application State.

I understand that the solicitation for this policy and contract occurred in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy/contract applied for.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*State Restrictions- Alabama, Massachusetts, Minnesota, Oregon, Utah and Washington - Purchase of products outside these resident states is not allowed if they are not available for sale in the resident state.





# TRUSTEE CERTIFICATION OF TRUST

---

## TO BE COMPLETED BY TRUSTEES

### TRUST INFORMATION:

In consideration of your opening and /or maintaining one or more accounts for the Trust named below, we the undersigned below, Trustees, certify as follows:

The full title of the trust to which this Trustee Certification applies is: \_\_\_\_\_

a. The date of the Trust is: \_\_\_\_\_

b. The date of any Trust Amendments are (if any): \_\_\_\_\_

c. There are no Trustees of the Trust other than the undersigned: \_\_\_\_\_

d. The Grantors of the Trust are: \_\_\_\_\_

e. The Tax ID# of the Trust is: \_\_\_\_\_

### ACKNOWLEDGMENT:

- We acknowledge receiving and reviewing all pertinent account documentation and agreements.
- We, the Trustees, jointly and severally indemnify you and hold you harmless from any liability for effecting requested transactions of any type.
- We agree to inform you in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the Trust Certifications made above. You may rely on the continued validity of the Trust Certification indefinitely absent actual receipt of such notice.
- We agree to provide you with a copy of the title page, signature page, and successor trustee sections of our Trust Agreement and any amendments, or a current Certificate of Trust, if available, and any other documentation required for you to ascertain the current Trustee of the Trust.

Policy Request must be: \_\_\_\_\_ signed by all trustees \_\_\_\_\_ signed by two trustees \_\_\_\_\_ signed by one trustee  
(Default is all trustees)





**TRUSTEES - ALL TRUSTEES MUST SIGN AND PROVIDE INFORMATION**

We hereby certify that the undersigned are all the Trustees, and that you are authorized to accept orders and other instructions from the individuals listed below, pursuant to the terms of the Trust and applicable law, including check signing and withdrawal privileges.

I. \_\_\_\_\_ X \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date

\_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number

\_\_\_\_\_  
Trustee Street Address City State Zip Code

II. \_\_\_\_\_ X \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date

\_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number

\_\_\_\_\_  
Trustee Street Address City State Zip Code

III. \_\_\_\_\_ X \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date

\_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number

\_\_\_\_\_  
Trustee Street Address City State Zip Code

IV. \_\_\_\_\_ X \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date

\_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number

\_\_\_\_\_  
Trustee Street Address City State Zip Code

**(All Trustees must sign. Attach an extra page if necessary)**

*\*Should only one person execute this agreement, it shall constitute a representation that the signer is the sole Trustee. Where applicable, plural references in this Certification shall be deemed singular.*





# TRUST AND OTHER NON-NATURAL OWNER

## 72(u) Tax Deferred Treatment Certification Form

### 1. Contract Information

Contract #

Name of Annuitant

Telephone Number

Name of Owner (if different from Annuitant)

Telephone Number

Owner's Street Address, City, State, Zip

### 2. Tax Information as it pertains to Designation of Non-Natural Owner

Please read the following if you intend to designate a non-natural entity as the owner of your ATLANTIC COAST LIFE INSURANCE COMPANY Annuity Contract.

**Definition of non-natural owner** – a non-natural owner is something other than a living person, including trusts, estates, and other such entities.

The Tax Reform Act of 1986 made several changes to the Internal Revenue Code. For non-qualified annuities purchased after March 1, 1986, Section 72(u) of the Internal Revenue Code states that if an annuity contract is owned by a non-natural owner, the income of the contract shall be treated as ordinary income received or accrued by the owner during the taxable year. As a result, ATLANTIC COAST LIFE INSURANCE COMPANY will treat this contract as owned by a non-natural owner unless this contract is:

- An annuity acquired by the estate of a decedent by reason of death of the decedent, or
- An annuity that is held by a trust or other entity as agent for a natural person.

If either of the above exceptions applies to you, ATLANTIC COAST LIFE INSURANCE COMPANY will treat your contract as tax deferred. In order to notify ATLANTIC COAST LIFE INSURANCE COMPANY of your qualifying exception, you must sign this form and submit it to the Home Office address indicated below.

ATLANTIC COAST LIFE INSURANCE COMPANY is unable to render tax advice, and therefore, we suggest that you consult your tax counsel or tax advisor to determine if Section 72(u) is applicable to you.

