

PERSPECTIVE™ L SERIES (01/15)  
 VARIABLE AND FIXED  
 ANNUITY APPLICATION (VA610)

UPS to HDV 4/28/15  
 w/ Art. of Assoc.  
**JACKSON**  
 NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan  
 www.jackson.com

First Class Mail: P.O. Box 30314  
 Lansing, MI 48909-7814

Customer Care: 800-873-5654  
 Bank or Financial Institution Customer Care: 800-777-7779

Overnight Mail: 1 Corporate Way  
 Lansing, MI 48951

Fax: 800-943-6761  
 Hours: 8:00 a.m. to 8:00 p.m. ET  
 Email: contactus@jackson.com

Broker/Dealer or External Account No. (if applicable)

[Empty box for Broker/Dealer or External Account No.]

- PLEASE PRINT
- If Owner (and/or Joint Owner) is not a U.S. Citizen and/or a U.S. Resident, Form W-9 or Form W-8BEN (as applicable) is required with application.

**Primary Owner**

Type of Ownership:  Individual/Joint  Custodian  Trust  Association  
 Corporation/Pension Plan  Government Entity

Social Security Number or Tax I.D. Number  
 [Empty box] or [73-0624969] Sex Male  Female   
 U.S. Citizen Yes  No

First Name Middle Name Last Name  
 [Empty box] [Empty box] [Empty box]

- If Owner is a Trust, Trustee Certification form X5335 or trust documents are required w/ application.

Non-Natural Owner/Entity Name (if applicable)  
 Association of Desk & Derrick Clubs

Date of Birth (mm/dd/yyyy) Telephone Number (including area code) Email Address  
 [Empty box] (918) 622-1675 [Empty box]

- It is required for Good Order that you provide a physical address.

Physical Address Line 1 (No P.O. Boxes) Line 2  
 5321 S. Sheridan Road Suite 24

City State ZIP Code  
 Tulsa OK 74145

- Only include mailing address if different from physical address.

Mailing Address Line 1 Line 2  
 Same as above [Empty box]

City State ZIP Code  
 [Empty box] [Empty box] [Empty box]

**Joint Owner**

- Proceeds will be distributed in accordance with the Contract on the first death of either Owner.

First Name Middle Name Last Name  
 [Empty box] [Empty box] [Empty box]

Social Security Number Date of Birth (mm/dd/yyyy) Sex U.S. Citizen  
 [Empty box] [Empty box] Male Female Yes No

Email Address Relationship to Owner Telephone Number (including area code)  
 [Empty box] [Empty box] [Empty box]

Physical Address Line 1 (No P.O. Boxes) Line 2  
 [Empty box] [Empty box]

City State ZIP Code  
 [Empty box] [Empty box] [Empty box]







• Make all checks payable to Jackson National Life Insurance Company®.

**Premium Payment**

Select method of payment

Check \$ 50,000.00  Wire \$   
 External Transfer \$   Internal Transfer \$

• Jackson® will issue Annuity Type per the bold headings.

**Annuity Type**

**IRA:**  
 IRA - Traditional\*  
 Stretch IRA  
**Roth IRA:**  
 Roth Conversion  
 Roth IRA\*  
 \*Tax Contribution Years and Amounts:  
 Year:  \$   
 Year:  \$   
**Non-Qualified Plan:**  
 Deferred Compensation  
 Non-Tax Qualified

**Qualified Plan:**  
 401(k) Qualified Savings Plan  
 Cash Balance-Defined Benefit  
 Cash Balance-Defined Contribution  
 HR-10 (Keogh) Plan  
 Money Purchase  
 Profit Sharing Plan  
 Roth 401(k)  
 Target Benefit Plan

**TSA Plan:**  
 403(b) TSA

**SEP/IRA (408(k)):**  
 SARSEP  
 SEP  
**ORP:**  
 ORP  
 Texas ORP  
**Charitable Remainder Trust:**  
 Charitable Remainder Annuity Trust  
 Charitable Remainder Unitrust

**Statement Regarding Existing Policies or Annuity Contracts**

It is required for Good Order that this entire section be completed. COMPLETE X0512 "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

I (We) certify that: (please select one)

I (We) do not have any existing life insurance policies or annuity contracts.  
 I (We) do have existing life insurance policies or annuity contracts.

Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form (X0512 - state variations may apply) and return the notice, signed by both the Producer/Representative and Applicant, with the Application.

Are you replacing an existing life insurance policy or annuity contract?  Yes  No

If yes, complete the following Company information.

Company name	Contract number	Anticipated amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**Transfer Information**

For transfers, it is required for Good Order that this entire section be completed.

Non-Qualified Plan Types:  IRC 1035 Exchange  Non-1035 Exchange  
 All Other Plan Types:  Direct Transfer  Direct Rollover  Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." Jackson will only request the funds if this section is left blank or checked "No."

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**Annuitization/Income Date**

Specify Income Date (mm/dd/yyyy)

If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the Contract.





• If no Optional Death Benefit is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details.

**Optional Death Benefits** All optional death benefits may not be available in all states and once selected cannot be changed.

Select only one of the following.

**5% Roll-Up Death Benefit<sup>1</sup>** (4% if the owner is age 70 or older on the date of issue) (Ages 0-79)

With Highest Quarterly Anniversary Value Death Benefit

Without Highest Quarterly Anniversary Value Death Benefit

Highest Quarterly Anniversary Value Death Benefit<sup>1</sup> (Ages 0-79)

<sup>1</sup> May not be selected in combination with LifeGuard Freedom Flex<sup>®</sup> DB or MarketGuard Stretch<sup>®</sup>.

• Optional Death Benefits and Other Optional Benefits: Additional charges will apply. Please see the prospectus for details.

**Other Optional Benefits** All optional benefits may not be available in all states and once selected cannot be changed.

**GMWB** (Guaranteed Minimum Withdrawal Benefits) (May select only one For Life GMWB or GMWB)

**LifeGuard Freedom Flex**

For Life GMWB with Annual Step-Up (Ages 35-80)

Must select both a Bonus and Income Stream Level for Good Order.

Bonus%: AND Income Stream<sup>SM</sup> Level (GAWA%)<sup>1</sup>:

- |                             |                                  |
|-----------------------------|----------------------------------|
| <input type="checkbox"/> 5% | <input type="checkbox"/> Level 1 |
| <input type="checkbox"/> 6% | <input type="checkbox"/> Level 2 |
| <input type="checkbox"/> 7% | <input type="checkbox"/> Level 3 |
|                             | <input type="checkbox"/> Level 4 |
|                             | <input type="checkbox"/> Level 5 |

**LifeGuard Freedom Flex DB<sup>5</sup>**

For Life GMWB with 6% Bonus, Annual Step-Up, and Death Benefit (Ages 35-70)

Income Stream Level (GAWA%)<sup>1</sup>: (Must select one)

- |                                  |   |                                  |
|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Level 1 | <input checked="" type="checkbox"/> Level 3 | <input type="checkbox"/> Level 5 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 4            |                                  |

**LifeGuard Freedom 6 Net<sup>®</sup>**

For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount (Ages 35-80)

Income Stream Level (GAWA%)<sup>1</sup>: (Must select one)

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 5 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 4 |                                  |

**LifeGuard Freedom Flex w/ Joint Option<sup>2,3,4</sup>**

Joint For Life GMWB with Annual Step-Up (Ages 35-80)

Must select both a Bonus and Income Stream Level for Good Order.

Bonus%: AND Income Stream Level (GAWA%)<sup>1</sup>:

- |                             |                                  |
|-----------------------------|----------------------------------|
| <input type="checkbox"/> 5% | <input type="checkbox"/> Level 1 |
| <input type="checkbox"/> 6% | <input type="checkbox"/> Level 2 |
| <input type="checkbox"/> 7% | <input type="checkbox"/> Level 3 |

**LifeGuard Freedom 6 Net w/ Joint Option<sup>2,3,4</sup>**

Joint For Life GMWB with Bonus, Annual Step-Up, & Earnings-Sensitive Withdrawal Amount (Ages 35-80)

Income Stream Level (GAWA%)<sup>1</sup>: (Must select one)

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 3 |
| <input type="checkbox"/> Level 2 |                                  |

**Earnings Protection Benefit**

EarningsMax<sup>®</sup> (Ages 0-75)

MarketGuard Stretch<sup>6</sup>

GMWB (Ages 0-80)

AutoGuard<sup>®</sup> 5

5% GMWB with Annual Step-Up (Ages 0-80)

<sup>1</sup> Availability of the Income Stream Levels (Guaranteed Annual Withdrawal Amount percentage (GAWA%) table options) are subject to change. Please consult your representative for availability. Varying charges apply.  
<sup>2</sup> For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on Page 1 (including the "Relationship to Owner" box) is properly completed.  
<sup>3</sup> For Qualified plans, excluding custodial accounts, 100% spousal primary beneficiary designation is required. Please ensure the Primary Beneficiary section on Page 2 (including the "Relationship to Owner" box) is properly completed.  
<sup>4</sup> For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.  
<sup>5</sup> May not be selected in combination with an Optional Death Benefit.  
<sup>6</sup> May only be selected on beneficiary Stretches. May not be selected in combination with an Optional Death Benefit or EarningsMax.







Premium Allocation

Tell us how you want your annuity premiums invested. **TOTAL ALLOCATION MUST EQUAL 100%.**

Total number of allocation selections may not exceed 18.

All premium allocation options may not be available in all states. Restrictions may apply at Jackson's discretion on a non-discriminatory basis.

