

Life Only Disclaimer



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 1-866-747-3421 | Email: SecuritiesPI@sfgmembers.com

Instructions

Use this form when you have elected a Life Only Income Option.

1. Contract information

Contract number			
Owner's name (first, middle initial, last)			Social Security number
Joint Owner's name (first, middle initial, last) – If applicable			Social Security number
Non-natural Owner* – If applicable			TIN/EIN
Street address			Apartment/Suite number
City	State	ZIP	Phone number

* Please complete and submit a copy of the Certification of Trust Agreement if this policy is owned by a Trust.

2. Acknowledgement and signatures

You have elected a Life (Only) Income option, which means that payments will be made only during the life of the annuitant. After the annuitant's death, no further payments will be made. If this is a Joint Life (Only) Income option, after the last annuitant's death, no further payments will be made. No payments will be made to the annuitant's estate or to any other person. Please refer to the prospectus for complete details.

I acknowledge that I fully understand this payout option and agree to its terms.

Owner's Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Owner's Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Name of witness (If applicable)	
<input type="text"/>	
Witness' Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

If your request is not in good order, how would you like us to notify you?

Call me at _____ – _____ – _____ Mail a letter to my address of record Contact my Agent/Registered Representative



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NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.