### 3. Acknowledgment / Signature(s)

I understand that under Section 72(u) of the Internal Revenue Code, a non-natural owner may own an annuity contract and be entitled to the tax-deferred status if certain circumstances apply. I certify that the trust and non-natural owner will qualify for the tax-deferral exception under Section 72(u) of the Code.

I have consulted with my tax advisor in determining qualification for one of the above exceptions. I hereby hold ATLANTIC COAST LIFE INSURANCE COMPANY harmless from any adverse tax consequences that may arise as a result of an incorrect interpretation of these exceptions to Section 72(u).

Signature of Trustee

Date

Printed Name of Trustee

Signature of Trustee

Date

Printed Name of Trustee

Name of Corporate Officer (if applicable)

Signature of Corporate Officer (if applicable)

Date

Printed Name of Corporate Officer

Signature of Corporate Officer (if applicable)

Date

Printed Name of Corporate Officer





# APPLICANTS STATEMENT QUALIFIED RETIREMENT PLANS

**Annuity Contract Issued in Connection with Retirement Plan under Internal Revenue Code Section 401 (a) or 401(k), including a Profit Sharing or Pension Plan providing Retirement Benefits for Individuals, Partnerships, or Corporations.**

**The Applicant of this Annuity acknowledges that:**

1. The Annuity being issued is only a funding vehicle for the Retirement Plan and is not intended to constitute a Plan Document or a Trust Agreement;
2. The Annuity being issued is consistent with the Retirement Plan's funding policy;
3. The Purchaser and Owner of the Annuity is the Trust created for the Retirement Plan and all transactions, reports and correspondence with Atlantic Coast Life Insurance Company will be performed directly with the Trustee only and not with any individual participant in the Plan;
4. The Employer, Trustee, and/ or Retirement Plan Administrator assumes responsibility for the compliance with the tax and legal aspects of the following:
  - A. All details and responsibilities of the Retirement Plan's administration including but not limited to Retirement Plan loans and their repayment, providing Retirement Plan documents, other documentation, amendments, record keeping, or consultation relative to the Retirement Plan's administration.
  - B. The Retirement Plan's compliance with the Internal Revenue Code and E.R.I.S.A., as amended including any reporting, disclosure and fiduciary rules;
5. Atlantic Coast Life Insurance Company is only responsible for its obligations under the terms of the annuity policy and is not a "Plan Administrator" or other fiduciary under E.R.I.S.A. nor will it perform the duties of a "Plan Administrator" or other fiduciary under E.R.I.S.A.;
6. This annuity is not purchased to provide distribution of benefits to participants and the Plan's liability for such benefits is not transferred to the annuity provider.

The Applicant Trustee agrees to indemnify and hold harmless Atlantic Coast Life Insurance Company and any affiliates thereof for any liability arising out of Plan operations or administration, or for failure of the Plan to qualify for preferred tax status under the Internal Revenue Code.

Applicant Trustee's Name \_\_\_\_\_  
*Print*

Applicant Trustee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Writing Agent Name \_\_\_\_\_  
*Print*

Writing Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN TO HOME OFFICE





# ACCUMULATED INTEREST WITHDRAWAL FORM

Contract Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contract Owner: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_

Current Owner's Address: \_\_\_\_\_

**The withdrawal amount must be \$100 or greater. If the withdrawal amount is less than \$100, the Company reserves the right to reduce the frequency of payments to an interval which will result in each payment being at least \$100. All payments will begin on the next modal anniversary.**

**Please select one of the following:**

I authorize the distribution of the accumulated interest

Include all prior earned interest \_\_\_\_ Yes or \_\_\_\_ No

**Note:** If no option elected the default is current interest only      Monthly      Quarterly      Semiannually      Annually

I authorize \_\_\_\_\_ % or \$ \_\_\_\_\_ of the accumulated interest to be paid to me immediately

Thereafter remit the accumulated interest:      Monthly      Quarterly      Semiannually      Annually

I authorize a systematic payment of \$ \_\_\_\_\_ for the accumulated interest payment (**not to exceed the amount earned**)      Monthly      Quarterly      Semiannually      Annually

**Note:** Interest is compounded and credited daily based on the guaranteed crediting rate. When a withdrawal is taken each interest payment is based on interest credited for the exact number of days in the withdrawal period. For this reason, payment amounts may fluctuate. A contract on monthly, quarterly or semiannual interest-only withdrawals will produce less total interest than a contract receiving annual distributions.