% JNL <sup>®</sup>	
	Disciplined Moderate
	Disciplined Moderate Growth
	Disciplined Growth
	Institutional Alt 20
	Institutional Alt 35
100	Institutional Alt 50

% JNL/American Funds <sup>®</sup>	
	Balanced Allocation
	Blue Chip Income and Growth
	Global Bond
	Global Small Capitalization
	Growth Allocation
	Growth-Income
	International
	New World

% JNL/BlackRock	
	Commodity Securities Strategy
	Global Allocation
	Large Cap Select Growth

% JNL/Brookfield	
	Global Infrastructure and MLP

% JNL/Capital Guardian	
	Global Balanced
	Global Diversified Research

% JNL/DFA	
	U.S. Core Equity

% JNL/Eagle	
	SmallCap Equity

% JNL/Eastspring Investments	
	Asia ex-Japan
	China-India

% JNL/Franklin Templeton	
	Founding Strategy
	Global Growth
	Global Multisector Bond
	Income
	International Small Cap Growth
	Mutual Shares
	Small Cap Value

% JNL/Goldman Sachs	
	Core Plus Bond
	Mid Cap Value
	U.S. Equity Flex

% JNL/Invesco	
	Global Real Estate
	International Growth
	Large Cap Growth
	Mid Cap Value
	Small Cap Growth

% JNL/Ivy	
	Asset Strategy

% JNL/JP Morgan	
	International Value
	MidCap Growth
	U.S. Government & Quality Bond

% JNL/Mellon Capital	
	JNL 5
	Dow <sup>SM</sup> 10
	Global 15
	25
	JNL Optimized 5
	European 30
	Nasdaq <sup>®</sup> 25
	Pacific Rim 30
	Emerging Markets Index
	S&P <sup>®</sup> 24
	S&P SMid 60
	Value Line <sup>®</sup> 30
	S&P 500 <sup>®</sup> Index
	S&P 400 MidCap Index
	Small Cap Index
	International Index
	Bond Index
	Index 5
	10 x 10
	Consumer Brands Sector
	Financial Sector
	Healthcare Sector
	Oil & Gas Sector
	Technology Sector
	Dow Jones U.S. Contrarian Opportunities Index <sup>SM</sup>

% JNL/Morgan Stanley	
	Mid Cap Growth

% JNL/Neuberger Berman	
	Strategic Income

% JNL/Oppenheimer	
	Global Growth

% JNL/PIMCO	
	Real Return
	Total Return Bond

% JNL/PPM America	
	Floating Rate Income
	High Yield Bond
	Mid Cap Value
	Small Cap Value
	Value Equity

% JNL/T. Rowe Price	
	Established Growth
	Mid-Cap Growth
	Short-Term Bond
	Value

% JNL/WMC	
	Balanced
	Money Market
	Value

% JNL/S&P	
	4
	Competitive Advantage
	Dividend Income & Growth
	Intrinsic Value
	Mid 3
	Total Yield

% JNL/S&P Managed	
	Conservative
	Moderate
	Moderate Growth
	Growth
	Aggressive Growth





**Premium Allocation (Cont. from page 5)**

- See the NOTE for some important terms regarding the Fixed Account Options.

% Fixed Account Options	
	1-Year
	3-Year
	5-Year
	7-Year

**NOTE:** The Contract permits Jackson without advance notice to restrict the amount of Premium payments into, and the amount and frequency of transfers between, into and from, any Fixed Account Option; to close any Fixed Account Option; and to require transfers from a Fixed Account Option. Accordingly, you should consider whether investment in a Fixed Account Option is suitable given your investment objectives.

**Systematic Investment (periodic premium reallocation programs)**

- Only the Investment Division(s) and the 1-Year Fixed Account Option (subject to availability) as selected in the Premium Allocation section will participate in Automatic Rebalancing.

**Automatic Rebalancing.** The 3-, 5- and 7-Year Fixed Account Options are not available for Automatic Rebalancing.

**Frequency:**

Monthly  Quarterly  Semiannually  Annually

**Start Date (mm/dd/yyyy)**

**Note:** If no date is selected, the program will begin one month/quarter/half-year/year (depending on the frequency you selected) from the date Jackson applies the first premium payment. If no frequency is selected, the frequency will be annual. No transfers will be made on days 29, 30 or 31, unless set up on annual frequency.

**DCA+ (\$15,000 contract minimum)**

% 6-month

% 12-month

**If DCA+ is selected, you must allocate Designated Option(s) using Systematic Investment Form (V2375).**

DCA+ provides an automatic monthly transfer to the selected Investment Division(s) so the entire amount invested in this program, plus earnings, will be transferred by the end of the DCA+ term selected. If selected, the total number of elections in the Premium Allocation section may not exceed 17.

**Capital Protection Program**

Yes  No (If no selection is made, Jackson will default to "No.")

If you marked "Yes," which Fixed Account Option do you wish to select for the Capital Protection Program? **Select only one.**

1-Year  3-Year  5-Year  7-Year

Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation section on pages 5 and 6.

**Telephone and Electronic Transfers Authorization**

By checking "Yes," I (we) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/ allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Producer/Representative subject to Jackson's administrative procedures. This authorization is not extended to Authorized Callers.

Do you authorize these types of transfers?  Yes  No

Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures. I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, not withstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "Yes."





**Electronic Delivery Authorization**

I agree to receive documents electronically:

- Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All Documents."

- ALL DOCUMENTS
- Quarterly statements
- Periodic and immediate confirmation statements
- Annual and Semi-Annual reports
- Prospectuses and prospectus supplements
- Proxy and other voting materials
- Other Contract-related correspondence

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on Jackson's website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website ([www.jackson.com](http://www.jackson.com)) is required for electronic delivery of Contract-related correspondence.

My email address is:

I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from [www.adobe.com](http://www.adobe.com).

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to [www.jackson.com](http://www.jackson.com) to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

**Authorized Callers**

- If you want to authorize an individual other than your Producer/Rep to receive Contract Information via telephone, please list that individual's information here.

First Name	Middle Name	Last Name
Lori	L	Landry
Social Security/Tax I.D. Number		Date of Birth(mm/dd/yyyy)
[REDACTED]		[REDACTED]
First Name	Middle Name	Last Name
Christina		Forth-Matthews
Social Security/Tax I.D. Number		Date of Birth(mm/dd/yyyy)
[REDACTED] Canadian		[REDACTED]







### Disclosure Statements for Early Withdrawals On Annuity Products

The accelerated benefits in the contract are NOT part of a long-term care or nursing home insurance policy. You may use the money you receive from this product for any purpose. Accelerated benefits **COULD BE TAXABLE IN SOME CIRCUMSTANCES**. We recommend that you contact a tax advisor when making tax-related decisions about electing to receive and use accelerated benefits.

Consequences of these benefits: Receipt of early withdrawals on annuity proceeds **MAY AFFECT MEDICAID AND SUPPLEMENTAL SECURITY INCOME ("SSI") ELIGIBILITY**.

The mere fact that you own an annuity contract with an option to make an early withdrawal on annuity proceeds without a surrender/withdrawal charge may affect your eligibility for these government programs. In addition, exercising the option to make an early withdrawal on annuity proceeds and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

### Waiver of the Withdrawal Charge Due to Terminal Illness

#### MEDICAL CONDITIONS

Conditions enabling waiver of surrender/withdrawal charge of early withdrawals due to **TERMINAL ILLNESS BENEFIT**:

**Terminal Illness.** A medical condition which will result in the death of the owner within (12) twelve months or less from the date of the physician's statement.

#### OPTIONS

If a terminal illness is incurred after the issue date of the contract and while the contract's surrender/withdrawal charge would normally apply, the Company will waive the surrender/withdrawal charge on any amounts requested withdrawn from the contract under this benefit. A withdrawal from the Fixed Account Option(s) may be subject to an

"excess interest adjustment."

You can withdraw an amount without a surrender/withdrawal charge pursuant to this benefit only once, regardless of the subsequent occurrence of the same condition or the occurrence of a different condition.

Up to 100% of the contract's accumulated value may be withdrawn without a surrender/withdrawal charge, subject to a maximum of \$250,000.

#### PREMIUM/EXPENSE CHARGE

There is no extra premium charge for this Terminal Illness Benefit which waives the surrender/withdrawal charge for early withdrawals of annuity proceeds. The Company will not impose an administrative expense, fee, or charge to administer the Terminal Illness Benefit.

### Waiver of the Withdrawal Charge for Specified Conditions

#### SPECIFIED CONDITIONS

Condition(s) enabling waiver of surrender/withdrawal charge for early withdrawals due to Specified Conditions:

**HEART ATTACK.** The death of a portion of heart muscle (myocardium) resulting from a blockage of one or more coronary arteries.

**STROKE.** Any acute cerebral vascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 30 days.

**CORONARY ARTERY SURGERY.** The actual undergoing of bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary artery disease.

**LIFE-THREATENING CANCER.** Only those types of cancer manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. As used herein, leukemia, and Hodgkin's disease (except Stage 1 Hodgkin's disease) shall be considered life-threatening cancer. **LIFE-THREATENING CANCER DOES NOT INCLUDE** premalignant tumors or polyps, cancer in situ, intraductal noninvasive carcinoma of the breast, carcinoma of the appendix, Stage 1 transitional carcinoma of the urinary bladder, or any skin cancers other than melanomas.

**RENAL FAILURE.** The end stage of chronic, irreversible failure of both kidneys to function, necessitating regular renal dialysis expected to continue for a period of at least six months or resulting in a renal transplantation.

