

**PROHIBITED TRANSACTION EXEMPTION 84-24  
DISCLOSURE AND ACKNOWLEDGMENT FORM**

Transaction Date:

Customer:

Agent:

Agency or Broker Dealer:

Product:

State:

Insurance Company<sup>1</sup>: The Lafayette Life Insurance Company

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This Prohibited Transaction Exemption 84-24 Disclosure and Acknowledgment Form ("Disclosure") provides important information to consider prior to making a purchase of, or making additional contributions to, a tax-qualified annuity. The information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24.

For purposes of this Disclosure Statement, "I", "me", or "my" means the agent(s) recommending this transaction; "you," or "your" means you, the individual(s) signing this Disclosure; and "product" means the annuity that is being recommended to you.

The Relationship Between the Agent and the Insurance Company. I am not an affiliate of the Insurance Company whose product I am recommending you purchase or contribute to. I am under no contractual obligation to offer the Insurance Company's products. My ability to make this recommendation is not limited by an agreement with the Insurance Company.

Compensation from Insurance Company. The Insurance Company will pay commissions to me for the sale of the product. In addition, the Insurance Company may pay additional amounts to other third parties that are involved in the marketing, training, administration, wholesaling, or supervision of me, or issuance of the product. These parties may also allocate a portion of such amounts to me. The commission is paid by the Insurance Company, and 100% of your premium payment will be credited to the accumulation value of your product. All direct or indirect compensation by the Insurance Company in connection with the sale of the product is provided below.

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<sup>1</sup>The Insurance Company is not a "Financial Institution" under any other applicable Prohibited Transaction Exemption (PTE), including but not limited to PTE 2020-02.



By signing below, you acknowledge receipt of this Disclosure and approve the purchase of the tax-qualified product.

**CUSTOMER(S):**

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

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

Date: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

**This Disclosure should be provided to the customer prior to the purchase of the tax-qualified annuity, and a copy should be kept in the file of the agent(s) recommending this transaction. This Disclosure should not be submitted to the Insurance Company.**