NATIONAL LIFE INSURANCE COMPANY

APPLICATION FOR INDIVIDUAL RETIREMENT ACCOUNT ANNUITY

■ **Exempt** ☐ **Dynamic**

1. PROPOSED OWNER (ANNUITANT)

   A. Print Name

   _____

   B. Sex: ☐M ☐F

   C. Social Security: _____-_____-_____

   D. Date of Birth: _____
   Month Day Year

   E. Place of Birth: _____

   F. Address (Payment notices and other mailings will be sent to this address unless either section 7 is completed)

   _____

   _____

   _____
   ZIP CODE TELEPHONE

2. OCCUPATION (Exact Duties) :

   _____

   Employer and Business Address:

   _____

   _____

   _____
   ZIP CODE TELEPHONE

3. MODE OF PAYMENT

   ☐Annual ☐Monthly (Salary deduction)
   ☐Semi-Annual ☐Monthly (ACH)
   ☐Quarterly ☐Monthly
   ☐Credit Card _____ No. _____ Exp. ____/____

4. BILLED PREMIUM $_____

5. AMOUNT PAID WITH APPLICATION $_____

6. BENEFICIARY (Unless otherwise provided, if two or more beneficiaries are named: i) any payment due will be made in equal shares; and ii) only those beneficiaries who survive the Annuitant will share in the payment.)

7. MATURITY DATE

   ☐ The proposed annuitant's 65th birthday if it falls on the first day of the month. If it does not, the first day of the following month.

   ☐ First day of _____Month _____Year, but not before Age 60 or later than Age 70 ½.

8. SPECIAL REQUESTS

   ☐ If payment notices are to be sent to someone other than the Owner, please give name and address.

   ☐ I understand that all deposit funds for my individual retirement annuity (I.R.A.) shall be invested in securities as prescribed by law.

9. Will this annuity replace any other annuity or insurance?

   ☐Yes ☐No

   (If yes, give: i) company; and, ii) contract number)

   _____

10. CORRECTIONS AND CHANGES (For Home Office Use Only)

The statements above are true and complete. They are submitted as the basis of the contract to be made.

(Nehemías Toro Rodríguez)

_____ _____ _____
Signature of Applicant Signature of Agent Date

NL-A100(98)

NATIONAL LIFE INSURANCE COMPANY

Received _____dollars for an annuity of the life or lives of _____for which application dated the _____day of_____, 19 ____has been made to National Life Insurance Company. The condition on the reverse side applies to this receipt.

Dated at _____this _____day of _____,19____.

Agent (Nehemías Toro Rodríguez)_____

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