**ALZHEIMER'S DISEASE.** A progressive degenerative disease of the brain characterized by the loss of intellectual capacity involving impairment of memory or judgment or changes in personality which result in a significant reduction in mental and social functioning and which requires continuous supervision. Alzheimer's disease shall be evidenced by a diagnosis of Alzheimer's disease from a neurologist licensed in the United States. The term Alzheimer's disease does not include neuroses or psychotic illness.

#### OPTIONS

Surrender/Withdrawal charge(s) will be waived on up to 25% of the contract's total accumulated value. In the case of joint owners, this benefit applies to each of them up to 12.5%.

#### PREMIUM/EXPENSE CHARGE

There is no extra premium charge for this Waiver of Surrender/Withdrawal Charge for Early Withdrawals of Annuity Proceeds.

The Company will not impose an administrative expense, fee, or charge to administer the accelerated benefits.







**Notice to Applicant**

**ILLINOIS RESIDENTS, PLEASE NOTE:** Please be advised that Jackson National Life Insurance Company is in compliance with the Illinois state Religious Freedom Protection and Civil Union Act.

**OKLAHOMA RESIDENTS, PLEASE NOTE:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or 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.

**Client Acknowledgements**

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
3. I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.
4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
5. The Contract I (we) have applied for is suitable for my (our) Insurance and Investment objectives, financial situation and needs.
6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
7. I (We) understand that the Contract's Fixed Account Minimum Interest Rate will be redetermined each Redetermination Date. The redetermined rate, which may be higher or lower than the Initial Fixed Account Minimum Interest Rate, will apply for that entire Redetermination Period.
8. I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred.
9. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application are true and correctly recorded.

It is required for Good Order that all applicable parties to the Contract sign here.

<b>Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<i>Lori Landry</i>	04/06/2015	OK
<b>Owner's Title (required if owned by an Entity)</b>		
Lori Landry, President		
<b>Joint Owner's Signature</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<b>Annuitant's Signature (if other than Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>
<i>[Signature]</i>	04/06/2015	OK
<b>Joint Annuitant's Signature (if other than Joint Owner)</b>	<b>Date Signed (mm/dd/yyyy)</b>	<b>State where signed</b>





**Producer/Representative Acknowledgements**

Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

AND

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

I certify that:

- I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
3. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
4. I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) and ensure that this replacement (if applicable) is consistent with that position.
5. To the best of my knowledge and belief, the applicant  does  does not have any existing life insurance policies or annuity contracts.
6. To the best of my knowledge and belief, this application  will  will not replace any life insurance policy or annuity contract.
7. I have complied with requirements for disclosures and/or replacements as necessary.
8. I have truly and accurately recorded the information provided by the applicant.

Program Options Note: Contact your home office for program information. If no option is indicated, the designated default will be used.

Jackson Prod./Rep. No.	Producer/Representative Signature	Date Signed (mm/dd/yyyy)
1822300	<i>John E Mansfield</i>	4/6/15
First Name	Middle Name	Last Name
John	E	Mansfield
Broker/Dealer Name	Program Options	
H.D. Vest Investment Securities Inc.	A <input type="checkbox"/>	B <input type="checkbox"/>
	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>
Address (number and street)	City	State ZIP Code
3650 Camelot Drive	Bartlesville	OK 74006
Email Address	Business Telephone No. (including area code)	Percentage
	918-333-7291	100 %

It is required for Good Order that all Producer/Rep numbers be supplied.

If more than one Producer/Representative is participating in a Program Option on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).

Producer/Representative Name #	Jackson Producer/Representative No.	Percentage
		%
Producer/Representative Name # 3	Jackson Producer/Representative No.	Percentage
		%

Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value  
Not a deposit • Not insured by any federal agency



IF ANY OF THIS FORM IS LEFT BLANK, THE TRANSACTION WILL NOT BE PROCESSED AND PAPERWORK WILL BE RETURNED TO YOU FOR COMPLETION

### PRIMARY OWNER INFORMATION (OR TRUST INFO)

FUNCTION OF CLIENT:  Owner  Custodian  Trustee  Fiduciary  Organization (Non-Profit)  Decedent  
 Minor/Ward  Beneficiary  Contact  Company  Plan Participant  Trust

Association of Desk & Derrick Clubs

73-0624969

07/23/51

CLIENT FULL NAME (NO INITIALS) NICKNAME SOCIAL SECURITY No/TAX ID BIRTH DATE/ESTABLISHED DATE

918-622-1675

HOME PHONE WORK PHONE E-MAIL ADDRESS

MARITAL STATUS:  SINGLE  MARRIED NUMBER OF DEPENDENTS: \_\_\_\_\_ CITIZENSHIP:  U.S.  RESIDENT ALLEN: \_\_\_\_\_  
(IF UNKNOWN, DEFAULT TO ZERO) COUNTRY OF CITIZENSHIP

Association of Desk & Derrick Clubs

EMPLOYMENT: EMPLOYER OCCUPATION (TYPE OF BUSINESS AND POSITION TITLE)

5321 S. Sheridan Road, Suite 24 Tulsa OK 74145  
EMPLOYER ADDRESS CITY STATE ZIP

AFFILIATIONS: PLEASE IDENTIFY ANY AFFILIATION CLIENT HAS WITH A SECURITIES FIRM, EXCHANGE OR AGENCY: N/A

IS CLIENT A SENIOR FOREIGN POLITICAL FIGURE OR FAMILY MEMBER OR ASSOCIATE OF A SENIOR FOREIGN POLITICAL FIGURE (DEFAULT="No"):  Yes

I CERTIFY THAT I HAVE PREPARED AND FILED THE MOST RECENT TAX RETURN FOR THIS CLIENT:  Yes  No (IF NO, PLEASE SUPPLY ID INFORMATION BELOW)

Drivers License [REDACTED] TX/USA 07/31/2013 08/14/2019  
ISSUED PICTURE ID TYPE: ID No: STATE/COUNTRY OF ISSUANCE: ISSU DATE: EXPIRATION DATE:

### INVESTMENT EXPERIENCE

IF LEFT UNCHECKED, "NONE" WILL BE ASSUMED

STOCKS	MUTUAL FUNDS	BONDS	OPTIONS	ANNUITIES-LIFE INS
<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE
<input checked="" type="checkbox"/> LESS THAN 5YRS	<input checked="" type="checkbox"/> LESS THAN 5YRS	<input checked="" type="checkbox"/> LESS THAN 5YRS	<input checked="" type="checkbox"/> LESS THAN 5YRS	<input checked="" type="checkbox"/> LESS THAN 5YRS
<input checked="" type="checkbox"/> 5-10 YRS	<input checked="" type="checkbox"/> 5-10 YRS	<input checked="" type="checkbox"/> 5-10 YRS	<input checked="" type="checkbox"/> 5-10 YRS	<input checked="" type="checkbox"/> 5-10 YRS
<input checked="" type="checkbox"/> OVER 10 YRS	<input checked="" type="checkbox"/> OVER 10 YRS	<input checked="" type="checkbox"/> OVER 10 YRS	<input checked="" type="checkbox"/> OVER 10 YRS	<input checked="" type="checkbox"/> OVER 10 YRS

### ACCOUNT INFORMATION

5321 S. Sheridan Road, Suite 24 Tulsa OK 74145 USA  
MAILING ADDRESS (OR P.O. BOX) CITY STATE ZIP COUNTRY

LEGAL/RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) CITY STATE ZIP COUNTRY

### INVESTMENT INFORMATION

INVESTMENT OBJECTIVE OF SUB ACCOUNTS: (check only one)

CONSERVATIVE INCOME  MODERATE INCOME  LONG TERM INCOME

CONSERVATIVE GROWTH & INCOME  MODERATE GROWTH & INCOME  LONG TERM GROWTH & INCOME

CONSERVATIVE GROWTH  MODERATE GROWTH  LONG TERM GROWTH

TRADING & SPECULATION

H+1400+2480+++++



IF ANY OF THIS FORM IS LEFT BLANK, THE TRANSACTION WILL NOT BE PROCESSED AND PAPERWORK WILL BE RETURNED TO YOU FOR COMPLETION

### FINANCIAL INFORMATION

**GROSS ANNUAL HOUSEHOLD\* INCOME:** (WAGES, COMMISSIONS, BONUSES, SOCIAL SECURITY, PENSION/ RETIREMENT BENEFITS, INVESTMENT INTEREST AND DIVIDENDS, DISABILITY, UNEMPLOYMENT COMPENSATION, AND RENTAL INCOME) \$ 245,000

**TOTAL NET WORTH OF HOUSEHOLD\*:** NET WORTH IS THE VALUE OF YOUR ASSETS MINUS YOUR LIABILITIES. FOR PURPOSES OF THIS APPLICATION, DO NOT INCLUDE YOUR PRIMARY RESIDENCE AMONG YOUR ASSETS AND FOR LIABILITIES, DO NOT INCLUDE THE MORTGAGE ON YOUR PRIMARY RESIDENCE. \$ 525,000

**TOTAL LIQUID NET WORTH OF HOUSEHOLD\*:** LIQUID NET WORTH IS YOUR TOTAL NET WORTH OF HOUSEHOLD MINUS ASSETS THAT CANNOT BE CONVERTED QUICKLY AND EASILY TO CASH, SUCH AS REAL ESTATE, BUSINESS EQUITY, PERSONAL PROPERTY, AUTOMOBILES, EXPECTED INHERITANCES, ASSETS earmarked for other purposes. WHEN YOU INCLUDE INVESTMENT ACCOUNTS IN THE TOTAL LIQUID NET WORTH OF HOUSEHOLD CALCULATION, YOU MUST SUBTRACT ANY SURRENDER CHARGES, FEES, AND PENALTIES FOR EARLY WITHDRAWAL. \$ 512,000

**VALUE OF HOUSEHOLD\* INVESTMENTS:** STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES AND OTHER SECURITIES INVESTMENTS HELD IN QUALIFIED AND NON QUALIFIED REGISTRATIONS SHOULD BE INCLUDED. YOU MUST SUBTRACT ANY SURRENDER CHARGES, FEES, AND PENALTIES FOR EARLY WITHDRAWAL. \$ 485,000

**CASH & CASH EQUIVALENTS OF HOUSEHOLD\*:** (E.G. CHECKING, SAVINGS, CDS, ETC.) \$ 485,000

TAX BRACKET:  0%  1-10%  11-15%  16-25%  26-28%  29-33%  34-35%  OVER 35%

\* HOUSEHOLD SHOULD INCLUDE THE COMBINED FIGURES OF THE PURCHASER AND SPOUSE.