Payment of interest earned will be paid by **Direct Deposit** to the account at the Banking Institution named below. By signing below, you authorize the Company to deposit payments into the bank account provided. Please attach a voided check matching the provided account information.

Banking Institution: \_\_\_\_\_ Account type :    Checking Account    Savings Account

Name on account: \_\_\_\_\_

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

RETURN TO HOME OFFICE





**IMPORTANT TAXPAYER INFORMATION**

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal. I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR, GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

**Tax Withholding Election: Form W-4P/OMB No. 1545-0074**

**Please select all that apply.**

I do **NOT** elect to have **Federal** Income Taxes withheld from my payments

I do **NOT** elect to have **State** Income Taxes withheld from my payments

I **DO** elect to have **Federal** Income Taxes withheld in the amount of \$\_\_\_\_\_ or \_\_\_\_\_%

I **DO** elect to have **State** Income Taxes withheld in the amount of \$\_\_\_\_\_ or \_\_\_\_\_%

The following is required by the IRS: **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE SOCIAL SECURITY NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.**

\_\_\_\_\_  
Signature of Owner (s)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Spouse (required if community property state)

\_\_\_\_\_  
Date Signed

RETURN TO HOME OFFICE





# IRA 70 1/2 REQUIRED MINIMUM DISTRIBUTION ELECTION

Before making any decision regarding your RMD, we urge you to consult your tax adviser or tax attorney.

**Note: In order to receive Required Minimum Distributions without any Surrender Charges or Market Value Adjustment, the Preferred 10% Free Withdrawal Rider is required and distributions need to begin in contract year 2. Any RMD payments distributed in contract year 1 is subject to Surrender Charges and Market Value Adjustment.**

## PARTICIPANT INFORMATION

Name (please print your full name as it appears on your account)

Contract No.

Mailing address (including apartment or box number)

City

State

ZIP code

4-digit ext.

Home telephone number

Social Security number

Date of birth (mm/dd/yyyy)

## DISTRIBUTION ELECTION

Note: RMD amounts are calculated on the entire contract balance.

## CALCULATION METHOD

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590-B, Individual Retirement Arrangements (IRAs), which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Beneficiary's date of birth (mm/dd/yyyy)

## DISTRIBUTION METHOD

Current year distribution only: Calculate and distribute my **current** year required minimum distribution **immediately** upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.

Systematic distribution: Calculate and distribute the required minimum distribution amount for **this year and all subsequent years**. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

Begin systematic distributions on (mm/dd/yyyy)

Frequency\*  
(Choose one)

Quarterly  
Monthly

Annually  
Semiannually

If you are turning 70 1/2 and this is your first RMD it may be distributed either in the year you turn 70 1/2 or **by April 1st** of the following year (**this request must be received between January and April 1st**). Please calculate and distribute my **prior year deferred** required minimum distribution amount immediately. If you elect this option we will calculate and distribute your prior year required distribution amount upon receipt. **We will also calculate and distribute your current year amount and all subsequent years** until such time that you notify us to discontinue the payments.

Distribute my current and future year RMD amount by  
Systematic distributions beginning on (mm/dd/yyyy)

Frequency\*  
(Choose one)

Quarterly  
Monthly

Annually  
Semiannually

**\*Note: If a frequency is not selected, your RMD will be distributed annually.**

Distribute a **onetime fixed amount immediately** upon receipt of this form. I understand that I am responsible for contacting Atlantic Coast Life Insurance Company to request any future year amounts. (Must be equal to or LESS than the calculated RMD amount.) \$ \_\_\_\_\_



**PAYMENT METHOD** (All checks will be made payable to the registered account owner.)

Note: If a payment method is not selected, your RMD will be issued as a check payable to you and mailed to your address of record. Your payment method will remain in force until we receive written notice from you requesting a change.

Mail check to my address of record currently on file

Transfer funds electronically (ACH) – **A voided check is required**

Bank routing number \_\_\_\_\_ Bank account number \_\_\_\_\_

**TAX WITHHOLDING ELECTION:** (Note: 10% Tax Automatically withheld if withholding option not elected.)

**Federal Tax Withholding**

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect **not** to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

I do **NOT** elect to have **federal** taxes withheld from my payments.

I do **NOT** elect to have **state** taxes withheld from my payments.

