

# Fixed Annuity Application



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

www.jnl.com

**USE DARK INK ONLY (print or type)**

<b>Owner</b> Name (first, middle initial, last)	SSN/TIN (include dashes)
Address (number and street, city, state, ZIP)	

*For Joint Owners, statements/correspondence will be mailed to the address listed in this section only.*

Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address		Phone No. (include area code)	

<b>Joint Owner</b> Name (first, middle initial, last)	SSN/TIN (include dashes)
Address (number and street, city, state, ZIP)	

*Proceeds will be distributed on death of first Owner. A spousal Joint Owner may have the option to continue the contract in force.*

Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address	Spouse <input type="checkbox"/> Y <input type="checkbox"/> N	Phone No. (include area code)	

<b>Annuitant</b> Name (first, middle initial, last)	SSN (include dashes)
Date of Birth (mm/dd/yyyy)	

*If other than Owner*

Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Joint Annuitant</b> Name (first, middle initial, last)	SSN (include dashes)
Date of Birth (mm/dd/yyyy)	

*If other than Joint Owner*

Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Beneficiary(ies)</b>		Name (first, middle initial, last)	SSN/TIN (include dashes)	Relationship to Owner	Percentage (%)
<i>Please include additional beneficiaries on a separate page signed and dated by the Owner(s).</i> P - primary C - contingent	<input type="checkbox"/> P				
	<input type="checkbox"/> C				
	<input type="checkbox"/> P				
	<input type="checkbox"/> C				
					<i>Must total 100%</i>

**Plan Type**

Nonqualified   
  Pension/Profit Sharing   
  HR-10   
  403(b) TSA   
  Other \_\_\_\_\_  
 IRA-Individual\*   
  IRA-Custodial   
  IRA-Roth\*   
  IRA-SEP  
 \* Contribution year and amount: Year \_\_\_\_\_ Amount \$ \_\_\_\_\_ / Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Transfer Information**

IRC 1035 Exchange   
  Non-Direct Rollover   
  Direct Rollover   
  Direct Transfer   
  Roth Conversion  
 Cash Submitted With Application (non-transferable)

**Replacement**

Will this annuity replace any existing life insurance or annuity?     Yes     No  
 Have you completed a State Replacement Form (where required)?     Yes     No  
 Company Name: \_\_\_\_\_ Contract No.: \_\_\_\_\_

**Annuity Product Selection**

Traditional Fixed Annuity - Enter the product name and select a guarantee period. 1-Year will be used if no selection is made.  
 Product Name: \_\_\_\_\_

<input type="checkbox"/> 1-Year Standard	<input type="checkbox"/> 3-Year Extended	<input type="checkbox"/> 5-Year Extended	
Interest Rate Guarantee	Interest Rate Guarantee	Interest Rate Guarantee	

*Availability of Extended Interest Rate Guarantee subject to change.*

Guaranteed Period Fixed Annuity - Enter the product name and premium allocation percentages.  
 Product Name: \_\_\_\_\_

_____ % 1-Year	_____ % 2-Year	_____ % 3-Year	
_____ % 4-Year	_____ % 5-Year	_____ % 6-Year	
_____ % 7-Year	_____ % 8-Year	_____ % 9-Year	
_____ % 10-Year			

*Enter whole percentages only. Allocation must total 100%. Availability of Guaranteed Periods subject to change.*

**ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE.** On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or producer within 20 days (30 days if **YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED** or it was purchased as a replacement contract) after delivery and the Company will refund the premium paid to the Company, less the amount of any partial withdrawals.



**Initial Premium** Premium with Application \$ \_\_\_\_\_ Make check payable to: **Jackson National Life Insurance Company®**  
Subject to certain limitations and restrictions, higher credited interest rates may be applicable to premium payments of a certain amount. Please ask your Financial Representative for more details.

**Subsequent Premium** Minimum Annual Premium \_\_\_\_\_ Annually \_\_\_\_\_ Semi-Annually  PAC (Quarterly or Monthly, only)  
**Flexible Premium Only** \$ 1,000 - Traditional Fixed \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly  List Bill (Traditional Fixed, only)  
(Not available in Oregon) \$2,000 - Guaranteed Period Fixed \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly

**EarningsMax®**  Yes  No  
If no election is indicated, the Company will default to No  
Election of this benefit will result in credited interest rate(s) of 0.20% less than the annual credited interest rate(s) that would apply to the Accumulated Value if the Earnings Protection Benefit had not been elected. Ask your Financial Representative for more details. **Not available in all states.**

**Anticipated Income Date** If none is selected, the Company will default to the Latest Income Date as shown in the contract or such date as required by the qualified plan or law. Indicate year \_\_\_\_\_.

**Authorized Caller** Indicate the name of the person(s) the Company is authorized to release information to.  
Name (first, middle initial, last) \_\_\_\_\_ Name (first, middle initial, last) \_\_\_\_\_  
If other than Producer/ Representative or Policyowner  
SSN (include dashes) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ SSN (include dashes) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**Statements/Correspondence** If you have provided us a valid e-mail address, Jackson National Life® will, if possible, forward statements/correspondence electronically unless you elect direct mail as your preferred method of contact.  
If you prefer to receive statements/correspondence via direct mail, please initial. \_\_\_\_\_ Owner \_\_\_\_\_ Joint Owner

**1. I (We) hereby represent to the best of my (our) knowledge that each of the statements and answers contained above are full, complete and true.**

**2. The Social Security or taxpayer identification number shown above is certified to be correct.**

**3. The contract I (we) have applied for is suitable for my (our) insurance investment objective, financial situation and needs.**

**4. I (We) understand that the amount payable on surrender may be adjusted up or down by the application of an excess interest rate adjustment (market value adjustment) factor (in states where applicable) or withdrawal charges. No excess interest adjustment (market value adjustment) will be applied to death benefit proceeds.**

**FLORIDA RESIDENTS:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

<b>Signed at</b> (city, state)	<b>Date Signed</b> (mm/dd/yyyy)
Owner's Signature	Joint Owner's Signature
Annuitant (if other than Owner)	Joint Annuitant

**Producer/ Representative Report** I certify that: I have fully explained the Contract to the client, including contract restrictions and charges; I believe this transaction is suitable given the client's financial situation and needs; I have complied with requirements for disclosures and/or replacements as necessary; and to the best of my knowledge and belief the applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate. (If a replacement, please provide a replacement form or other special forms where required by state law.)

Financial Representative's Full Name (please print)	Financial Representative's Signature	Date (mm/dd/yyyy)
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Agency Name	Phone No. (include area code)	Fax No. (include area code)	JNL® Financial Rep No.	License ID No. - FL Only
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E-Mail Address	Special Remarks:
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**ARKANSAS, COLORADO, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, AND TENNESSEE RESIDENTS, PLEASE NOTE:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**In COLORADO,** any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NEW JERSEY RESIDENTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**WASHINGTON RESIDENTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**MARYLAND RESIDENTS, PLEASE NOTE:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Mailing Address and Contact Information**

**Regular Mail**  
Jackson Service Center  
Attn: Non-Variable Annuity  
P.O. Box 30421  
Lansing, MI 48909-7921

**Overnight Mail**  
Jackson Service Center  
Attn: Non-Variable Annuity  
1 Corporate Way  
Lansing, MI 48951

**Customer Care:** 800/644-4565  
(8:00 a.m. to 8:00 p.m. ET)  
**Fax:** 517/706-5519  
**E-Mail:** contactus@jnli.com

