



The insurer identified above will be referred to herein as the "Company"

Individual Annuity Application

Please print or type:

Primary Owner

(For Trust Ownership, provide the completed Trust Certification form.)

Individual Non-Person Entity

Male Female

Sex

Legal Name (First, Middle, Last, Suffix)

Social Security Number/TIN

Date of Birth/Trust Date

Marital Status

Driver's License Number, State and Expiration (If none, provide alternate ID type, issuer, number and expiration date.)

Residence Address or Legal Address

City

State

Zip Code

Mailing Address (If different from Residence Address.)

City

State

Zip Code

Primary Phone

Email Address

Yes No District 4000-_____

Is the Proposed Owner a member of GBU Financial Life?

Joint Owner

(Must be spouse of the Primary Owner. Available for non-qualified annuities only.)

Legal Name (First, Middle, Last, Suffix)

Male Female

Sex

Social Security Number

Date of Birth

Marital Status

Driver's License Number, State, and Expiration (If none, provide alternate ID type, issuer, number and expiration date.)

Residence Address or Legal Address

City

State

Zip Code

Primary Phone

Email Address

GBU FINANCIAL LIFE
newbusiness@gbu.org
4254 Saw Mill Run Blvd., Pittsburgh, PA 15227-3394
412-884-5100 800-765-4428

Primary Annuitant

(Complete only if the Annuitant is not the Policy Owner. Must be completed if Annuitant is aged 0 to 17.)

Legal Name (First, Middle, Last, Suffix)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Sex			
Social Security Number	Date of Birth		
Driver's License Number, State, and Expiration (If none, provide alternate ID type, issuer, number and expiration date.)			
Relationship to the Owner			
Residence Address or Legal Address			
City	State	Zip Code	
Primary Phone	Email Address		

Joint Annuitant

(Available for non-qualified annuities only.)

Legal Name (First, Middle, Last, Suffix)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Sex			
Social Security Number	Date of Birth		
Driver's License Number, State and Expiration (If none, provide alternate ID type, issuer, number and expiration date.)			
Relationship to the Annuitant			
Residence Address or Legal Address			
City	State	Zip Code	
Primary Phone	Email Address		

Beneficiaries

(Total shares between beneficiaries of each class must equal 100%. If percentage shares are not listed, they will be divided equally among beneficiaries.)

Primary Beneficiaries

Full Legal Name and Address	Date of Birth	Social Security #	Relationship to the Owner	Share % (Must equal 100%)

Beneficiaries, continued

(Total shares between beneficiaries of each class must equal 100%. If percentage shares are not listed, they will be divided equally among beneficiaries.)

Contingent Beneficiaries

Full Legal Name and Address	Date of Birth	Social Security #	Relationship to the Owner	Share % (Must equal 100%)

(If additional room is needed, please use a separate page; include full legal name and address, date of birth, social security number, relationship to the Owner, share %, Owner signature and date.)

Product Information

Product Details

Plan Type

Non-Qualified
 Inherited IRA
 Traditional IRA
 Roth IRA
 Coverdell
 SEP
 Non-Qualified Stretch

Products

Flexible Premium Deferred Annuity

- Future Flex Preferred 5
 Future Flex Preferred 8
 Future Flex Classic
 Future Flex Single Premium Immediate Annuity (SPIA)

Multi-Year Growth Annuity (MYGA)

- Asset Guard 2
 Asset Guard 3
 Asset Guard 4
 Asset Guard 5

Options:

- Period Certain of 5 10 15 20 25 years
 Life Income
 Life Income with Period Certain of 5 10 15 20 25 years
 Life Income with Installment Refund
 Life Income with Cash Refund
 Joint & Survivor Life Income
 Joint & Survivor Life Income with Period Certain of 5 10 15 20 25 years
 Joint & Reduced Survivor Life Income
 Joint & Reduced Survivor Life Income with Period Certain of 5 10 15 20 25 years
 Joint & Survivor Life Income with Installment Refund
 Joint & Survivor Life Income with Cash Refund

Payment Information

Total Initial Premium

Initial Payment Method

Payor Information

(Complete if the Payor is not the Owner of the policy.)