↳ Non-taxable 501(c)(6) organization

### SECONDARY OWNER INFORMATION (OR TRUSTEE INFO)

FUNCTION OF CLIENT:  Owner  Custodian  Trustee  Fiduciary  Organization (Non-Profit)  Decedent  
 Minor/Ward  Beneficiary  Contact  Company  Plan Participant  Trust

CLIENT FULL NAME (NO INITIALS) Lori Landry NICKNAME [REDACTED] SOCIAL SECURITY NO/TAX ID [REDACTED] BIRTH DATE/ESTABLISHED DATE [REDACTED]

HOME PHONE [REDACTED] WORK PHONE (337) 234-2326 E-MAIL ADDRESS [REDACTED]

MARITAL STATUS:  SINGLE  MARRIED NUMBER OF DEPENDENTS: 2 CITIZENSHIP:  U.S.  RESIDENT ALIEN: \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_  
(IF UNKNOWN, DEFAULT TO ZERO)

EMPLOYMENT: Bean Resource, Inc EMPLOYER OCCUPATION (TYPE OF BUSINESS AND POSITION TITLE) Controller

EMPLOYER ADDRESS 1000 E Saint Mary Blvd CITY Lafayette STATE LA ZIP 70503

AFFILIATIONS: PLEASE IDENTIFY ANY AFFILIATION CLIENT HAS WITH A SECURITIES FIRM, EXCHANGE OR AGENCY: \_\_\_\_\_

IS CLIENT A SENIOR FOREIGN POLITICAL FIGURE OR FAMILY MEMBER OR ASSOCIATE OF A SENIOR FOREIGN POLITICAL FIGURE (DEFAULT="No"):  YES

I CERTIFY THAT I HAVE PREPARED AND FILED THE MOST RECENT TAX RETURN FOR THIS CLIENT:  YES  NO (IF NO, PLEASE SUPPLY ID INFORMATION BELOW)

ISSUED PICTURE ID TYPE: Driver License ID No: [REDACTED] STATE/COUNTRY OF ISSUANCE: LA/USA ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: 04/24/2018



IF ANY OF THIS FORM IS LEFT BLANK, THE TRANSACTION WILL NOT BE PROCESSED AND PAPERWORK WILL BE RETURNED TO YOU FOR COMPLETION

### SECTION 1 - SOURCE OF FUNDS (IF LIQUIDATING MORE THAN ONE INVESTMENT, PLEASE COMPLETE A NEW PAGE FOR EACH INVESTMENT LIQUIDATED)

WHAT IS THE SOURCE OF INVESTED FUNDS? (ANNUITY ASSETS LIQUIDATED WITHIN THE LAST 6 MONTHS SHOULD BE CONSIDERED AN EXCHANGE/REPLACEMENT)

SECURITIES OTHER THAN VARIABLE ANNUITIES OR INSURANCE  
 FULL EXCHANGE OR REPLACEMENT OF ANNUITY/INSURANCE CONTRACT  
 PARTIAL EXCHANGE OR PARTIAL LIQUIDATION OF ANNUITY/INSURANCE CONTRACT  
 OTHER - DETAIL SOURCE "Program Revenue consisting of member dues and fees and other"

CD  
 INHERITANCE/GIFTS/ESTATE ASSETS  
 EMPLOYER SPONSORED PLAN ROLLOVER (401K, SIMPLE, SEP)

NAME OF SPECIFIC INVESTMENT EXITED: CD's and Money Market

DATE EXITING PRODUCT WAS ORIGINALLY PURCHASED: various dates over several years

IS THE SOURCE OF FUNDS COMING FROM A SALE/LIQUIDATION WHERE YOU WERE THE SELLING AGENT ON THE ORIGINAL PRODUCT?  
 Yes  No

IF THIS ANNUITY IS FUNDED FROM THE LIQUIDATION OF ANOTHER INVESTMENT PRODUCT THAT IS SUBJECT TO A CDSC, WHAT IS THE SURRENDER CHARGE THAT WILL BE INCURRED?  NO SURRENDER CHARGE  0.1%-2.99%  3.0-3.99%  4% OR MORE

### SECTION 2 - ANNUITY EXCHANGE AND REPLACEMENT (TO BE COMPLETED IF FULL OR PARTIAL EXCHANGE/REPLACEMENT HAS BEEN CHECKED)

	POLICY BEING SURRENDERED	PROPOSED POLICY
MARKET VALUE (PLUS APPLICABLE BONUS):	\$	\$
EXISTING POLICY SURRENDER CHARGES:	\$ %	
CASH SURRENDER VALUE (MARKET VALUE LESS SURRENDER CHARGES):	\$	
SURRENDER PERIOD: (PROVIDE ORIGINAL SURRENDER SCHEDULE FOR POLICY BEING EXITED; NOT REMAINING SCHEDULE ON POLICY BEING EXITED)	YRS	YRS
AMOUNT OF DEATH BENEFIT:	\$	\$
TOTAL ANNUAL CHARGES (M&E, ADMIN., AND ADD-ON FEATURES):	%	%

CHECK ALL DEATH BENEFIT OPTIONS THAT APPLY:	POLICY BEING SURRENDERED	PROPOSED POLICY
PREMIUM GUARANTEE DEATH BENEFIT BASE (E.O. STANDARD)	<input type="checkbox"/>	<input type="checkbox"/>
STEP-UP TO ACCOUNT VALUE DEATH BENEFIT BASE (E.O. MAV)	<input type="checkbox"/>	<input type="checkbox"/>
GUARANTEE STEP-UP DEATH BENEFIT BASE (E.G. 4%, 5%, 6%)	<input type="checkbox"/>	<input type="checkbox"/>
EARNINGS ENHANCEMENT DEATH BENEFIT BASE (EEB)	<input type="checkbox"/>	<input type="checkbox"/>
NO GUARANTEED DEATH BENEFIT (BENEFICIARIES RECEIVE CONTRACT VALUE WHICH MAY BE LOWER THAN AMOUNT INVESTED)	<input type="checkbox"/>	<input type="checkbox"/>

IF THE PROPOSED EXCHANGE/REPLACEMENT WILL RESULT IN A REDUCTION OF THE DEATH BENEFIT, PLEASE EXPLAIN WHY THIS IS SUITABLE:

LIST THE GUARANTEED AMOUNTS OF ANY EXISTING LIVING BENEFIT. CHECK ALL LIVING BENEFITS ELECTED IN THE PROPOSED POLICY.	POLICY BEING SURRENDERED	PROPOSED POLICY
GUARANTEED MINIMUM INCOME BENEFIT BASE (GMIB)	\$	<input type="checkbox"/>
GUARANTEED MINIMUM WITHDRAWAL BENEFIT BASE (GMWB)	\$	<input type="checkbox"/>
PERCENTAGE OF WITHDRAWAL ALLOWED (GMIB OR GMWB; USE PERCENTAGE ALLOWED FOR TIME PERIOD WHEN CLIENT ANTICIPATES STARTING WITHDRAWAL)	%	%
PRINCIPAL GUARANTEE BASE (GMAB)	\$	<input type="checkbox"/>
NO INCOME GUARANTEE	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	\$	\$

IS THE EXISTING CONTRACT ELIGIBLE FOR ENHANCED RIDERS?  YES  NO

IF THE PROPOSED EXCHANGE/REPLACEMENT WILL RESULT IN A REDUCTION OF THE LIVING BENEFIT, PLEASE EXPLAIN WHY THIS IS SUITABLE.

