Massachusetts Addendum

CLEAR ALL

P.O. Box 14432, Des Moines, IA 50306-3432

1. Replacements

Excluding this transaction, has your producer previously sold you any other Policies or Annuity Contracts in the last five years? Yes ☐ No ☐

If yes, within the last five years please provide the existing Life Insurance Policy and/or Annuity Contract information below.

2. Product information

Product type

☐ Traditional Fixed Annuity ☐ Fixed Index Annuity ☐ Variable Annuity ☐ Fixed Life Insurance ☐ Variable Life Insurance

Company name	
Policy or Contract number	Issue date (mm/dd/yyyy)

Product type

☐ Traditional Fixed Annuity ☐ Fixed Index Annuity ☐ Variable Annuity ☐ Fixed Life Insurance ☐ Variable Life Insurance

Company name	
Policy or Contract number	Issue date (mm/dd/yyyy)

3. Acknowledgment and signatures

Applicant/Owner signature	Date (mm/dd/yyyy)
Joint Applicant/Owner signature	Date (mm/dd/yyyy)
Agent/Representative signature	Date (mm/dd/yyyy)