Legal Name (First, Middle, Last, Suffix)

Residence Address or Legal Address

City

State

Zip Code

Primary Phone

Email Address

Source of Funds

New Investment 1035 Exchange Exchange Rollover Transfer Other _____

Identify the source(s) of funds used for this contract

Existing Insurance

Do you have any existing life insurance policies or annuity contracts?

(If Yes, please fill out the table below for all existing life/annuity coverage. Complete state-required forms, if applicable.)

Yes
 Yes

No (Producer)
 No (Applicant)

Is the contract intended to replace or change any part of, or all of, an existing life insurance policy or annuity contract?

(If Yes, please note the coverage to be replaced in the table below and complete the state-required forms, if applicable.)

Yes
 Yes

No (Producer)
 No (Applicant)

Company	Type of Coverage	Policy Number	Face Amount	Replacement (Y/N)

If any replacement is intended as a 1035 Exchange, complete a 1035 Supplement form for each policy to be exchanged.

Agreements and Signatures

The signatories of this application represent that all statements and information contained herein are true and complete to the best of their belief and knowledge. The insurance producer declares that all answers and information in this application have been truly and accurately recorded as provided by the applicant. The insurance producer declares that the identity of the applicant(s) has been verified by reviewing government-issued photo identification. The insurance producer also declares that with respect to the suitability of this sales recommendation, the applicable state requirements have been met. The signatories of this application also declare that this application was signed by the applicant(s) after all answers and information were recorded herein. Additionally, the signatories of this application declare and certify the following: the insurance producer has delivered and the applicant has received *The Buyer's Guide to Deferred Annuities*.

Insurance Producer: Yes No Applicant: Yes No

The signatories to this application have read through the applicable product disclosure. The insurance producer has explained and the applicant(s) understand the various product features. For deferred annuities this includes, but is not limited to: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; and (e) annuitization. For immediate annuities this includes, but is not limited to: (a) modal payments; (b) death benefit payments; and (c) commutation, if available under the contract. A signed product disclosure is enclosed with this application. For immediate annuities, the signed copy of the contract illustration is also enclosed.

Insurance Producer: Yes No Applicant: Yes No

The applicant(s) is purchasing an annuity that includes a market value adjustment feature. If yes, the insurance producer has explained and the applicant(s) understands that during the market value adjustment period: (a) any amount surrendered 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 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.

Insurance Producer: Yes No Applicant: Yes No

The insurance producer has explained and the applicant(s) understands that GBU Financial Life does not offer legal, financial, tax, investment or estate-planning advice. The applicant(s) has had the opportunity to seek such advice from the proper sources before applying for this annuity.

Insurance Producer: Yes No Applicant: Yes No

The insurance producer has explained and the applicant(s) understands that GBU Financial Life is licensed to do business as a not-for-profit organization. Fraternal benefit societies are not included in any state's guaranty association. That means that fraternal benefit societies cannot be assessed for the insolvency of other life insurers or other fraternal benefit societies. By law, a fraternal society is responsible for its own solvency. If there is an impairment of reserves, a contract or certificate holder may be assessed a proportionate share of the impairment.

Insurance Producer: Yes No Applicant: Yes No

The insurance producer and the applicant(s) agree that the purchase of this annuity is appropriate to the applicant's particular legal, financial, tax investment, estate-planning goals and other circumstances. The insurance producer and the applicant(s) 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 the applicant(s), and a copy has been retained and is on file with the insurance producer.

Insurance Producer: Yes No Applicant: Yes No

Agreements and Signatures, Continued

IRS Certification

Under penalties of perjury, I certify that: (1) The Social Security Number or Taxpayer Identification Number on this form is correct (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

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.

I, the undersigned, have read the application including all supplements and all statements and answers, and affirm that these statements and answers are true, complete, and correctly recorded to the best of my knowledge and belief. I hereby adopt all statements made in the application and agree to be bound by them.

City and State where the application is being signed by the Primary Owner

Signature of Primary Owner (If actual age is under 16, signature of parent/guardian.)

