



American Century Life Insurance Company of Texas

(a stipulated premium company)

1333 W. McDermott Dr. #200

Allen, TX 75013

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

Single Premium Immediate Annuity Application

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

Annuitant	Joint (Contingent) Annuitant
Full Name: _____	Full Name: _____
Date of Birth: _____ SS#: _____	Date of Birth: _____ SS#: _____
Phone #: _____ Gender: M F	Phone #: _____ Gender: M F
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Primary Beneficiaries					
Name	Date of Birth	SSN	Relationship to Owner	Percentage	

Contingent Beneficiaries					
Name	Date of Birth	SSN	Relationship to Owner	Percentage	

Single Premium	
Single Premium Amount: _____	
Check – Enclosed is a check or money order	
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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Distributions

Payee Name: _____ Relationship to Annuitant: _____

Periodic Distribution Amount: _____ (minimum of \$100)

Distributions Term: _____ Years (between 3-30 years) or Last Distribution Date: _____

Distributions Frequency: Monthly Quarterly Semi-Annual Annual

Date of First Distribution: _____ (within one year of application date)

Make the distributions to the following bank account:

Routing #: _____ Account #: _____ Checking Savings

Make the distributions by check to the following address:

Address: _____ City: _____ State: _____ Zip: _____

Make premium payments on a life insurance policy (include a policy copy or statement):

Irrevocable instructions to make payments to the following life insurance company as long as the policy below is in force

Policy Owner: _____ Policy #: _____

Address: _____ City: _____ State: _____ Zip: _____

Agreement

- I believe this to be a suitable purchase for my financial status. I understand that this **policy is irrevocable, has no cash value or surrender value, and cannot be commuted or surrendered.**
- I read, understand, and agree to all terms and conditions as shown 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.

Owner Signature

Joint Owner Signature

Date

Annuitant Signature

Joint Annuitant Signature

Date

Agent Certification

Yes No

1. Did you personally interview the applicant and witnessed all signatures?
2. Did you and the applicant(s) review the application for correctness and any omissions?
3. 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 fully and accurately disclosed all of the terms and conditions 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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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?

