

## **NEW SPIA APPLICATION AVAILABLE IN 45 STATES**

In our efforts to continuously improve our new business process, we are pleased to introduce a new Single Premium Immediate Annuity (SPIA) application! This new, user-friendly application has been created to make the processing of your business faster and more accurate. Gathering complete and correct information with this new application will enhance the processing turnaround of your agents' business and enable them to receive their commissions in a timely manner.

**Effective August 25th, we will use the new SPIA application, ADMIN 5287, in the following 45 states:**

- AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MS, MT, MO, NE, NV, NH, NJ, NM, ND, NC, OH, OK, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV & WY.

For all states listed above, new business written on the old SPIA application will be accepted until October 25th. Any SPIA applications received after October 25th will not be processed until the new application is received.

The new SPIA application (ADMIN 5287) is attached and currently available on Saleslink.

All other states should continue to use the old SPIA application until further notice.

If you have any questions about these changes or procedures, please e-mail us at [Marketing@fm-inc.com](mailto:Marketing@fm-inc.com).



***Financial Markets, Inc.***

**800-888-2829**

**[www.fm-inc.com](http://www.fm-inc.com) ♦ [Marketing@fm-inc.com](mailto:Marketing@fm-inc.com)**

[Single Premium Immediate Annuity Application

Product: \_\_\_\_\_

Fidelity and Guaranty Life Insurance Company • Home Office: Baltimore, Maryland

Owner(s)

Name: \_\_\_\_\_
SSN or TAX ID: \_\_\_\_\_
Male Female Birth Date: \_\_\_\_\_
Address: \_\_\_\_\_
Phone No: ( ) \_\_\_\_\_

Joint Owner (if any): \_\_\_\_\_
SSN or TAX ID: \_\_\_\_\_
Male Female Birth Date: \_\_\_\_\_
Address: \_\_\_\_\_
Phone No: ( ) \_\_\_\_\_
Relationship to Owner: \_\_\_\_\_

Annuitant(s)
(if other than Owner)

Name: \_\_\_\_\_
SSN: \_\_\_\_\_
Male Female Birth Date: \_\_\_\_\_
Address: \_\_\_\_\_

Joint/Contingent (if any): \_\_\_\_\_
SSN: \_\_\_\_\_
Male Female Birth Date: \_\_\_\_\_
Address: \_\_\_\_\_

Beneficiary

Primary Contingent

(Unless otherwise provided, survivors of each class will share equally.)

- Radio buttons for Primary/Contingent and Name/SSN fields for multiple beneficiaries.

Amount of Single Premium

\$ (Make check payable to Fidelity and Guaranty Life Insurance Company.)
Check Attached Wire Transfer 1035 Exchange/Rollover/Transfer (Completed forms attached)
\$ (estimated premium)

Purpose of Annuity

- Radio buttons for Non-Qualified/Qualified, IRA, Rollover, Transfer, Pension or Profit Sharing Plan, and Other.

Replacement

Do you have any existing life insurance or annuity policy? Yes No
Will the annuity applied for replace or change an existing life insurance or annuity policy? Yes No
If a 1035 Exchange or 90-24 Transfer, attach applicable forms. Transfer/Exchange Amount: \$
Policy/Certificate No: Company:

Annuity Payments

Radio buttons for Monthly, Quarterly, Semi-Annual, Annual, and Other.

Mail Annuity Payments to

Payee's Name: Address:
Alternate Payee's Name: Address:
Direct Deposit - Electronic Fund Transfer (Annuity payments deposited directly to Owner's or payee's bank account. Attach a direct deposit form and voided check.)
Date of First Payment (Must be at least 30 days from the Contract/Certificate's date of issue.)

Special Instructions

---

## Single Premium Immediate Annuity Application *(Continued)*

---

### Annuity Options *(Check one)*

*(Proof of age of annuitant and joint annuitant, if any, must be attached where a life contingency is involved.)*

- 1. Income for a Fixed Period of \_\_\_\_ years and \_\_\_\_ months. *(Check box if Senior Safeguard is requested.)*  
Senior Safeguard *(Check one)*:  Level  Level Amount With Final Lump Sum
- 2. Life Income with A Guaranteed Period of \_\_\_\_ years.
- 3. Life Income With No Refund At Death. **Although electing the Life Only option may offer enhanced benefits, no benefit will be paid to a beneficiary upon the death of the annuitant, even should that death occur before the annuitant has received his/her first payment.** (Owner's initials \_\_\_\_)
- 4. Joint and Contingent Life Income - Reduced Life Income Payments of \_\_\_\_% at annuitant's Death  
Name of contingent annuitant: \_\_\_\_\_
- 5. Joint and Survivor Life Income With A Guaranteed Period of \_\_\_\_ years – Reduced Life Income Payments of \_\_\_\_% at Death of annuitant or joint annuitant *(Enter 100% if no reduction in payment amount.)*  
Name of joint annuitant: \_\_\_\_\_
- 6. Joint and Survivor Life Income – Reduced Life Income Payments of \_\_\_\_% at death of annuitant or joint annuitant *(Enter 100% if no reduction in payment amount.)* Name of joint annuitant: \_\_\_\_\_
- 7. Life Income With Lump Sum Refund At Death.
- 8. Other. Describe in the special instructions section annuity option, schedule of payments, and rider benefits (if any).