Date

Printed Legal Name of Primary Owner

Signature of Joint Owner

Date

Printed Legal Name of Joint Owner

Signature of Primary Annuitant

Date

Printed Legal Name of Primary Annuitant

Signature of Joint Annuitant (Required, if applicable)

Date

Printed Legal Name of Joint Annuitant (Required, if applicable)

Signature of Insurance Producer

Date

Printed Legal Name of Insurance Producer

GBU Producer Number

State License Number (If required)

Future Flex Preferred Annuity Disclosure



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

Please check the appropriate box: Qualified Annuity Non-qualified Annuity

The Future Flex Preferred Annuity (FFPA) is an individual fixed flexible-premium deferred annuity. You purchase the annuity with one premium payment, but premiums are accepted thereafter, though not required. Interest is earned during the accumulation phase and annuity benefit payments are deferred until the Maturity Date or upon Annuitization. Under current tax law: (a) the principal and earnings are not subject to income taxes until funds are withdrawn or distributed; and (b) a 10% IRS early withdrawal penalty may apply to withdrawals or distributions prior to age 59½. Tax law is subject to change. Please consult your financial or tax professional for any exceptions to the early withdrawal penalty.

The main purposes of a deferred annuity are: (a) to save money for retirement; and (b) to receive retirement income for life. It is not meant for short-term financial goals.

THE ANNUITY CONTRACT. *How will my annuity grow?*

Annuity. An annuity allows you to pay a premium for the Contract and interest will be earned on a tax-deferred basis. The premium and interest earnings are not subject to income taxes until the funds are withdrawn or distributed.

Owner. The person or entity to whom the Contract is issued.

Annuitant. The person on whose life the amount and duration of annuity benefit payments are based.

Beneficiary. The person(s) or entity(ies) designated to receive death benefit payments under the Contract.

Issue Age. The FFPA will be issued to Owners ages 18-95 and Annuitants ages 0-95.

Contract Effective Date. The Contract Effective Date is the date the initial premium is received in GBU's Home Office. The effective date is shown on the Contract cover.

Premium. An FFPA5 may be established with an initial premium of \$1,000, and an FFPA8 may be established with an initial premium of \$10,000. Additional premium payments must be at least \$1,000. No more than a total of \$5,000,000 of premium may be paid during the life of the Contract.

Interest Rates. The initial premium will receive the interest rate in effect as of the date the application and premium are received in the Home Office. Additional premium received in the first year will receive the first-year guaranteed rate. Additional premiums after the first year will receive the interest rate in effect when it is received in the Home Office.

The guaranteed interest rate for the initial premium is one year. Thereafter, the Accumulation Value will be credited with renewal interest rates based on the current economic and interest rate environment. However, such renewal interest rate will not be less than the guaranteed minimum annual interest rate of 1.65% and 2.00% respectively for the FFPA5 and FFPA8.

Annuity Values. The Accumulation Value is the amount available to provide annuity benefit payments and death benefits. The Accumulation Value is: (a) premium plus credited interest; minus (b) amounts surrendered, including surrender charges. The Surrender Value is the amount available to provide surrender benefits. The Surrender Value is: (a) the Accumulation Value; minus (b) surrender charges; minus (c) premium tax, if any.

Expense Charges. There are no expense charges under the Contract. There are surrender charges and premium tax in those states that require premium tax.

Safety and Guarantees. GBU guarantees that the Owner will never receive less than: (a) 87½% of the total premium payments, net of any withdrawals; accumulated at (b) an annual interest rate no less than 2.75%.

SURRENDER BENEFITS. *May I take money out of my annuity?*

You may take money out of your annuity any time before annuity benefit payments begin. You may take out all of your annuity's Surrender Value (**full surrender**) or part of it (**partial surrender**). Withdrawals must be \$500 or more. At least \$2,000 must remain in the annuity for the Contract to remain in force. A 10% IRS penalty may apply to withdrawals made before you reach age 59½.

