## Life only disclaimer



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261

Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

Phone: 1-866-747-3421 | Email: SecuritiesPi@sfgmembers.com

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Use this form when you have elected a Life Only Income Option.

1. Contract information						
Contract number						
Owner's name (first, middle initial, last)	Social Security number					
Joint Owner's name (first, middle initial, last) – If applicable	Social Security number					
Non-natural Owner* – If applicable	TIN/EIN					
Street address	Apartment/Suite number					
City	State	ZIP	Phone number			

## 2. Fraud statements

**CA Residents:** for your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## 3. Acknowledgement and signatures

You have elected a Life (Only) Income option, which means that payments will be made only during the life of the annuitant. After the annuitant's death, no further payments will be made. If this is a Joint Life (Only) Income option, after the last annuitant's death, no further payments will be made to the annuitant's estate or to any other person. Please refer to the prospectus for complete details.

I acknowledge that I fully understand this payout option and agree to its terms.

Owner's Signature	Date signed (mm/dd/yyyy)
Joint Owner's Signature	Date signed (mm/dd/yyyy)
Name of witness (If applicable)	
Witness' Signature	Date signed (mm/dd/yyyy)

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NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/CUGUARANTEE, NOTADEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

<sup>\*</sup> Please complete and submit a copy of the Certification of Trust Agreement if this policy is owned by a Trust.