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### SECTION 3 - PLEASE COMPLETE THE FOLLOWING QUESTIONS REGARDING THE ANNUITY BEING PURCHASED

NAME OF NEW INVESTMENT BEING PURCHASED: <b>Jackson Life Prospective L</b>	AMOUNT OF INVESTMENT: <b>\$50,000</b>		
1) IS THIS TRANSACTION? <input checked="" type="checkbox"/> AN INITIAL PURCHASE OF A VARIABLE ANNUITY <input type="checkbox"/> A SUBSEQUENT OR ADD-ON TO AN EXISTING ANNUITY			
2) HOW LONG DOES THE CLIENT ANTICIPATE HOLDING THIS ANNUITY CONTRACT? <input type="checkbox"/> LESS THAN 5 YEARS <input checked="" type="checkbox"/> 5 OR MORE YEARS			
3) IS THE INITIAL ALLOCATION OF FUNDS TO THE SUB-ACCOUNT CONSISTENT WITH THE CUSTOMER'S STATED INVESTMENT OBJECTIVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (PLEASE EXPLAIN)			
4) THE CLIENT ANTICIPATES USING THIS ANNUITY INVESTMENT FOR? (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> CURRENT INCOME <input type="checkbox"/> FUTURE INCOME <input type="checkbox"/> LUMP SUM PAYMENT <input type="checkbox"/> PASS TO BENEFICIARY			
5) IF THE CLIENT INTENDS TO USE THIS ANNUITY FOR INCOME, WHEN DOES THE CLIENT ANTICIPATE STARTING DISTRIBUTIONS? <input checked="" type="checkbox"/> WITHIN THE 1 <sup>ST</sup> YEAR <input type="checkbox"/> BETWEEN 1 AND 5 YEARS <input type="checkbox"/> BETWEEN 6 AND 10 YEARS <input type="checkbox"/> MORE THAN 10 YEARS <input type="checkbox"/> INCOME IS NOT INTENT			
6) WHAT ARE THE CLIENT'S CURRENT ANNUAL INCOME NEEDS (IN DOLLARS) THAT ARE REQUIRED FROM THEIR INVESTMENTS ABOVE AND BEYOND PENSION, SOCIAL SECURITY, AND EMPLOYMENT INCOME? \$ none			
7) DOES THE CLIENT HAVE LIFE INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, WHAT IS THE IN-FORCE DEATH BENEFIT? _____ IF YES, WHAT IS THE CASH VALUE? _____			
8) IF THE OBJECTIVE IS TO OBTAIN A DEATH BENEFIT FOR BENEFICIARIES, HAS LIFE INSURANCE BEEN CONSIDERED AS AN ALTERNATIVE TO THIS ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A (DEATH BENEFIT IS NOT PRIMARY OBJECTIVE) IF YES, PLEASE EXPLAIN WHY LIFE INSURANCE WAS NOT SELECTED:			
9) WHAT PERCENTAGE OF THE CLIENT'S TOTAL LIQUID NET WORTH (SEE PAGE 2) IS BEING USED FOR THIS PURCHASE? <input checked="" type="checkbox"/> 0-25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%-60% <input type="checkbox"/> 61%-75% <input type="checkbox"/> 76% OR MORE			
10) WHAT PERCENTAGE OF THE CLIENT'S TOTAL LIQUID NET WORTH WILL BE IN ANNUITIES AFTER THIS PURCHASE? (THIS % INCLUDES ANY PENDING OR IN TRANSIT BUSINESS) (SEE PAGE 2) <input checked="" type="checkbox"/> 0-25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%-60% <input type="checkbox"/> 61%-75% <input type="checkbox"/> 76% OR MORE			
11) BASED ON THE PERCENTAGE SELECTED IN RESPONSE TO QUESTION 10, PLEASE EXPLAIN WHY THE PERCENTAGE OF TOTAL LIQUID NET WORTH INVESTED IN ANNUITIES IS APPROPRIATE GIVEN THE CLIENT'S INVESTMENT OBJECTIVES AND LIQUIDITY NEEDS?  Client has nearly \$500,000 in liquid assets and wants to buy two \$50,000 variable annuities. In the last two years combined their tax returns show total revenue exceeded total expenses, so they have plenty of liquidity.			
12) PLEASE INDICATE THE TOTAL NUMBER OF ANNUITY EXCHANGE/REPLACEMENTS THE CLIENT HAS TRANSACTED WITHIN THE PAST 36 MONTHS. <input checked="" type="checkbox"/> 0 REPLACEMENTS <input type="checkbox"/> 1 REPLACEMENTS <input type="checkbox"/> 2 REPLACEMENTS <input type="checkbox"/> 3 REPLACEMENTS <input type="checkbox"/> 4 OR MORE REPLACEMENTS			
13) IF THE CLIENT ANSWERED YES TO 1 OR MORE REPLACEMENTS IN QUESTION 12, IDENTIFY: (PRODUCT NAMES)			
CONTRACT SURRENDERED	CONTRACT PURCHASED	WERE YOU THE ADVISOR ON THE SURRENDERED CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRACT SURRENDERED	CONTRACT PURCHASED	WERE YOU THE ADVISOR ON THE SURRENDERED CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRACT SURRENDERED	CONTRACT PURCHASED	WERE YOU THE ADVISOR ON THE SURRENDERED CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14) WHAT TYPE OF DEATH BENEFIT IS BEING PURCHASED ON THIS ANNUITY CONTRACT? <input type="checkbox"/> PREMIUM GUARANTEE (STANDARD DB) <input checked="" type="checkbox"/> STEP-UP TO ACCOUNT VALUE (I.E. MAV) <input type="checkbox"/> GUARANTEE STEP-UP (I.E. 4%, 5%, 6%) <input type="checkbox"/> EARNINGS ENHANCEMENT BENEFIT (EEB) <input type="checkbox"/> NONE - MARKET VALUE/CONTRACT VALUE			
15) OTHER THAN TAX DEFERRAL, SELECT THE ANY ADDITIONAL FEATURE / ATTRIBUTE THAT IS THE PRIMARY REASON FOR THIS PURCHASE? (PLEASE SELECT ONE) <input checked="" type="checkbox"/> DEATH BENEFITS <input type="checkbox"/> LIVING BENEFITS (I.E. CMWB, CMIB, GMAB, ETC.) <input type="checkbox"/> OTHER: (EXPLAIN) _____			

SECURITIES OFFERED THROUGH HD VEST INVESTMENT SERVICES<sup>SM</sup>, MEMBER SIPC ADVISORY SERVICES OFFERED THROUGH HD VEST ADVISORY SERVICES<sup>SM</sup>, 8333 N. STATE HIGHWAY 161, FOURTH FLOOR, IRVING, TX 75038, (972) 870-6000.

IF ANY OF THIS FORM IS LEFT BLANK, THE TRANSACTION WILL NOT BE PROCESSED AND PAPERWORK WILL BE RETURNED TO YOU FOR COMPLETION

**SECTION 3 - QUESTIONS REGARDING THE ANNUITY BEING PURCHASED CONTINUED**

16) EXPLAIN HOW THE PROPOSED ANNUITY AND ANY RIDERS ARE CONSISTENT WITH THE CLIENT'S AGE, INVESTMENT TIME HORIZON AND NEEDS/OBJECTIVES, TAKING INTO ACCOUNT SURRENDER PERIODS, AGE RESTRICTIONS, OR WAITING PERIODS BEFORE LIFETIME BENEFITS CAN BE EXERCISED, AND ANY OTHER MATERIAL FEATURES OF THE ANNUITY:

Client is an association with members that pay dues and attend conferences. They want a guaranteed income for the life of the annuitant and a death benefit that will return the amount invested or more.

17) IF THIS IS AN EXCHANGE/REPLACEMENT, PLEASE EXPLAIN WHY THE EXISTING CONTRACT CANNOT MEET THE CLIENT'S NEEDS/OBJECTIVES:

N/A

18) DESCRIBE THE CLIENT'S CURRENT AND ANTICIPATED LIQUIDITY NEEDS AND EXPLAIN HOW THE PROPOSED ANNUITY IS CONSISTENT WITH THOSE NEEDS:

See (11) on previous page - essentially the client has a positive cash flow and approximately 80% of the liquid assets will remain in CD's and money market accounts.

19) IF THE CLIENT'S GROSS HOUSEHOLD INCOME IS LESS THAN \$25,000 AND/OR THE TOTAL LIQUID NET WORTH OF THE HOUSEHOLD IS LESS THAN \$50,000, PLEASE EXPLAIN HOW THE PURCHASE OF THIS ANNUITY IS FINANCIALLY SUITABLE(SEE FIGURES ON PAGE 2):

N/A

20) TO ASSIST IN THE PROMPT REVIEW AND APPROVAL OF THIS TRANSACTION, PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU CONSIDERED IN DETERMINING THAT THE ANNUITY IS APPROPRIATE FOR THE CLIENT:

The Association is affiliated with a charitable trust that is also utilizing Jackson Variable Annuities.



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### SECTION 4 FEES AND EXPENSES

FEES AND EXPENSES - FOR A VARIABLE ANNUITY, CONSIDER ANY CHARGES AND FEES, INCLUDING MORTALITY AND EXPENSE CHARGES, ADMINISTRATIVE CHARGES, AND INVESTMENT MANAGEMENT FEES AND APPLICABLE 12B-1 FEES FOR THE PORTFOLIO OPTIONS. IF YOU HAVE SELECTED A RIDER, OR OPTIONAL FEATURE, THERE MAY BE AN ADDITIONAL COST. VARIABLE ANNUITY CONTRACTS ARE GENERALLY AVAILABLE IN FOUR SHARE CLASSES:

SHARE CLASS	TYPICAL M&E/A/D <sup>1</sup>	AVERAGE CDSC
B	1.10% - 1.40%	7 YEARS
BONUS	1.40% - 1.75%	9 YEARS
L	1.60% - 1.75%	4 YEARS
C	1.65% - 1.80%	NONE

<sup>1</sup>M&E/A/D IS A TOTAL OF THE MORTALITY AND EXPENSE FEE, ADMINISTRATIVE FEE, AND DISTRIBUTION FEE.

- CLASS B SHARE ANNUITIES TYPICALLY DO NOT CONTAIN A FRONT-END SALES CHARGE IN MOST CASES. THIS TYPE OF ANNUITY WILL HOWEVER CONTAIN A CONTINGENT-DEFERRED SALES CHARGE ("SURRENDER CHARGE") IF A PARTIAL OR FULL SURRENDER OF THE ANNUITY IS TAKEN WITHIN THE DEFINED SURRENDER PERIOD.
- C/L SHARE - WHEN PURCHASING AN OPTIONAL RIDER, YOU SHOULD CONSIDER THE LONG TERM NATURE OF THE RIDER WHEN DECIDING WHETHER OR NOT YOU WANT TO PAY AN ADDITIONAL COST FOR A SHORTER CDSC.
- BONUS SHARE - INCLUDES A PREMIUM BONUS THAT IS ADDED TO YOUR CONTRACT VALUE. YOU SHOULD CONSIDER WHETHER OR NOT THE BONUS RECEIVED OUTWEIGHS THE ADDITIONAL COSTS OF THE PRODUCT.