Contract: ICC22_FPDA_CON, ICC22_FPDA_CONDATA, FPDA_CON_FL, FPDA_CONDATA_FL, FPDA_CON_(01-22), FPDA_CONDATA_(01-22)

Riders: ICC21_MVARIDER, ICC21_TERMCONDWAIVRID, ICC21_NURSINGHOMECAREWAIVRID, ICC21_CRITILLWAIVRID, ICC21_ADLWAIVRID, ICC21_PERCACCUMWAIVRID, ICC21_REGSCHEIDINTWAIVRID, ICC21_EARNINTWAIVRID, ICC21_DEATHBENERESTRIC, ICC21_SEPPENDORSE, ICC21_IRARIDER, ICC21_ROTHIRARIDER, MVARIDER_(01-22), TERMCONDWAIVRID_(4-21), NURSINGHOMECAREWAIVRID_(4-21), CRITILLWAIVRID_(4-21), ADLWAIVRID_(4-21), PERCACCUMWAIVRID_(4-21), REGSCHEIDINTWAIVRID_(4-21), EARNINTWAIVRID_(4-21), DEATHBENERESTRIC_(4-21), SEPPENDORSE_(4-21), IRARIDER_(4-21), ROTHIRARIDER_(4-21)

Phone: 412-884-5100 | 800-765-4428 | newbusiness@gbu.org | gbu.org



Surrender Charge Period. A surrender charge will be assessed on amounts you withdraw during the Surrender Charge Period, as follows:

Contract Year	1	2	3	4	5	6	7	8
FFPA8 Surrender Charge	7.0%	7.0%	6.0%	6.0%	5.0%	4.0%	3.0%	2.0%
FFPA5 Surrender Charge	6.0%	5.0%	5.0%	4.0%	3.0%			

Example: If you withdrew \$10,000 during the first Contract Year, an 8.0% surrender charge would apply. \$10,000 x 0.0800 = \$800. An \$800 surrender charge would be deducted from the \$10,000 withdrawal amount, i.e., \$10,000 - \$800 = \$9,200.

Note for Florida Applicants Ages 65 or Older on the Application Date: The total length of time of all Surrender Charge Periods will not exceed 10 years.

ANNUITY BENEFITS. *What annuity benefit payment options are available?*

Maturity Date. The Maturity Date is: (a) the Contract Anniversary coinciding with or next following the date of the (older) Annuitant's 115th birthday; or (b) the 10th Contract Year; whichever is later. The Contract will automatically Annuitize and begin its payout phase, unless otherwise directed. The Contract may be Annuitized at any time.

Payout Options. You may choose from the following payment options:

Certain Period—A guaranteed income for your chosen time period, e.g., 5, 10, 15, 20, 25 years.

Life Income—A guaranteed income as long as the Annuitant lives.

Joint & Survivor Life Income—A guaranteed income for as long as one of the Annuitants lives.

Life Income with Installment Refund—A guaranteed income for as long as the Annuitant lives. If the Annuitant dies before the total of all payments equals the amount applied to this option, payments will continue to the Beneficiary until the total of all payments equals the amount applied to this option.

Life Income with Certain Period—A guaranteed income for your minimum chosen time period. If the Annuitant is still living at the end of that period, payments continue as long as the Annuitant lives.

Joint & Survivor Life Income with Certain Period—A guaranteed income for your minimum chosen time period. If an Annuitant is still living at the end of that period, payments continue as long as any Annuitant lives.

Joint & Survivor Life Income with Installment Refund—A guaranteed income for as long as an Annuitant lives. If the last Annuitant dies before the total of all payments equals the amount applied to this option, payments will continue to the Beneficiary until the total of all payments equals the amount applied to this option.

Joint and Reduced Survivor Life Income—A guaranteed income for as long as one of the Annuitants lives. Upon the death of an Annuitant: (a) payments will continue for the life of the surviving Annuitant; and (b) the amount of each continued payment will be the percentage of the initial benefit payment you selected prior to the deceased Annuitant's death, e.g. 50%, 66 2/3%, 75%.

Joint and Reduced Survivor Life Income with Certain Period—A guaranteed income for your minimum chosen time period. If both Annuitants are still living at the end of that period, payments continue as long as both Annuitants are living. If one of the Annuitants dies: (a) payments will continue until the end of your minimum chosen time period or until the remaining Annuitant dies, whichever is later; and (b) the amount of each continued payment will be the percentage of the initial benefit payment you selected prior to the deceased Annuitant's death, e.g., 50%, 66 2/3%, 75%.