I **DO** elect to have **federal** income taxes withheld in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %

I **DO** elect to have **state** income taxes withheld in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %

**IMPORTANT TAXPAYER INFORMATION**

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 ½, an IRS Federal Excise Tax may apply to the withdrawal. I understand that, due to State Regulations, Atlantic Coast Life Insurance Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, Atlantic Coast Life Insurance Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

**OWNER ACKNOWLEDGMENT:** By signing below, I acknowledge full understanding of the following:

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Atlantic Coast Life Insurance Company representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Atlantic Coast Life Insurance Company is hereby authorized and directed to distribute funds from my account in the manner requested. Atlantic Coast Life Insurance Company may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Atlantic Coast Life Insurance Company and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. **I have read and understand and agree to be legally bound by the terms of this form.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**SEPARATE FORM FOR EACH CONTRACT IS REQUIRED**



Atlantic Coast Life Insurance Company  
Administrative Office

Annuity Disclosure Statement for  
Single Premium Deferred Annuity

ACLANPOLC15- OT  
ACLANPOLS15- OT

*This form is not intended to be a complete explanation of your annuity. Only your contract contains complete details. In the event of a conflict between this disclosure and the contract, the contract shall take precedence. Please read your contract carefully for complete details. If you have any questions, please contact your representative or Atlantic Coast Life Insurance Company for further explanation.*

An annuity is a long-term contract between you and an insurance company in which you give the insurance company a sum of money (called a premium). This premium accumulates over time on a tax-deferred basis until you withdraw it from the annuity or begin taking a guaranteed income from the contract. This contract is a single premium annuity which means you buy it with one premium. It is a fixed annuity which means it earns a specified interest rate during the guaranteed period. This annuity is deferred which means payouts begin at a future date. You do not pay taxes on the interest it earns until the money is paid to you.

You can use an annuity to save money for retirement and to receive retirement income for life. It is **not** meant to be used to meet short-term financial goals.

#### **THE ANNUITY CONTRACT**

*How will the value of my annuity grow?*

Your annuity earns tax-deferred interest at a guaranteed rate for a period of 3, 4, 5, 6, 7, 8, 9, 10 and 20 years. You choose the length of the guarantee period at time of application. Interest is credited to your annuity account on the last day of each month.

During the last 30 days before the end of any Guarantee Period, You may choose one of these options to take effect on your next Contract Anniversary:

- (1) Continue Your Contract for another Guarantee Period, that can be different than the preceding Guarantee Period;
- (2) Apply the Contract Value to a Settlement Option;
- (3) Take a Partial Withdrawal, with no MVA or Surrender Charges, and apply the remaining value to another Guarantee Period that can be different than the preceding Guarantee Period; or
- (4) Surrender the Contract without MVA or Surrender Charges.

Unless you select one of the Options shown above, Your Contract will continue automatically for another Guarantee Period, the same as the preceding Guarantee Period, with a new Guaranteed Interest Rate. The new Guaranteed Interest Rate will be declared by us and depends on current market rates. Interest is credited at the current interest rate offered by the company for each subsequent renewal period.

## **BENEFITS**

*How do I get income (payouts) from my annuity?*

You must begin income from your annuity no later than the maturity date of the contract. The maturity date is the first contract anniversary after Your 100<sup>th</sup> birthday.

The value of your annuity will be paid out over a specified period of time which you can choose.

Once payouts begin, you cannot surrender (cancel) your annuity.

*What happens after the owner's death?*

The Death Proceeds payable equal the Cash Surrender Value on the date of death. If you die before the Maturity Date, We pay Death Proceeds to your Beneficiary.

## **OPTIONAL BENEFIT RIDERS AND THEIR FEES**

*What other benefits can I choose?*

### **Death Benefit Equal to Contract Value Rider**

*This rider ensures that upon the death of the Owner or Annuitant, the death benefit paid will be equal to the Total Contract Value, and any Withdrawal, Surrender Charge, or Market Value Adjustment will be waived.*

### **Preferred 10% Free Withdrawal Rider**

*This rider allows you to withdraw in a contract year, without Surrender Charge or Market Value Adjustment applied to your first withdrawal, up to 10% of your Contract Value (on a non-cumulative basis) or your Required Minimum Distribution. You will not be entitled to a 10% free withdrawal on full surrenders.*

### **Accumulated Interest Withdrawal Rider**

*This rider allows you, during the Surrender Charge Period, to withdraw accumulated interest without Surrender Charge or Market Value Adjustment applied.*

## **FEES, EXPENSES AND OTHER CHARGES**

*What happens if I take out some or all of the money from my annuity?*

You cannot take any of the money out of your annuity after annuitization begins. Before annuitization begins, you can take out all of your annuity's value (full surrender) or part of it (partial surrender). You can take out any amount subject to minimum withdrawal amount rules established by Atlantic Coast Life Insurance Company and in effect at the time of the partial withdrawal.



