

Mailing Instructions: *LSW Annuities* - Life Insurance Company of the Southwest  
*NL Annuities* - National Life Insurance Company  
PO Box 569080, Dallas, TX 75356  
Service: 800-579-2878 • Fax: 214-638-9371

**All TSA 403(b)/457 Annuities require your Plan Administrator's signature on this form prior to sending to the Home Office.**

Owner Name: \_\_\_\_\_ Annuitant Name: (if different) \_\_\_\_\_

**I. Directions for timing of exchange**

- This exchange will be processed as of the later of: (1) the day following receipt of this form; or  
(2) (mm/dd/yyyy) \_\_\_\_\_ (any date specified must be after the date received this form but not more than 30 days).

**For equity indexed annuities:** I understand that Index Interest is determined and credited only once per year on the Index Account Anniversary and that I will not be eligible to receive Index Interest for any exchange that is effective prior to the applicable Index Account Anniversary.

**II. Instructions**

**All exchanges are in accordance with the rules set forth in Section III hereof.**

- Partial Exchange** in the amount of \_\_\_\_\_ from Annuity no. \_\_\_\_\_  
to a new Annuity specified in my application or into an existing Annuity no. \_\_\_\_\_.

OR

- Full Exchange** of Annuity no. \_\_\_\_\_ into Annuity no. \_\_\_\_\_.

**III. Policy or Account Information**

**From Existing Tax Status:**

- Qualified  
 Traditional IRA  
 SEP IRA  
 SIMPLE IRA - Original Participation date \_\_\_\_\_  
 Roth IRA (mm/dd/yyyy)  
 Pension/Profit Sharing/401(k)  
 \*TSA 403(b)  
 \*Roth 403(b) - Original Participation date \_\_\_\_\_  
 Governmental 457\*\* (mm/dd/yyyy)  
 Other \_\_\_\_\_

Non-Qualified

**To New Tax Status:**

- Qualified  
 Traditional IRA  
 SEP IRA  
 SIMPLE IRA  
 Roth IRA  
 Pension/Profit Sharing/401(k)  
 TSA 403(b)  
 Roth 403(b)  
 Governmental 457  
 Other \_\_\_\_\_

Non-Qualified

\*If moving from a TSA 403(b) or Roth 403(b) to another qualified plan, you must meet one of the following qualifying events (some may require proof of eligibility):

- Attainment of age 59½     Plan Termination (Requires letter from employer stating the entire plan has terminated)  
 Severance from employment after age 55     Severance from employment     QDRO

\*\*If moving from a Governmental 457 to another qualified plan, you must meet one of the following qualifying events (some may require proof of eligibility):

- Attainment of age 70½     Plan Termination (Requires letter from employer stating the entire plan has terminated)     Severance from employment

**IV. General Rules applicable to all Exchanges (No request for Exchange/Transfer will be processed until received with all requirements.)**

- A. The exchanged Annuity will cease to exist at the end of the day of the exchange.  
(The effective date (Issue Date) of the new Annuity will be the day following termination of my existing Annuity.)
- B. Any owner and annuitant under the newly issued Annuity (or the existing annuity receiving the exchange) must be the same as under the Annuity to be replaced. Otherwise, this exchange will be a reportable, taxable exchange under the Internal Revenue Service Code and Regulations.

**Annuity Internal Exchange / Transfer Request - Continued**

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- C. I understand that, if any remaining withdrawal charge under my existing Annuity exceeds the amount the issuing insurer is willing to waive under such companies internal rules, the issuing insurer will deduct the difference from the amount to be transferred to the new Annuity or the existing Annuity referenced in Section II above.
- D. Any applicable Bonus Accumulation Value in the original Annuity will not be included in the Cash Accumulation Value transferred to the new Annuity.
- E. Any outstanding 403(b)/457 loan balance will be transferred to the new Annuity or the existing Annuity referenced in Section II above, and it will be subject to the loan provisions and loan interest rate procedure specified in the new Annuity period. The loan must be in good standing and not in default for a policy to be considered for an internal exchange.
- F. Any Required Minimum Distribution has been or will be taken prior to the transfer of these proceeds as required by IRC section 401(a).
- G. If your employer has changed, this is considered a Plan-to-Plan Rollover and we will require the signatures of both the old and the new administrator in Section G. LSW will not maintain a separate account for the rollover amount. All values in the annuity will become part of the new plan. If the plan requires segregation of the rollover contributions, a new LSW Annuity will be required.