#### SELECT THE SHARE CLASS BEING PURCHASED:

CLASS B SHARE       CLASS BONUS SHARE       CLASS L SHARE       CLASS C SHARE

PLEASE EXPLAIN HOW THE SHARE CLASS BEING PURCHASED MEETS THE CLIENT'S NEEDS AND OBJECTIVES:

Client prefers the flexibility of the L share and believes a longer surrender period than four years would be out of the comfort zone of the Association's leadership.

PLEASE INDICATE THE M&E/A/D<sup>1</sup> COST =  $\frac{1.55}{.15}$  % 1

+ RIDER NAME Freedom Flex DB COST =  $\frac{1.60}{.15}$  % 2

+ RIDER NAME \_\_\_\_\_ COST = \_\_\_\_\_ % 3

= TOTAL ADD LINES 1-3 COST =  $\frac{3.30}{.15}$  %

THE CONTINGENT DEFERRED SALES CHARGE IS IN EFFECT FOR: 4 YEARS

A CONTINGENT DEFERRED SALES CHARGE ("SURRENDER CHARGE") IS A FEE PAID BY YOU WHEN YOU LIQUIDATE A CONTRACT (OR MAKES A PARTIAL WITHDRAWAL IN EXCESS OF A SPECIFIED AMOUNT) DURING THE SURRENDER-CHARGE PERIOD. THE SURRENDER CHARGE IS GENERALLY A PERCENTAGE OF THE AMOUNT WITHDRAWN AND MAY DECLINE GRADUALLY DURING THE "SURRENDER PERIOD." DEPENDING ON THE INSURANCE COMPANY, THIS FEE MAY ALSO BE CALLED AN EXIT FEE OR A REDEMPTION CHARGE.



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**ADDITIONAL PRODUCT SPECIFIC VARIABLE ANNUITY DISCLOSURE ADDENDUMS**

**INDEX LINKED VARIABLE ANNUITIES**

CLIENT SIGNATURE REQUIRED IF PURCHASING ONE OF THE FOLLOWING PRODUCTS:

- AXA STRUCTURED CAPITAL STRATEGIES
- METLIFE SHIELD LEVEL SELECTOR
- ALLIANZ INDEX ADVANTAGE
- VOYA POTENTIAL PLUS

PLEASE REFER TO THE PRODUCT PROSPECTUS FOR CONTRACT TERMS AND CONDITIONS. THE PROSPECTUS CONTAINS IMPORTANT INFORMATION ABOUT CONTRACT FEATURES AND RISK FACTORS YOU SHOULD CONSIDER BEFORE INVESTING.

IN CONSIDERING AN INVESTMENT IN AN INDEXED LINKED VARIABLE ANNUITY YOU SHOULD CONSIDER YOUR INDIVIDUAL FINANCIAL CONDITION AND RISK TOLERANCE. YOU MAY LOSE MONEY INVESTING IN THE INDEX LINKED OPTIONS.

THE EXISTENCE AND TERMS OF THE INDEX LINKED OPTIONS AND THE LIMITATIONS ON THE GAINS AND LOSSES, AMONG OTHER THINGS, DIFFERENTIATE THE INDEX LINKED VARIABLE ANNUITY FROM THE RISK AND FEATURES OF OTHER VARIABLE ANNUITY SUB ACCOUNTS. EACH INDEXED LINKED VARIABLE ANNUITY IS A COMBINATION OF A LEVEL OF PROTECTION, INDEX, TERM AND CAP ON GAINS. PLEASE SEE PROSPECTUS FOR MORE SPECIFIC INFORMATION.

INDEX LINKED OPTIONS ARE GENERALLY INTENDED TO BE HELD FOR THE ENTIRE LENGTH OF INDEX TERM PERIOD. IF YOU DIE, MAKE WITHDRAWALS, OR SURRENDER YOUR CONTRACT BEFORE THE INDEX TERM, YOU MAY ONLY RECEIVE THE INTERIM VALUE WHICH MAY BE LESS THAN THE AMOUNT RECEIVED IF THE INDEX OPTION WAS HELD TO MATURITY AND YOU WILL FORFEIT SOME OR ALL OF YOUR DOWNSIDE PROTECTION. YOU SHOULD CAREFULLY CONSIDER THIS RISK IF YOU ANTICIPATE MAKING WITHDRAWALS BEFORE THE INDEX MATURITY.

INDEXED LINKED VARIABLE ANNUITIES MAY NOT CONTAIN A GUARANTEED DEATH BENEFIT. IF A GUARANTEED DEATH BENEFIT IS NOT AVAILABLE, BENEFICIARIES MAY ONLY RECEIVE THE CONTRACT VALUE, WHICH MAY BE LESS THAN THE AMOUNT INVESTED.

INDEXED LINKED VARIABLE ANNUITIES OFFER NO GUARANTEED LIVING OR WITHDRAWAL BENEFIT. THE CONTRACT MAY LOSE VALUE AND YOU ARE NOT GUARANTEED TO RECEIVE BACK THE AMOUNT YOU INVESTED.

THE INSURANCE CARRIER RESERVES THE RIGHT TO REMOVE CERTAIN INDEX OPTIONS IN THE FUTURE THEREFORE LIMITING YOU TO INVESTING IN THE REMAINING INDEX OPTIONS.

YOU MAY NOT BE ABLE TO TRANSFER OUT OF AN INDEX OPTION UNTIL THE END OF THE TERM. ONCE THE TERM MATURES YOU WILL NEED TO SELECT A NEW INDEX OPTION, OTHERWISE YOU WILL AUTOMATICALLY BE ALLOCATED TO A DEFAULT INDEX OPTION. THEREFORE YOU MUST MONITOR THE CONTRACT TO ENSURE YOUR INDEX OPTIONS AND TERMS CONTINUE TO BE CONSISTENT WITH YOUR INVESTMENT GOALS.

THE INDEX LINKED VARIABLE ANNUITY DOES NOT INVOLVE AN INVESTMENT IN ANY UNDERLYING PORTFOLIO. INSTEAD, IT IS AN OBLIGATION OF AND SUBJECT TO THE CLAIMS PAYING ABILITY OF THE INSURANCE CARRIER.

I HAVE READ AND UNDERSTAND THE ABOVE PRODUCT DISCLOSURES:

CLIENT SIGNATURE: \_\_\_\_\_

**INVESTMENT ONLY VARIABLE ANNUITIES**

CLIENT SIGNATURE REQUIRED IF PURCHASING ONE OF THE FOLLOWING PRODUCTS:

- JACKSON NATIONAL ELITE ACCESS
- AXA INVESTMENT EDGE
- LINCOLN FINANCIAL INVESTOR ADVANTAGE
- AIG POLARIS SELECT INVESTOR
- METLIFE INVESTMENT PORTFOLIO ARCHITECT

PLEASE REFER TO THE PRODUCT PROSPECTUS FOR CONTRACT TERMS AND CONDITIONS. THE PROSPECTUS CONTAINS IMPORTANT INFORMATION ABOUT CONTRACT FEATURES AND RISK FACTORS YOU SHOULD CONSIDER BEFORE INVESTING.

INVESTMENT ONLY VARIABLE ANNUITIES MAY CONTAIN NO GUARANTEED DEATH BENEFIT. IF NO GUARANTEED DEATH BENEFIT IS AVAILABLE, BENEFICIARIES WILL RECEIVE THE CONTRACT VALUE, WHICH MAY BE LESS THAN THE AMOUNT INVESTED.

INVESTMENT ONLY VARIABLE ANNUITIES MAY NOT OFFER GUARANTEED LIVING BENEFITS. THE CONTRACT MAY LOSE VALUE AND YOU ARE NOT GUARANTEED TO RECEIVE BACK THE VALUE YOU INVESTED.

INVESTMENT ONLY VARIABLE ANNUITIES MAY CONTAIN ALTERNATIVE INVESTMENT OPTIONS WHICH HAVE DIFFERENT RISK THAN OTHER TRADITIONAL EQUITY AND FIXED INCOME VARIABLE OPTIONS. IN CONSIDERING THIS INVESTMENT YOU SHOULD CONSIDER YOUR INDIVIDUAL FINANCIAL CONDITION AND RISK TOLERANCE.

I HAVE READ AND UNDERSTAND THE ABOVE PRODUCT DISCLOSURES:

CLIENT SIGNATURE: \_\_\_\_\_

IF ANY OF THIS FORM IS LEFT BLANK, THE TRANSACTION WILL NOT BE PROCESSED AND PAPERWORK WILL BE RETURNED TO YOU FOR COMPLETION

### CLIENT ACKNOWLEDGEMENT

#### SURRENDER

- I UNDERSTAND THAT IF I CHANGE MY MIND REGARDING THIS PURCHASE I MAY CANCEL THE CONTRACT WITHIN A PREDETERMINED PERIOD OF TIME AS PROVIDED FOR BY THE "FREE LOOK" PROVISION SPECIFIED IN THE PROSPECTUS, WHICH ALLOWS ME TO SURRENDER THE CONTRACT FOR ANY REASON WITHOUT INCURRING ANY CHARGES (ACCOUNT VALUE MAY FLUCTUATE IF PROCEEDS ARE INVESTED DURING FREE LOOK PERIOD).
- I UNDERSTAND THAT SHOULD I SURRENDER MY CONTRACT, THE RIDERS I HAVE PURCHASED WILL BE FORFEITED AND I WILL ONLY BE ABLE TO REDEEM OR TRANSFER THE SURRENDER CONTRACT VALUE.
- I UNDERSTAND THAT IF THIS PRODUCT HAS A SURRENDER CHARGE, I WILL PAY THAT CHARGE DURING THE SURRENDER PERIOD ON ANY WITHDRAWALS IN EXCESS OF PERMITTED AMOUNTS.