Lump-Sum—One lump-sum payment of the annuity fund.

If a payment option is not chosen, we will automatically pay under the 10-year certain and life payment option.

Annuity Benefit Payments. The Contract may not be surrendered once annuity benefit payments have begun.

ACCESSING FUNDS. *Are there ways to access funds without incurring a surrender charge?*

Your annuity offers a number of ways to access funds without incurring a surrender charge. There are no surrender charges associated with the following options, but an IRS early withdrawal penalty may apply to withdrawals before you reach age 59½. There is no separate charge for the following options.

- 10% of the Accumulation Value each Contract Year. **Note:** During any Contract Year in which you did not use this waiver feature for the directly preceding Contract Year, 20% of the Accumulation Value is available without incurring a surrender charge in that Contract Year.
- Terminal Condition. An illness or physical condition: (a) that is reasonably expected to result in your death within 12 months; and (b) of which the initial diagnosis occurs after the Contract Effective Date.



- Nursing Home Confinement or Home Health Care. Your: (a) continuous confinement in a Nursing Home for at least 30 consecutive days which began after the Contract Effective Date; or (b) undergoing Home Health Care for at least 30 consecutive days which began after the Contract Effective Date.
- Critical Illness. Your Cancer, End-Stage Renal Failure, Heart Attack or Stroke of which the initial diagnosis occurs after the Contract Effective Date.
- Inability to perform two or more Activities of Daily Living or Severe Cognitive Impairment. Your: (a) inability to perform two or more Activities of Daily Living without Substantial Assistance of which the initial diagnosis of such inability occurs after the Contract Effective Date; or (b) Severe Cognitive Impairment that requires Substantial Supervision of which the initial diagnosis occurs after the Contract Effective Date.
- Earned interest withdrawals. The amount of any total or partial withdrawal attributable to earned interest.
- IRS-Required Minimum Distributions. The amount of any Required Minimum Distribution under Internal Revenue Code Rules.
- Out-of-surrender-charge-period withdrawals.

DEATH BENEFITS. *What happens if I die?*

The death benefit is paid to the Beneficiary if the Owner or the Annuitant dies before the Maturity Date, with a choice of payment options. The death benefit is equal to the Accumulation Value as of the date of death. Death benefits must begin within one year of the date of death and may not extend beyond the Beneficiary's life expectancy. If the deceased Owner's surviving Beneficiary is the deceased Owner's spouse as recognized under federal law, that spouse does not need to have death benefits paid. Rather, that spouse may continue the Contract as though that spouse was the original Owner.

ADVANTAGES OF TAX DEFERRAL UNDER CURRENT TAX LAW. *How will payouts and withdrawals from my annuity be taxed?*

Your annuity grows tax deferred. Taxes will be due only when withdrawals or distributions are paid from the annuity. An IRS early withdrawal penalty may also apply to payouts and withdrawals paid before you reach age 59½. A tax-deferred annuity may be exchanged for another tax-deferred annuity without being assessed income tax on the earnings. There are no additional tax advantages to purchasing an annuity as part of a qualified plan other than those provided by the qualified plan itself. Please consult your broker or financial advisor.

OTHER INFORMATION. *What else do I need to know about my annuity?*

Free Look. You have 10 days to look over the Contract (21 days for FL). You may return the Contract to the agent who sold it or to our Home Office within those 10 days (21 days for FL). Any premium paid will be refunded, less any benefits paid. The Contract will be void and considered never in force. If the Contract is a replacement of a life insurance policy or other annuity Contract, the free-look period is extended to 30 days.

Commission. We pay a commission to the agent, broker or firm selling you the annuity.

OWNER ACKNOWLEDGMENT.

