



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 Deferred Annuity Application

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#: _____

Beneficiaries	
Primary Beneficiary: _____	Contingent Beneficiary: _____
Relationship to Annuitant: _____	Relationship to Annuitant: _____

Annuity Term & Amount						
Single Premium Amount: _____						
Select annuity term and guaranteed interest rate form the options below:						
Guaranteed Interest Term	1 Year	2 Year	3 Year	5 Year	7 Year	10 Year
Guaranteed Interest Rate	_____%	_____%	_____%	_____%	_____%	_____%
Guaranteed Interest Rate with Free Withdrawal Waiver Rider ⁽¹⁾	_____%	_____%	_____%	_____%	_____%	_____%
<small>(1) By selecting a guaranteed interest rate with the Free Withdrawal Waiver Rider, the 10% annual free withdrawal included in the policy will be waived and any withdrawal of the Single Premium Payment amount will incur withdrawal charges as detailed on the Certificate of Disclosure.</small>						
This annuity is applied for as: Non-Qualified Qualified IRA account Qualified ROTH IRA account						

Single Premium Payment	
Check – Enclosed is a check or money order for \$ _____	
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: _____



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Life Insurance and Annuity in Force and Replacement Information

Yes No

- a. Are there any existing life insurance or annuity contracts with any other Company on the life of the Insured?
- b. Will the life insurance applied for replace, change, or otherwise reduce in value, any existing life insurance or annuity contract now in force with any other Company?

If Yes to either a. or b., provide details below:

Insurance Company	Policy Number	Face Amount	Replacement Reason

Agreement

- I believe this to be a suitable purchase for my financial status. Any applicable withdrawal and market value adjustment provisions have been explained to me. I understand that there are no free withdrawals unless a specific waiver applies.
- I understand that amounts payable under the contract may be subject to a Market Value Adjustment.
- I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.

FRAUD NOTICE: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Applicant/Policy Owner

Signature of Annuitant

Date

Agent Certification

Yes No

1. Did you personally interview the applicant and witnessed all signatures?
2. Did you review the application for correctness and any omissions?
3. Did the applicant(s) review the application for correctness and any omissions?
4. Are you and the insured related?

Send policy to Policy Owner Agent

By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable withdrawal charges, withdrawal and market value adjustment provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

Agent Name

Agent Signature

Agent Number

Date



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WITHDRAWAL CHARGES

During the Initial Guarantee Period and any Subsequent Guarantee Period, a Withdrawal Charge will be assessed if you make a withdrawal or surrender your contract, unless the surrender charge is waived as explained above.

Year	1	2	3	4	5	6	7	8	9	10
1 Year	9%									
2 Year	9%	8%								
3 Year	9%	8%	7%							
5 Year	9%	8%	7%	6%	5%					
7 Year	9%	8%	7%	6%	5%	4%	3%			
10 Year	9%	8%	7%	6%	5%	4%	3%	2%	1%	0.5%

TAXES

Neither the Company nor its producers give tax advice. Taxes must be paid on deferred earnings when accessed. You may be responsible for income taxes on amounts distributed under the contract, including a 10% penalty for withdrawals prior to age 59½.

RENEWAL OF GUARANTEE PERIOD

During the last 30 days before the end of any guarantee period, you may Request one of these options to take effect on the next Contract Anniversary:

- (1) Keep your contract and earn minimum annual interest of 2% with no Withdrawal Charges or MVA. In this option interest rate will fluctuate, but will never be below 2% annually. You will be able to withdraw your Account Value at any time without additional Withdrawal Charges or MVA.
- (2) Continue Your contract for a Subsequent Guarantee Period of the same duration as the preceding guarantee period and at the applicable Subsequent Guaranteed Interest Rate;
- (3) Apply the Account Value to a Settlement Option;
- (4) Take a partial withdrawal, with MVA and Withdrawal Charge Percentages waived, and apply the remaining value to a Subsequent Guarantee Period of the same duration as the preceding guarantee period and at the applicable Subsequent Guaranteed Interest Rate; or
- (5) Surrender the entire contract with MVA and Withdrawal Charge Percentages waived.

We will notify You at least 45 days before the expiration of a guarantee period. Unless You Request one of the options shown above, option (1) above will be elected as the default option for your policy.

If Your contract is continued for a Subsequent Guarantee Period (option (2) above), the MVA, applicable Withdrawal Charge Percentage, and Withdrawal Charge Period shown in the Data Section apply to the new guarantee period.

NOTES

- This document is not a legal contract. For the exact terms and conditions, please refer to the annuity policy/contract.
- Tax laws are subject to varying interpretations and possible changes. Please consult your tax advisor for further information

CERTIFICATION

I have read this Certificate of Disclosure and understand its contents. I understand that maximizing the value of my contract depends on minimizing withdrawals from my contract during any guarantee period. I further understand that this Certificate of Disclosure is only a summary of certain terms of my annuity contract, and that the contract together with the application, when issued, will represent the entire agreement between the Company and me.

Signature of Applicant/Policy Owner

Signature of Annuitant

Date

A copy of this Certificate of Disclosure will be returned with your annuity contract.