#### WITHDRAWALS

- I UNDERSTAND THAT, UNDER CURRENT TAX LAWS, WITHDRAWALS FROM MY INVESTMENT MADE PRIOR TO AGE 59½ GENERALLY ARE SUBJECT TO ORDINARY INCOME TAXES AND A 10% IRS TAX PENALTY.
- I UNDERSTAND NON-ANNUITIZED WITHDRAWALS FROM VARIABLE ANNUITIES PURCHASED AFTER AUGUST 1982 ARE TAXED AS EARNINGS FIRST, PRINCIPAL LAST (LAST IN FIRST OUT OR "LIFO"), AND THAT WHEN I WITHDRAW MY EARNINGS THEY WILL BE TAXED AS ORDINARY INCOME.
- I UNDERSTAND THAT TAKING WITHDRAWALS FROM THIS PRODUCT MAY DECREASE THE AMOUNT OF GUARANTEED INCOME RECEIVED AND/OR LOWER THE GUARANTEED INCOME OR DEATH BENEFIT AMOUNT I WOULD BE ELIGIBLE TO RECEIVE.

#### GENERAL

- I HAVE RECEIVED A PROSPECTUS FOR THE PRODUCT BEING PURCHASED AND HAVE HAD AMPLE OPPORTUNITY TO REVIEW THE INFORMATION IN THE PROSPECTUS.
- I HAVE DETERMINED THAT MY INVESTMENT PORTFOLIO SHOULD INCLUDE THIS PRODUCT. I HAVE DETERMINED THAT THIS INVESTMENT IS CONSISTENT WITH MY RISK TOLERANCE AND OVERALL INVESTMENT STRATEGY.
- I HAVE BEEN INFORMED THAT ANY GUARANTEES ASSOCIATED WITH THIS PRODUCT ARE SUBJECT TO THE ONGOING CLAIMS PAYING ABILITY OF THE ISSUER.
- I UNDERSTAND THAT IF I ELECT TO PURCHASE A RIDER, THE EXPENSES WILL BE CHARGED AS LONG AS I HOLD THE CONTRACT AND MAY INCREASE AFTER ISSUE. THE PROSPECTUS CONTAINS DETAILED INFORMATION ABOUT RIDERS.
- IF REQUESTING A 1035 EXCHANGE, I HAVE BEEN SHOWN A COMPARISON IN SECTION 2 ABOVE OF THE FEES AND EXPENSES BETWEEN THE PRODUCT BEING SURRENDERED AND THE PRODUCT BEING PURCHASED.
- I HAVE BEEN INFORMED OF ANY APPLICABLE FEES AND EXPENSES ASSOCIATED WITH THIS PRODUCT. I HAVE DETERMINED THAT THE COSTS ASSOCIATED WITH THIS PRODUCT ARE ACCEPTABLE GIVEN MY INVESTMENT OBJECTIVES.
- I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND RECEIVE ANSWERS CONCERNING THE TERMS AND CONDITIONS OF THIS INVESTMENT AND HAVE RECEIVED ANY ADDITIONAL INFORMATION I DEEM NECESSARY TO EVALUATE MY INVESTMENT.
- I UNDERSTAND THAT THE GAINS IN THIS PRODUCT GROW TAX-DEFERRED, AND THAT IF THIS PRODUCT IS PLACED IN A QUALIFIED RETIREMENT ACCOUNT, I WOULD NOT GAIN ANY ADDITIONAL TAX-DEFERRAL ADVANTAGES.
- I UNDERSTAND THAT HD VEST INVESTMENT SERVICES<sup>SM</sup> DOES NOT PROVIDE TAX ADVICE AND I SHOULD CONSULT MY TAX ADVISOR REGARDING ANY TAX-RELATED MATTERS.
- I UNDERSTAND THAT MY ADVISOR AND HD VEST INVESTMENT SECURITIES, INC. WILL BE COMPENSATED FOR THE SALE OF THIS PRODUCT AND THAT SPECIFIC INFORMATION ABOUT HD VEST'S COMPENSATION IS AVAILABLE IN THE PROSPECTUS OR BY ASKING MY ADVISOR.
- I UNDERSTAND THAT IF I HAVE ANY QUESTIONS ABOUT THE INFORMATION CONTAINED IN THIS DOCUMENT, AND I WOULD LIKE TO SPEAK WITH SOMEONE AT THE HD VEST HOME OFFICE, I CAN CONTACT THE SALES SUPERVISION DEPARTMENT AT (800) 821-8254, x4721. UNLESS I REQUEST OTHERWISE, MY HD VEST ADVISOR MAY BE NOTIFIED AND/OR GIVEN THE OPPORTUNITY TO PARTICIPATE IN THE CONVERSATION.

I AGREE THAT THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF TEXAS WITHOUT REGARD TO ITS CONFLICT OF THE LAW'S PROVISIONS AND SHALL INURE TO THE BENEFIT OF MY AND HD VEST INVESTMENT SECURITIES, INC.'S RESPECTIVE SUCCESSORS AND ASSIGNS, AND SHALL BE BINDING ON ME AND MY REPRESENTATIVES, ATTORNEYS-IN-FACT, HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS.

### HD VEST CLIENT PRE-DISPUTE ARBITRATION AGREEMENT

THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS:

- ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY ARBITRATION AWARD IS VERY LIMITED.
- THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.
- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PRE-DISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL:

- THE CLASS CERTIFICATION IS DENIED; OR
- THE CLASS IS DECERTIFIED; OR
- THE CLIENT IS EXCLUDED FROM THE CLASS BY THE COURT.

SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN.

SECURITIES OFFERED THROUGH HD VEST INVESTMENT SERVICES<sup>SM</sup>, MEMBER SIPC ADVISORY SERVICES OFFERED THROUGH HD VEST ADVISORY SERVICES<sup>SM</sup>, 6333 N. STATE HIGHWAY 161, FOURTH FLOOR, IRVING, TX 75038, (972) 870-6000.





Insurance Purchasing/  
Exchange Disclosure (IPED)  
For Variable Annuities

IF ANY OF THIS FORM IS LEFT BLANK, THE TRANSACTION WILL NOT BE PROCESSED AND PAPERWORK WILL BE RETURNED TO YOU FOR COMPLETION

YOU AGREE THAT ALL CLAIMS, CONTROVERSIES AND OTHER DISPUTES BETWEEN YOU AND HD VEST INVESTMENT SERVICES AND ITS AFFILIATED ENTITIES, INCLUDING HD VEST INSURANCE AGENCY, LLC (COLLECTIVELY REFERRED TO AS "HD VEST") AND ANY OF THEIR DIRECTORS, OFFICERS, EMPLOYEES, REGISTERED REPRESENTATIVES OR AGENTS ARISING OUT OF OR RELATING TO THIS AGREEMENT OR ANY ORDERS OR TRANSACTIONS THEREIN OR THE CONTINUATION, PERFORMANCE OR BREACH ANY AGREEMENT BETWEEN YOU AND HD VEST, WHETHER ENTERED INTO BEFORE, ON, OR AFTER THE DATE THIS ACCOUNT IS OPENED, SHALL BE DETERMINED BY ARBITRATION CONDUCTED BY, AND SUBJECT TO THE ARBITRATION RULES THEN IN EFFECT OF, FINRA. IF FINRA DECLINES JURISDICTION, THEN YOU AGREE TO HAVE THE ARBITRATION CONDUCTED BY AND SUBJECT TO THE RULES THEN IN EFFECT OF THE AMERICAN ARBITRATION ASSOCIATION. THIS AGREEMENT TO ARBITRATE SHALL BE SPECIFICALLY ENFORCEABLE UNDER PREVAILING LAW AND PROCEDURES. ALL FEDERAL AND STATE STATUTES OF LIMITATION, DOCTRINES OF REPOSE AND TIME BARS SHALL APPLY TO ANY ARBITRATION PROCEEDING, AND NOTHING IN THIS AGREEMENT SHALL BE DEEMED TO LIMIT OR WAIVE THE APPLICATION OF ANY SUCH STATUTE OR DOCTRINE. THE AWARD RENDERED BY THE ARBITRATORS SHALL BE FINAL, AND JUDGMENT MAY BE ENTERED UPON IT IN ANY COURT HAVING JURISDICTION OVER THE PARTIES. COUNSEL CAN ADVISE YOU ON HOW THIS PROVISION MAY AFFECT YOU.

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY-LAUNDERING ACTIVITIES, U.S. FEDERAL LAW REQUIRES FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON (INDIVIDUALS AND BUSINESSES) WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK FOR YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

THE HD VEST AFFILIATED COMPANIES EXCLUSIVELY PROVIDE FINANCIAL PRODUCTS AND SERVICES, AND DO NOT PROVIDE TAX OR ACCOUNTING SERVICES. ADVISORS MAY PROVIDE TAX, ACCOUNTING OR OTHER SERVICES THROUGH THEIR INDEPENDENT OUTSIDE BUSINESSES, BUT THESE SERVICES ARE SEPARATE AND APART FROM, AND ARE NOT SUPERVISED BY, HD VEST. ALL PAYMENTS FOR THE PURCHASE OF ANNUITIES SHOULD BE MADE BY CHECK OR ACH TRANSFER PAYABLE TO THE INSURANCE COMPANY, NOT TO AN HD VEST ADVISOR OR HIS/HER INDEPENDENT COMPANY. WHEN YOU PURCHASE AN ANNUITY THROUGH HD VEST YOU WILL RECEIVE PERIODIC ACCOUNT STATEMENTS REFERENCING HD VEST DIRECTLY FROM THE INSURANCE COMPANY. IF YOU BELIEVE YOU MADE AN INVESTMENT THROUGH HD VEST BUT DID NOT RECEIVE A CONFIRMATION OR STATEMENTS, PLEASE CALL US TOLL-FREE AT (866) 218-8206, OPTION 2.