I understand the Future Flex Preferred Annuity product's features to the extent summarized in this disclosure. I understand that the Contract is intended as a long-term savings vehicle and, as such, may have substantial penalties for early surrenders. I understand and acknowledge that GBU does not offer legal, financial, tax, investment or estate planning advice. I affirm that I have sought such advice from the proper sources before purchasing the Contract. I acknowledge and represent that the purchase of this annuity meets the financial purpose for which it is purchased given my particular legal, financial, tax, investment, estate planning or other goals or circumstances. I further understand that annuities are not: (a) insured by the FDIC or any federal government agency; (b) deposits of or guaranteed by any bank or credit union; (c) provision or conditions of any bank or credit union activity. Some annuities are subject to investment risk and may lose value. I certify that: (a) I have read and understand the Future Flex Preferred Annuity product brochure, the application and this disclosure statement; (b) I have retained a copy of all solicitation materials and this disclosure used during the course of the sale; and (c) I understand that this disclosure is a summary and not part of the Contract.

(Owner Signature)

(Date – m/d/yyyy)

(Owner Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)



(Joint Owner Signature, if any)

(Date – m/d/yyyy)

(Joint Owner Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

(Annuitant Signature, if other than Owner)

(Date – m/d/yyyy)

(Annuitant Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

(Joint Annuitant Signature, if any)

(Date – m/d/yyyy)

(Joint Annuitant Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

INSURANCE PRODUCER ACKNOWLEDGMENT.

I have provided the applicant(s) with the consumer materials used during the course of the sales presentation, the application and the Future Flex Preferred Annuity disclosure document. I have informed the applicant(s) of the various features of the Future Flex Preferred Annuity. I certify that given the information provided to me by the applicant(s), I believe to the best of my knowledge and belief that the Future Flex Preferred Annuity meets the applicant's financial purpose for which it is purchased given the applicant's particular legal, financial, tax, investment, estate planning or other goals or circumstances. I further certify that I have made no statements, representations or promises about product features and future rate performance that are in any way inconsistent with those materials.

(Insurance Producer Signature)

(Date – m/d/yyyy)

(Insurance Producer Printed/Typed Name)

Signed at: _____ Email Address: _____
(City, State)

Insurance Producer: Return this signed disclosure together with the application and leave a copy with the applicant. Keep a copy for your records.



Suitability Information



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

The insurer identified above will be referred to herein as the "Company"

General Information

Name of Owner/Applicant (custodian/trust/business)

Name of Joint Owner/Applicant (custodian/trustee/authorized person)

Employment status for primary owner/applicant

Employed Unemployed Retired

Risk Tolerance and Investment Objective

Select the highest risk tolerance owner/applicant is willing to accept.

Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative

Select the investment objective that matches owner/applicant investments.

Aggressive Growth Balanced/Conservative Growth Preservation of Principal

Additional Account Information Aggregated

Net Worth (Not Including Primary Residence)

Under \$50,000 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999
 \$500,000 - \$999,999 \$1,000,000 - \$2,999,999 \$3,000,000 +

Liquid Net Worth

Under \$20,000 \$20,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999
 \$250,000 - \$499,999 \$500,000 - \$999,999 \$1,000,000 - \$2,999,999 \$3,000,000 +

Annual Income

Under \$20,000 \$20,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$159,999
 \$160,000 - \$299,999 \$300,000 - \$499,999 \$500,000 +

Source of Income (check all that apply)

Earned/Spousal Income IRA/SEP/SIMPLE/Roth Qualified Plan/Pension Social Security
 Investment/Rental Reverse Mortgage None Other _____

Federal Tax Bracket

0 - 12% 13 - 31% 32% +

Phone: 412-884-5100 | 800-765-4428 | newbusiness@gbu.org | gbu.org



Select all prior investment experience and provide approximate current value of assets (exclude this purchase).

Bank Savings, CDs, Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Life Insurance (Cash Value)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Variable Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Fixed Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

Does your current income cover your expected day to day living expenses? Yes No

Do you have cash and/or other liquid assets available to you that may be used in the event of a financial emergency?
 Yes No

Individual Product Information

Purpose (select all that apply)

Death Benefit Guarantee Future Needs and Purchases Income (current or future) Bequeath Assets to Heirs
 Other _____

Time Horizon

0 - 3 years* 4 - 7 years* More than 7 years*

*Time Horizon explanation: _____

Source of Funding (select all that apply)

Income/Savings/Checking In-service distribution Employer sponsored retirement plan
 Gift/Inheritance/Death proceeds Investment Home equity credit/reverse mortgage
 Life insurance cash value

Required Supporting Rationale

Use the following considerations to support your recommendation in the space below (include additional pages if necessary).

