

## PTE 84-24 DISCLOSURE AND ACKNOWLEDGMENT FORM

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Date: \_\_\_\_\_

This Disclosure Statement is being provided in connection with the Financial Professional's recommendation that the Customer purchase the Product using money from an IRA or other qualified plan as indicated below. Both the Disclosure Statement and accompanying Customer Acknowledgement and Approval (found at the end of the document) are required by Department of Labor regulation to comply with exemption 84-24.

1. Customer name: \_\_\_\_\_

2. Product name: \_\_\_\_\_ (the "Product")

Product type:             fixed index annuity             fixed index universal life insurance

Issued by: \_\_\_\_\_ (the "Insurance Company")

3. Financial professional name: \_\_\_\_\_ (the "Financial Professional") is appointed with the Insurance Company to sell the Product being recommended. As the Financial professional, the Insurance Company limits my ability to recommend the Product or any other products of another insurance company as follows:

\_\_\_\_\_  
\_\_\_\_\_

4. As the Financial Professional, I am being paid a commission in connection with my recommendation to you to purchase the Product as follows:

\_\_\_\_\_ % of the gross annual premium payments in the first year

\_\_\_\_\_ % of gross annual premium payments in each year after the first year

5. The Product charges, fees, discounts, penalties, or adjustments that may be imposed in connection with its purchase, holding, exchange, termination or sale are described in the following disclosure document for the Product, which I have provided to the Customer:

\_\_\_\_\_

**PTE 84-24 Disclosure and Acknowledgment Form**

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**Customer Acknowledgement and Approval**

I am the owner of an IRA or other qualified plan and a customer of the Financial Professional. The Financial Professional has recommended that I purchase the Product using money from my IRA or other qualified plan. In connection with this recommendation, I acknowledge that I have received this Disclosure and Acknowledgment Form prior to the purchase of the Product. I further acknowledge that I received from the Financial Professional the disclosure document for the Product indicated above, which describes the Product's charges, fees, discounts, penalties, or adjustments. I approve the Financial Professional's recommendation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_