



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 Exp.
Credit Card No. /
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 1/2.
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.

Signature of Applicant (Nehemias Toro Rodriguez) Signature of Agent Date

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 (Nehemias Toro Rodriguez)