- Why the current strategy no longer meets the client's needs
- Provide rationale for recommended strategy
- What options were considered and why were they ruled out
- Explain why it's more advantageous to the client



Disclosure Information

I understand and acknowledge that:

I have received and reviewed the product disclosure guide for this purchase and understand the features, risks, expenses, and costs associated with this product (for immediate and deferred annuities only).

The company and/or its subsidiaries and representatives will benefit financially from this sale and that my representative, in most cases, will receive commissions and other incentives for serving as my agent for the sale of this product.

There may be a 10% federal tax penalty on the taxable portion if a withdrawal is taken or the contract is surrendered if you are under the age of 59½.

There was someone else involved during the sales presentation or decision making process to purchase/elect this product/agreement.

Provide Relationship of the Individual(s) to the Purchaser

Agreements and Signatures

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I, the undersigned, have read the Application including all supplements and all statements and answers, and affirm that these statements and answers are true, complete, and correctly recorded to the best of my knowledge and belief. I hereby adopt all statements made in the Application and agree to be bound by them.

City and State where the application is being signed by the Owner

Signature of Owner

Date

Signature of Joint Owner (if applicable)

Date

Signature of Writing Producer

Date

Name of Writing Producer



Insurance Agent (Producer) Disclosure for Annuities



Do Not Sign Unless You Have Read and Understand the Information in this Form.

Insurance Agent (Producer) Information (“Me,” “I,” “My”)

First Name

Last Name

Business/Agency Name

Website

Business Telephone Number

Business Mailing Address

Email Address

State Licensed In

National Producer Number

Customer Information (“You,” “Your”)

First Name

Last Name

What Types of Products Can I Sell You?

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 non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

Mutual Funds Stocks/Bonds Certificates of Deposit

Whose Annuities Can I Sell You?

I am authorized to sell:

Annuities from only one (1) insurer Annuities from two (2) or more insurers Annuities from two (2) or more insurers although I primarily sell annuities from:

How I Am Paid for My Work

It's important for You to understand how I am 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 am paid, please ask Me.

Phone: 412-884-5100 | 800-765-4428 | newbusiness@gbu.org | gbu.org



Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

Commission, which is usually paid by the insurance company or other sources. If other sources, describe:

Fees (such as a fixed amount, an hourly rate or a percentage of your payment), which are usually paid directly by the customer.

Other (describe): _____

Charges

Your annuity contract includes certain charges imposed by the insurance company as the issuer of the contract. These may include surrender charges, bonus recapture provisions, market value adjustments, or fees for optional annuity contract features available through a rider to the contract. The specific charges, fees and provisions applicable to **Your specific annuity contract(s) is/are described in detail in the Annuity Disclosure Statement that has been provided to and signed by You in connection with Your annuity application.** It is important that You understand the charges that may be imposed under the annuity contract You are purchasing, so if You have any questions, please ask Me for more information.

Conflicts of Interest

I may be affected by potential conflicts of interest in connection with the purchase of, additional payments to, or distributions from the annuity contract. A conflict of interest exists when a reasonable person would conclude that a financial interest affects My best judgment when recommending the purchase of an annuity contract.

I will receive a commission from the insurance company when You purchase or make subsequent payments to the annuity contract. The amount of My commission(s) will vary depending on the type of annuity that You purchase and the amount of premium payment(s) You allocate to the annuity contract. In addition, I am only able to offer a limited universe of products to You, either because I am limited by the scope of My licensure or because I am contracted with a limited number of issuing insurance companies. If You have any questions about the products and services I can offer, You should ask Me for more information.

The insurance company, any applicable insurance agency of mine, and I may receive services from third parties related to the marketing, training, administration, wholesaling, supervision, issuance and servicing of the annuity contract. For those services, such third parties may also receive commissions from the insurance company and may allocate a portion of its commissions to Me.

