



Financial Representative Best Interest Certification

As evidenced by my signature below:

OWNER'S NAME (First, Middle, Last) (printed)

[Empty box for Owner's Name]

JOINT OWNER'S NAME (First, Middle, Last) (printed) (if applicable)

[Empty box for Joint Owner's Name]

- In making a recommendation of this annuity, I acted in the best interest of the Consumer.
This recommendation is based on my evaluation of the relevant Consumer profile information.
I exercised reasonable diligence, care, and skill to:
Know the Consumer's financial situation, insurance needs, and financial objectives;
Understand the available recommendation options after making a reasonable inquiry into the available options that I am licensed and authorized to recommend or sell;
Have a reasonable basis to believe the recommended option effectively addresses the Consumer's financial situation, insurance needs, and financial objectives over the life of the product, as evaluated in light of the Consumer profile information; and
Communicate the basis for the recommendation to the Consumer.
I made reasonable efforts to obtain the Consumer profile information from the Consumer.
I considered all products that I am authorized and licensed to sell that address the Consumer's financial situation, insurance needs, and financial objectives.
I have considered all factors generally relevant in making a determination whether the annuity effectively addresses the Consumer's financial situation, insurance needs, and financial objectives, including, but not limited to, Consumer profile information, characteristics of the insurer, and product costs, rates, benefits, and features.
I have a reasonable basis to believe the Consumer will benefit from certain features of the annuity.
In the case of a replacement of a policy/contract, I have considered the whole transaction, including all relevant features, benefits, and costs of the replacing and the replaced products, and exchanges or replacements within the preceding 60 months.
I have a reasonable basis to believe that the Consumer has been informed of the various features of the annuity. These features include:
Potential tax penalty
Mortality and expense fees
Potential surrender period/surrender charge
Insurance and investment components
Investment advisory fees
Any annual fees
Potential charges for and features of riders
Limitations on interest returns
Market risk
Potential changes in non-guaranteed elements
I have identified and avoided, or reasonably managed and disclosed to the Consumer any material conflicts of interest that may influence the impartiality of the annuity recommendation.
I have documented, in written format, the basis for this recommendation.
I have provided the Consumer with the required Producer Relationship Disclosure Form.
I agree to maintain and make available, upon request, to the insurer or any applicable regulator, records of the information collected, disclosures made, documentation regarding the basis of this recommendation, and any additional analysis forms and other information used in connection with this annuity contract recommendation.
I understand the insurer may contact the Consumer for additional information.

Print Name \_\_\_\_\_ AGENT NAME

Sign Here \_\_\_\_\_ SIGNATURE OF AGENT

Date \_\_\_\_\_