### Annuity Suitability Acknowledgment and Customer Needs and Objectives Disclosure Form

---

This form is designed to help you determine if purchasing a Fidelity and Guaranty Life Insurance annuity contract meets your needs for your individual financial situation. The questions pertain to your personal financial situation and to your understanding of certain product features. You have the legal right to decline to answer the questions. Your signature on this application is effective for this form.

- Yes, I agree to answer the questions below, and I believe a Fidelity and Guaranty Life Insurance annuity contract meets my needs for my individual financial situation.
- No, I decline to answer the questions below, but I believe a Fidelity and Guaranty Life Insurance annuity contract meets my needs for my individual financial situation.

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Monthly Household Income \_\_\_\_\_

Do you currently have any other obligations?  Yes  No  Mortgage  Loans  Other \_\_\_\_\_

If you were to start (or increase) a long-term program for your financial security, what goals would be most important?

- Retirement  Wealth Accumulation  Education  Home Ownership  Travel  Business  Protection
- Emergencies  Tax Savings  Other

Investment Experience and Holdings: \$ \_\_\_\_\_ Savings Account \$ \_\_\_\_\_ Money Market \$ \_\_\_\_\_  
Certificate of Deposit \$ \_\_\_\_\_ Tax-Deferred Annuity \$ \_\_\_\_\_ Rental Property \$ \_\_\_\_\_  
\$ \_\_\_\_\_ Other Mutual Funds \$ \_\_\_\_\_ Stocks/Bonds \$ \_\_\_\_\_ IRA/HR 10/401(k)  
\$ \_\_\_\_\_ Pension Plans

If this annuity product would help you accomplish your future planning goals, and you could fit it into your budget, is there any reason that would prevent you from applying? *(If yes, what?)* \_\_\_\_\_

---

---

## Single Premium Immediate Annuity Application *(Continued)*

---

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

**AR:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **FRAUD WARNING NOTICES**

*(Please review the notice that applies in your state. If your state is not listed, please review the first notice listed.)*

**FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. \_\_\_\_\_ *(Owner's Initials)*.

**OH:** I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud. \_\_\_\_\_ *(Owner's Initials)*.

**ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

**OK:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OR/VT:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

---

---

## Single Premium Immediate Annuity Application *(Continued)*

---

For purposes of this election, "You" and "I" refer to the taxpayer (Owner).

Payments received will be subject to federal income tax withholding (and state tax withholding where applicable) unless you elect not to have tax withholding apply. Withholding tax will apply only to the portion of the annuity payment that is already included in your income subject to federal income tax. If you elect not to have federal income tax withheld, your election will remain in effect until you revoke it. You may revoke your election at any time. Please contact us to obtain a revocation form.

### Notice of Tax Withholding and Election

If you elect not to have withholding apply to the annuity payments, or if you do not have enough federal income taxes withheld, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

If we have not received your election, federal income tax will be withheld from the taxable portion of your annuity payments as if you were a married individual claiming three withholding allowances. However, no federal income tax will be withheld if the taxable portion of your annual annuity payments is less than the floor on withholding tax for a married individual claiming three allowances. A check placed in the circle means that:

1.  I elect not to have federal income tax withheld from any payments. *(If checked, do not complete 2 or 3.)*
2.  I want the withholding taxes from each payment to be calculated using the number of allowances and marital status shown. *(You may also designate an additional amount in number 3.)*  
Marital Status:  Single  Married  Married, but withhold at higher Single rate Number of Allowances: \_\_\_\_\_
3.  I want the following additional amount withheld from each periodic payment: \$ \_\_\_\_\_  
*(You cannot enter an amount here without indicating marital status and entering the number of allowances in number 2.)*

---

I/We have read the statements made on this Application, and verify by my/our signature(s) below that the statements made are complete, true, and correctly recorded. I/We further verify my/our understanding that: (a) a copy of this Application will form a part of any contract or certificate issued; (b) no contract or certificate will take effect until it has been delivered to the Owner; and (c) that no broker, producer, or agent has the authority to modify this Application or any contract or certificate issued by the Company.

### Signature(s)

If a "Life Income With No Refund at Death" Annuity Option has been elected, I/we further verify by my/our signature(s) below that I/we understand that payments will be made only during the life of the Annuitant, and that upon the death of the Annuitant no further payments will be due or payable. I/We further verify my/our understanding that: (a) in exchange for the benefits offered by this Annuity Option, there is a risk that I/we may receive payments during the life of the Annuitant which will total less than the single premium paid; (b) that no benefit will be paid to a beneficiary upon the death of the Annuitant, even should that death occur before the Annuitant has received his/her first payment; and (c) that there are other Annuity Options available to me/us (as shown on page 2 of this Application) which would provide guaranteed payments and/or death benefits.

Signed at \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s) of Owner(s): \_\_\_\_\_  
*(Or Applicant(s) if other than Owner(s))*  
Signature(s) of Annuitant(s): \_\_\_\_\_  
*(If not Owner(s))*  
Signature of Electing Taxpayer: \_\_\_\_\_  
Signature and Title of Officer Signing for firm, corporation, or bank: \_\_\_\_\_

### Producer Use Only

---

Does the applicant have an existing life or annuity policy?  Yes  No  
To the best of your knowledge, does this application replace or change existing life insurance or annuities?  Yes  No  
I attest that I have witnessed all signatures.  
Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Producer's Name: \_\_\_\_\_ Company Producer #: \_\_\_\_\_  
License No *(required only in FL)*: \_\_\_\_\_ Agency's Name: \_\_\_\_\_  
Fax No: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ ]

---