If You have questions about the above compensation that I will be paid for this transaction, please ask Me.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Customer Signature

Date

Agent (Producer) Signature

Date



Payment Authorization



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

The insurer identified above will be referred to herein as the "Company"

Policy Number

Automatic Payment Authorization

Full Name of Bank

Account Type Checking Savings

Routing Number

Account Number

Withdrawal Date

Name of Account Owner

Account Owner Address

City

State

Zip Code

For new business initial payments, I authorize the Company to make an immediate withdrawal from the bank account listed upon receipt of this form. **I authorize the Company to 1) make electronic deposits, withdrawals, and corrections to my bank account that comply with U.S. law;** 2) act on this authorization until I revoke it by contacting the Company; 3) apply this authorization to any future bank accounts I may designate; 4) make administrative changes to this authorization which I request such as date and amount changes, or adding or removing contracts for automatic payment; 5) release any and all information related to this authorization to the bank account owner or third party account owner; and 6) act upon electronic deposit, withdrawal, and administrative instructions I provide to my representative.

If this form is received less than 10 days prior to the withdrawal date you entered, your authorization shall take effect on the second occurrence of the mode you have selected. You further acknowledge that if you have selected a deduction to occur on day 29, 30, or 31, the Company will make the withdrawal on day 28.

Signature of Bank Account Owner

Date

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Make a Difference: One Member at a Time

GBU believes strongly in the concept of making a difference in the lives of others by recognizing all new members who join the GBU family with a \$25 donation to a nationally recognized charity. GBU encourages all new members to participate in this worthwhile program by asking you to select one of the charities listed. By doing this, GBU and you will be joining hands in making a difference for others.

- American Cancer Society** (Health) www.cancer.org
Mission Statement: To eliminate cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.
- American Liver Foundation** (Health) www.liverfoundation.org
Mission Statement: To facilitate, advocate and promote education, support and research for the prevention, treatment and cure of liver disease.
- American Red Cross** (Human Services/Disaster Relief) www.redcross.org
Mission Statement: Prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.
- Feeding America** (Human Services/Disaster Relief) www.feedingamerica.org
Mission Statement: To feed America's hungry through a nationwide network of member food banks and engage our country in the fight to end hunger.
- Guiding Eyes for the Blind** (Human Services) www.guidingeyes.org
Mission Statement: Guiding Eyes for the Blind is dedicated to enriching the lives of blind and visually impaired men and women by providing them with the freedom to travel safely, thereby assuring greater independence, dignity and new horizons of opportunity.
- Marine Toys for Tots Foundation** (Children/Family Services) www.toysfortots.org
Mission Statement: To collect new, unwrapped toys during October, November and December each year and distribute those toys as Christmas gifts to less fortunate children in the community in which the campaign is conducted.
- National Center for Learning Disabilities** (Education) www.ncld.org
Mission Statement: To improve the lives of the one in five children and adults nationwide with learning and attention issues—by empowering parents and young adults, transforming schools and advocating for equal rights and opportunities.
- National Parks Conservation Association** (Environment) www.npca.org
Mission Statement: To protect and enhance America's National Parks for present and future generations.
- Operation Troop Appreciation** (Military/Veterans) www.operationtroopappreciation.org
Mission Statement: To build and sustain the morale and well-being of the military community, past and present, with the assurance that the American public supports and appreciates their selfless service and daily sacrifices.
- Humane Society of the United States** (Animal Rights and Care) www.humanesociety.org
Mission Statement: Together with millions of supporters, we take on puppy mills, factory farms, the fur trade, trophy hunting, animal cosmetics testing and other cruel industries. We rescue and care for thousands of animals every year through our Animal Rescue Team's work and other hands-on animal care services. We fight all forms of animal cruelty to achieve the vision behind our name: A humane society.

Please visit GBU at www.gbu.org to learn more about GBU, member benefits and our desire to help others.

Member's Signature _____

Email (please print clearly): _____

GBU FINANCIAL LIFE

newbusiness@gbu.org

4254 Saw Mill Run Blvd., Pittsburgh, PA 15227-3394

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