We take a surrender charge from the amounts you withdraw. The surrender charges that apply to amounts withdrawn are shown in the table below.

Initial Surrender Charge Schedule (applies during the Initial Guarantee Period)

Guarantee Period	Surrender Charges for Policy Year										
	1	2	3	4	5	6	7	8	9	10	11-20
3-year	9%	8%	7%								
4-year	9%	8%	7%	6%							
5-year	9%	8%	7%	6%	5%						
6-year	9%	8%	7%	6%	5%	5%					
7-year	9%	8%	7%	6%	5%	5%	5%				
8-year	9%	8%	7%	6%	5%	5%	5%	5%			
9-year	9%	8%	7%	6%	5%	5%	5%	5%	5%		
10-year	9%	8%	7%	6%	5%	5%	5%	5%	5%	5%	
20-year	9%	8%	7%	6%	5%	5%	5%	5%	5%	5%	5%

During renewal guarantee periods, surrender charges are 5% regardless of the guarantee period. The following surrender charge applies after the annuitant has reached:

Attained Age	Surrender Charge
90-93	5%
94	4%
95	3%
96	2%
97	1%
98-100	0%

When you make a withdrawal, we also may increase or decrease the amount you receive based on a **market value adjustment (MVA)**. If interest rates went up after you bought your annuity, the MVA will likely decrease the amount you receive. If interest rates went down, the MVA will likely increase the amount you receive.

*Can I take some of the money out of my annuity without a surrender charge or market value adjustment?*  
Yes, in some cases, depending on the optional riders you add to your policy.

*Do I pay any other fees or charges?*  
No. There are not any other fees or charges on this annuity.

**TAXES**

*How will payouts and withdrawals from my annuity be taxed?*

This annuity is tax-deferred, which means you do not pay taxes on the interest it earns until the money is paid out to you. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. You may also pay a 10% federal income tax penalty on earnings you withdraw before age 59½. If your state imposes a premium tax, it will be deducted from the money you receive.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you exchange annuities, compare the benefits, features and costs of the two annuities. You may pay a surrender charge if you make the surrender during the surrender charge period. Also, you may pay a surrender charge if you make withdrawals from the new annuity during the first years you own it.

*Does buying an annuity in a retirement plan provide extra tax benefits?*

Buying an annuity within an IRA, 401(k) or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features as well as its risks and costs, not its tax benefits.

## **OTHER INFORMATION**

*What else do I need to know?*

### **Changes to your contract.**

We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we will notify you about the changes in writing.

### **Compensation**

We pay the agent or representative for selling the annuity to you. The actual percentage of compensation paid to the agent or representative will vary based on specific circumstances.

### **Free Look**

Many states have laws that give you a set number of days to review an annuity after you buy it. If you decide during that time that you do not want to keep the annuity, you can return it and get all of your money back. Read page 1 of your annuity contract to learn about the free look period.

### **Tax Advice**

Neither Atlantic Coast Life Insurance Company nor its agents and representatives give legal, tax or accounting advice. Please consult an attorney or independent tax advisor as to the applicability of this information to your own situation.

# NOTES

# ATLANTIC COAST LIFE INSURANCE COMPANY

## **“Solid Opportunities. Beacon of Integrity”**

For over 90 years, you can be sure we have the experience to provide the right products that offer the most value and potential for you. We have also earned a reputation of integrity that speaks volumes about our commitment to our customers and the people who join our team. Founded in 1925, Atlantic Coast Life Insurance Company continues to be fiercely independent, and with a refreshing corporate identity that leads by example.

## **Superlative Service**

Originating in the southeast, we continue to grow nationally while providing security, assurance and peace of mind. We listen to our customers and work hard as a team to provide friendly, professional and proven solutions to all of our clients.

## **Products and Growth**

Atlantic Coast Life Insurance Company is a premier provider of Life Insurance, Pre-Need and Fixed Annuity products for families. Our products and services are offered through a growing network of funeral homes and financial professionals.



ADMINISTRATIVE OFFICE  
PO BOX 27248 SALT LAKE CITY, UTAH 84127-0248