



American Century Life Insurance Company of Texas

(a stipulated premium company)

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111, Fax (855) 855-0181

Single Premium Immediate Annuity Application

Policy Owner	Annuitant
Full Name: _____	Full Name: _____
Address: _____	Date of Birth: _____ Age: _____
City, State, Zip: _____	Gender: M F
Phone #: _____	Address: _____
Owner's SS#: _____	City, State, Zip: _____
Relationship to Annuitant: _____	Phone #: _____
Email Address: _____	Annuitant's SS#: _____

Payee	Beneficiary
Payee Name: _____	Beneficiary Name: _____
Relationship to Annuitant: _____	Relationship to Annuitant: _____

Single Premium
Single Premium Amount: _____
Bank Draft – Draft from the following account:
Routing Number: _____ Draft Date: _____
Account Number: _____ Account Type: Checking Savings
Roll Over – I will roll over another annuity:
Account Number: _____ Insurance Company Name: _____
Account Balance: _____ Phone Number: _____

Monthly Payment
Payment Term and Guaranteed Interest Rate:
3 years – 1.20% annual interest 7 years – 1.78% annual interest
5 years – 1.52% annual interest 10 years – 2.02% annual interest
Make the monthly payment to the following bank account:
Routing Number: _____ Account Type: Checking Savings
Account Number: _____ 1 st Payment Date: _____

The Policy is irrevocable, has no cash value or surrender value, and cannot be commuted or surrendered.

Signature of Applicant	Signature of Annuitant (if other than applicant)
Will proposed annuity replace any existing policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Send policy to <input type="checkbox"/> Policyholder <input type="checkbox"/> Agent
Agent statement: By my signature I certify that, to the best of my knowledge, all information contained in this application is correct, was recorded accurately, and confirm this application was signed in my presence.	Cash with application: \$ _____ I understand a copy of this application form will serve as receipt for the premium paid.
Agent Signature: _____ Agent No.: _____	Dated at: _____ Application Date: _____



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ANNUITY SUITABILITY ANALYSIS

PERSONAL INFORMATION		
	Owner	Spouse (if any)
Full Name		
Current Age		
Gender		
Current Occupation		
Dependents (number and ages)		
Employment Status	Retired Work Full-Time Work Part-Time Other _____	Retired Work Full-Time Work Part-Time Other _____

FINANCIAL SITUATION AND NEEDS OF OWNER	
After the purchase of the annuity, will your income and liquid net worth be enough for living expenses and emergencies?	Yes No
(Many financial planners recommend that a person maintain an amount of liquid net worth equal to 3 to 6 months of a person's monthly living expenses in case of emergencies.) We recommend that you don't use more than 50% of the assets that you have set aside for retirement to purchase this Annuity, excluding your home. We also recommend you keep at least \$25,000 of savings on hand for emergencies.	
Does the value of this annuity purchase exceed 50% of the client's net worth?	Yes No
If you are past age 70, have you consulted with a family member before buying this annuity?	Yes No
Financial Objectives (check all that apply):	
Asset accumulation	Tax deferred growth
Future retirement income	Safety of principal
Immediate income	Guaranteed interest rate
Transfer to heirs	Other: _____
Period of Time Before Money is Needed:	
1-3 years	4-6 years
7-9 years	10-12 years
	13 or more years

FUNDS PROFILE	
Are funds from an existing life insurance policy or annuity contract being considered for use?	Yes No
How long have the policy(ies) or contract(s) been in force? _____	
Will there be a surrender charge associated with the existing funds?	Yes No
If yes, what is the amount of the charge? _____ (approximate value)	
Do you have any outstanding loans on the existing life insurance or annuity contract(s)?	Yes No
Are you currently receiving Required Minimum Distributions or 72t distributions or taking free or systematic withdrawals from your annuity contract(s)?	Yes No
Source of Funds for this Annuity Application:	
CD/Savings/Checking	Inheritance
Death benefit proceeds	Qualified plan distribution
Liquidation of assets	Rollover/transfer from qualified account
	Current income
	Cash value from existing annuity
	Other: _____



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OWNER'S ACKNOWLEDGMENT

Select A or B below:

A: APPLICANT'S ACKNOWLEDGMENT OF SUITABILITY:

I acknowledge that this document has been read to me, or that I have read this document, and fully understand the information and questions contained in this document and that all information provided herein is accurate to the best of my knowledge.

I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my current financial needs and objectives.

B: APPLICANT'S ACKNOWLEDGMENT OF RESPONSIBILITY:

I elect NOT to provide financial related information or answers to the above personal financial questions. I have decided to purchase this fixed annuity without a recommendation from my agent or the Company, who cannot make such a recommendation without this information.

I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my current financial needs and objectives.

Applicant's Signature

Applicant's Name

Date

AGENT'S ACKNOWLEDGMENT

Complete A or B below (select the same option the client selected above):

A: I acknowledge that I have reviewed the content of this suitability worksheet and disclosure with my client and have completed a suitability and needs analysis review regarding the purchase of this annuity. Based on information collected, I believe the purchase of this annuity is suitable.

B: The Applicant(s) has not provided complete information and has decided to purchase this fixed annuity without my recommendation.

Agent's Signature

Agent's Name

Date

THIS FORM MUST BE SUBMITTED TO AMERICAN CENTURY LIFE TOGETHER WITH THE APPLICATION



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IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchase are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on an existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involved the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (including the same of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing.

Insurer Name	Contract or policy #	Insured or Annuitant	Replaced or financing
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: _____

I certify that the responses herein are, to the best of my knowledge, accurate:

_____	_____	_____
Applicant signature	Applicant name	Date
_____	_____	_____
Agent signature	Agents name	Date



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A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agents that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agents to determine whether replacement or financing your purchase makes sense.

PREMIUMS

Are they affordable?

Could they change?

You're older – are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES

New policies usually take longer to build cash values and to pay dividends

Acquisition costs for the old policy may have been paid, you will incur costs for the new one

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down

You may need a medical exam for a new policy

Claims on most new policies for up to the first two years can be denied based on inaccurate statements

Suicide limitations may begin anew on the new coverage

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay expenses?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS

What are the tax consequences of buying the new policy?

Is this a tax free exchanges? (See your tax advisor.)

Is there a benefit from favorable "grandfathering" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?