

## Consumer Profile Information Replacement Addendum

A member of Western & Southern Financial Group

**INSTRUCTIONS:** This form is to be completed in its entirety with the Consumer when an annuity contract is being funded by replacement for all states except New York and Florida.

1. PROPOSED OWNER / ENTITY ("CONSUMER") INFORMATION				
OWNER / ENTITY NAME (First, Middle, Last)	JOINT OWNER'S NAME (First, Middle, Last)			
2. PROPOSED PRODUCT INFORMATION				
NAME OF PRODUCT	TOTAL PREMIUM			
	\$			
3. REPLACEMENT INFORMATION AND COMP	PARISON			
a. What are the primary reasons for purchasing the	ne new annuity contract? (Check all that apply)			
Lower Fees and Expenses Increased	Death Benefit Addition of Income Rider (Fixed Indexed Only)			
Existing Contract Maturing Lock in Ga	ins/New Benefit Base			
Adding Joint Annuitant Estate Tax	/Planning Uncapped Index Options (Indexed Only)			
Additional Index Options (Indexed Only)	Payout Option Not Available at Existing Carrier (SPIA Only)			
Partial Annuitization Not Available at Existing	Carrier (SPIA Only)			
Potential for Higher Returns (Deferred Only)	Enhanced Surrender from Existing Carrier			
Higher Current Interest Rates (Fixed Only)	Other (Specify)			
<b>b.</b> What are the advantages of continuing the exis	sting annuity contract(s) without changes? (Check all that apply)			
No New Surrender Charge Period (Deferred C	Only) Maintain Higher Death Benefit			
Maintain Higher Guaranteed Minimum Interes	st Rate (GMIR) Maintain Accrued Living Benefits			
Lower Fees and Expenses Other (Spe	ecify)			

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## 4. REPLACEMENT INFORMATION FOR CONTRACT(S) BEING REPLACED

	Contract 1		Contract 2			
a. Replaced Company(s):						
b. Product Name:						
c. Existing Contract Type (Check One):	Life Insurance	Indexed Annuity	Life Insurance	Indexed Annuity		
	Fixed Annuity	Variable Annuity	Fixed Annuity	Variable Annuity		
d. Replacement Type (Check One):	Full	Partial	Full	Partial		
e. Issue Date (MM/YYYY):						
f. Guaranteed Minimum Interest Rate:						
g. Current Interest Crediting Rate:						
h. Account Value:	\$		\$			
i. Surrender Charge Amount:	\$		\$			
j. Market Value Adjustment:	\$		\$			
	Positive	Negative	Positive	Negative		
k. Death Benefit Amount:	\$		\$			
I. Withdrawal/Income Rider (GMIB, GLWB):	Yes	☐ No	Yes	☐ No		
1. If Yes, provide rider name:						
2. If Yes, provide rider withdrawal benefit base:	\$		\$			
m. SPIA Recommendations Only						
1. Please provide monthly annuitization payout at existing carrier(s). If the existing carrier contract(s) provides higher annuitization payout or payout quote was not obtained provide explanation on why the recommendation is appropriate in the Additional Notes section below.  2. Annuitization Quote Payout Option	\$		\$			
used for Comparison (e.g., Life Only, Life with 10 years Period Certain):						

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ADDITIONAL NOTES
IMPORTANT INFORMATION TO CONSIDER
The liquidation of an annuity or life insurance product to fund the purchase of an annuity may have tax consequences.  The Company does not provide tax advice. Prior to liquidating any assets, you should consult with your tax advisor.
The liquidation of some investment and/or insurance products may subject you to surrender charges and fees and you will be subject to new surrenders charges or limits on accessing your funds in the new annuity contract.
You may lose a portion or all of the guaranteed benefits in your existing annuity or life insurance product to include, but not limited to any living benefits such as guaranteed withdrawal and income riders, guaranteed minimum benefits as well as any guaranteed death benefits associated with the contract or attached riders.
The insurance benefits and other features of variable insurance products may cause higher internal expenses than other nvestment alternatives.
For investors under the age of 72, required minimum distributions may exceed the allowable free withdrawal amounts from the annuity contract and/or withdrawal and income riders resulting in surrender charges and/or reduction in guaranteed benefits.
Be sure to review the product prospectus (as applicable) and/or marketing materials for each existing and new investment for specific information regarding fees, expenses and benefits.
CONSUMER CERTIFICATION
By signing below, you acknowledge that the information provide on this form is complete and accurate to the best of your knowledge and you have reviewed the "Important Information to Consider". You acknowledge that you understand that you may be subject to a surrender charge or may have limited access to the contract principal pursuant to the underlying contract and/or lose any guaranteed benefits in your existing investments being liquidated to fund this purchase. Your signature below confirms that you have reviewed this form and determined that this replacement is in your best interest.
Sign Here Date CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)
Sign Here Date Date  JOINT CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)



## PRODUCER CERTIFICATION

As evidenced by my signature below, I certify that in the case of this replacement transaction:

- I have reviewed the existing product features, benefits and expenses and provided the client with information on this annuity recommendation, including the prospectus (as applicable) and/or marketing materials.
- I took into consideration the following factors to determine the replacement is suitable:
  - Whether the consumer will incur:
    - a surrender charge;
    - increased premium or fees;
    - decreased death benefit or income amount;
    - the commencement of a new surrender period;
    - a loss of existing benefits (such as death, living or other contractual benefits);
    - tax implications if the consumer surrenders or borrows from the policy; and
    - increased fees, investment advisory fees, premium loads or charges or riders and similar product enhancements.
  - Whether the consumer would benefit from policy enhancements and improvements, such as:
    - decreased premium or fees;
    - increased coverage duration; and
    - increased death benefit or income amount.
  - Whether the consumer has had another policy replacement, in particular, a replacement within the preceding 60 months.

Based on the information reviewed and disclosed above, I believe this replacement is suitable.

Sign Here		Date	
	PRODUCER'S SIGNATURE		

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