I/WE ACKNOWLEDGE REVIEW AND APPROVAL OF ALL OF THE INFORMATION CONTAINED ON ALL 9 PAGES OF THIS INSURANCE PURCHASING/EXCHANGE DISCLOSURE (IPED) FOR VARIABLE ANNUITIES DOCUMENT, INCLUDING MY FINANCIAL INFORMATION INCLUDED ON PAGE 2.

THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE, WHICH BEGINS ON THE PREVIOUS PAGE.

I/WE ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT, INCLUDING THE HD VEST PRE-DISPUTE ARBITRATION CLAUSE.

CLIENT SIGNATURE: <i>Lori Landry</i>	DATE: <i>4/6/2015</i>
CLIENT SIGNATURE (JOINT OWNER):	DATE:

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### ADVISOR USE ONLY

BY SIGNING BELOW, I ATTEST THAT:

1. I HAVE THE PROPER INSURANCE LICENSE/APPOINTMENTS (3 STATE RULE).
2. I HAVE THE PROPER SECURITIES LICENSING (3 STATE RULE).
3. I HAVE COMPLETED THE REQUIRED TRAINING FOR THE ANNUITY PRODUCT BEING SOLD.
4. I VERIFY THAT THE APPLICATION IS COMPLETE (INCLUDING PRODUCT NAME, SUBACCOUNTS, RIDERS, SIGNATURES, ETC.).
5. I VERIFY THAT IF THE FUNDS ARE COMING FROM THE LIQUIDATION OF ANOTHER PRODUCT AND THERE IS A CDSC OF 3% OR MORE THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.
6. I VERIFY THAT IF THE CLIENT PURCHASING THIS ANNUITY IS EITHER 65 OR OLDER OR YOUNGER THAN 46 THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.
7. I VERIFY THAT IF THE CLIENT HAS INCOME LESS THAN \$25,000 OR A LNW UNDER \$50,000 THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE (SEE QUESTION 20 ON PAGE 5).
8. I VERIFY THAT IF THE CLIENT HAS A TIME HORIZON OF LESS THAN 5 YEARS THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.
9. I VERIFY THAT THE SUBACCOUNT ALLOCATIONS MATCH THE INVESTMENT OBJECTIVES OF THE CLIENT AND THAT THE SUBACCOUNT ALLOCATION IS NOT 100% INTO THE MONEY MARKET OR THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.
10. I VERIFY THAT THE CLIENT DOES NOT HAVE AN OVER CONCENTRATION IN ANNUITIES OR THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.
11. I VERIFY THAT IF THE CLIENT IS DOING AN EXCHANGE/REPLACEMENT THAT PROPER DOCUMENTATION HAS BEEN PROVIDED EXPLAINING WHY THIS IS APPROPRIATE.
12. I VERIFY THAT THE IPED FORM IS COMPLETE INCLUDING SIGNATURE AND DATE SIGNED.
13. I VERIFY THAT FOR THE PRODUCT SPECIFIC ANNUITIES LISTED ON PAGE 7 THAT THE ACKNOWLEDGEMENT HAS BEEN SIGNED ON PAGE 7 FOR THAT PRODUCT.
14. I VERIFY THAT FOR THE PRODUCT SPECIFIC ANNUITIES LISTED ON PAGE 7 THAT THE CLIENT HAS 25% OR LESS OF THEIR LNW INVESTED IN THIS PRODUCT AND LESS THAN 50% OF THEIR LNW IN THESE OR SIMILAR "NON-TRADITIONAL" ANNUITIES.
15. I VERIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING FOR THE PRODUCT SPECIFIC ANNUITIES LISTED ON PAGE 7.

I HAVE A REASONABLE BASIS TO BELIEVE THE PURCHASE OF THIS ANNUITY IS SUITABLE AND THE CUSTOMER HAS BEEN INFORMED OF ALL MATERIAL FACTS AND EXPENSES, INCLUDING BUT NOT LIMITED TO: THE POTENTIAL SURRENDER PERIOD AND SURRENDER CHARGE; POTENTIAL TAX PENALTY IF THEY SELL OR REDEEM THIS ANNUITY BEFORE REACHING THE AGE OF 59½; MORTALITY AND EXPENSE FEES; INVESTMENT ADVISORY FEES; POTENTIAL CHARGES FOR AND FEATURES OF RIDERS; THE INSURANCE AND INVESTMENT COMPONENTS OF ANNUITIES; AND MARKET RISK.

ADVISOR SIGNATURE:

*John E. Mansfield*

DATE:

4/6/2015

ADVISOR NAME (PRINTED):

John E. Mansfield

ADVISOR NUMBER:

1400



IF ANY OF THIS FORM IS LEFT BLANK, THE TRANSACTION WILL NOT BE PROCESSED AND PAPERWORK WILL BE RETURNED TO YOU FOR COMPLETION

### INTERNAL USE ONLY

<input type="checkbox"/> APPROVE	<input type="checkbox"/> REJECT	REASON FOR REJECTION : _____
1. I HAVE VERIFIED THAT THE APPLICATION IS COMPLETE (INCLUDING PRODUCT NAME, SUBACCOUNTS, RIDERS, SIGNATURES, ETC.).		<input type="checkbox"/> YES
2. I HAVE VERIFIED THAT THE IPED FORM IS COMPLETE INCLUDING SIGNATURE AND DATE SIGNED.		<input type="checkbox"/> YES
3. IS THE PRODUCT BEING EXITED HAVE A CDSC GREATER THAN 3%?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. IS THE CLIENT PURCHASING THIS ANNUITY AGE 65 AND OLDER OR YOUNGER THAN 46?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. DOES THE CLIENT HAVE INCOME LESS THAN \$25,000 OR A LNW UNDER \$50,000?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6. DOES THE CLIENT HAVE A TIME HORIZON OF LESS THAN 5 YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
7. DOES THE SUBACCOUNT ALLOCATION MATCH THE INVESTMENT OBJECTIVE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
8. IS THE SUBACCOUNT ALLOCATION 100% INVESTED IN THE MONEY MARKET?		<input type="checkbox"/> YES <input type="checkbox"/> NO
9. DOES THE CLIENT HAVE MORE THAN 50% OF LNW INVESTED IN ANNUITIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
10. FOR EXCHANGE/REPLACEMENTS, IS THE CLIENT LOSING OR REDUCING ANY BENEFITS TO EXIT THEIR CURRENT POLICY?		<input type="checkbox"/> YES <input type="checkbox"/> NO
11. FOR PRODUCT SPECIFIC ANNUITIES LISTED ON PAGE 7 HAS THE ACKNOWLEDGEMENT BEEN SIGNED ON PAGE 7 FOR THAT PRODUCT? (IF APPLICABLE).		<input type="checkbox"/> YES <input type="checkbox"/> NO
12. I HAVE VERIFIED THAT FOR PRODUCT SPECIFIC ANNUITIES LISTED ON PAGE 7 THAT THE CLIENT HAS 25% OR LESS OF THEIR LNW INVESTED IN THE PRODUCT AND LESS THAN 50% OF THEIR LNW IN CERTAIN "NON-TRADITIONAL" ANNUITIES. (IF APPLICABLE).		<input type="checkbox"/> YES <input type="checkbox"/> NO
13. I HAVE VERIFIED THAT THE ADVISOR HAS COMPLETED THE REQUIRED TRAINING FOR THE PRODUCT SPECIFIC ANNUITIES LISTED ON PAGE 7 (IF APPLICABLE).		<input type="checkbox"/> YES <input type="checkbox"/> NO
IN APPROVING THIS DEFERRED ANNUITY PURCHASE, I HAVE A REASONABLE BASIS TO BELIEVE THAT THIS TRANSACTION IS SUITABLE IN ACCORDANCE WITH FINRA'S GENERAL SUITABILITY RULE AND MEETS THE GUIDELINES SET FORTH IN FINRA RULE 2330.		
SALES SUPERVISOR:		
SALES SUPERVISOR SIGNATURE:		DATE:
SUPERVISOR NOTES:		

Association of DESK and DERRICK CLUBS - 5321 South Sheridan Rd., Suite 24 - Tulsa, OK 74145

To: Jackson National Life Insurance Co.  
PO Box 30314  
Lansing, MI 30314

Vendor Code  
JNLIC

Check Date  
04/22/2015

Check Amount  
\$50,000.00

005694

Invoice #	Invoice Amt
042215	50,000.00

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Association of  
DESK and DERRICK CLUBS  
5321 South Sheridan Rd., Suite 24  
Tulsa, OK 74145

ARVEST BANK  
600 South Main Street  
Sapulpa, Oklahoma 74066  
86-1297/1031

005694

PAY Fifty thousand dollars and no cents  
TO THE ORDER OF

DATE  
04/22/2015

AMOUNT  
\$\*\*50,000.00\*

Jackson National Life Insurance Co.  
PO Box 30314  
Lansing, MI 30314

*John Matthews*  
Treasurer  
*Lou Leadry*  
President

⑈005694⑈ ⑆103112976⑆ 900003715⑈