**V. Certifications**

The undersigned contract owner(s) and/or undersigned assignee(s) agree to fully indemnify and reimburse the issuing company for any and all losses, expenses or damages it may sustain resulting from having made this exchange/partial exchange/transfer without securing surrender of the original contract(s) or any previously issued duplicate/certification.

I hereby declare that my original Annuity, to be exchanged for a new Annuity, is not currently assigned or pledged, nor does it have any outstanding lien that is not on file with the issuing company. I further declare that no proceedings in bankruptcy or insolvency - whether voluntary or involuntary - have been instituted by or against me and that I am not under guardianship or any legal disability.

Signed at (*City & State*): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: (*mm/dd/yyyy*)      Joint Owner's Signature: \_\_\_\_\_ Date: (*mm/dd/yyyy*)

Plan Administrator's Signature & Title: \_\_\_\_\_ Date: (*mm/dd/yyyy*)      \*Spouse's Signature: \_\_\_\_\_ Date: (*mm/dd/yyyy*)

Previous Plan Administrator's Signature & Title: (*Required if a change of employer*) \_\_\_\_\_ Date: (*mm/dd/yyyy*)

**\*SPOUSE SIGNATURE REQUIRED IN AZ, CA, ID, LA, NV, NM, TX, WA, WI  
REPLACEMENT FORMS ARE REQUIRED FOR INTERNAL EXCHANGES (STATE SPECIFIC).**

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## Traditional Fixed and Fixed Indexed Annuity Suitability Form

Complete Entire Form and Submit with:

1. NEW Annuity Application 2. Transfer Form (if applicable) 3. State Required Replacement Form (if applicable)

### I. Information About You

Owner/Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you currently working?  Yes  No  Retired

Occupation (former, if retired) \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

### II. Financial Information

1. Tax Bracket?  Under 15%  15%-28%  Over 28%

2. Annual Gross Income

Under \$50,000  \$50,001 to \$75,000  \$75,001 to \$100,000  \$100,001 to \$150,000  \$150,001 to \$250,000  \$250,001+

3. a. Liquid net worth (exclude only personal home and autos; see items in No. 4 below): \$ \_\_\_\_\_

b. Net worth (include home and auto): \$ \_\_\_\_\_

c. Monthly living expenses: \$ \_\_\_\_\_

4. Existing Assets (put dollar amount in each):

Savings/Checking/CDs: \_\_\_\_\_  Stocks/Bonds/Mutual Funds: \_\_\_\_\_  Monthly Long Term Care: \_\_\_\_\_

Cash Value of Life Insurance: \_\_\_\_\_  Fixed Annuities: \_\_\_\_\_ Variable Annuities: \_\_\_\_\_  Other: \_\_\_\_\_

I decline to provide the requested Financial Information, as noted. \_\_\_\_\_ (Initials)

### III. Information About Your Transaction Surrender/Withdrawal Charge ("Withdrawal Charge")

5. The Annuity Being Purchased  
 Name of Product \_\_\_\_\_ Total Premium \$ \_\_\_\_\_ Withdrawal Charge Period \_\_\_\_ Years

6. How did you hear about this product?

An advertisement  A recommendation from my agent  Friend/Family/Coworker  Other

7. Time Horizon:

a. Do you anticipate taking withdrawals from your annuity during the first policy year other than a required minimum distribution (RMD)?  Yes  No

b. I have been informed of any withdrawal charges that may apply. Do you anticipate taking withdrawals of more than 10% of the account value in any year after the first policy year during the withdrawal charge period?

Yes  No

c. Do you anticipate surrendering this annuity before the withdrawal charge period is over?  Yes  No

8. I anticipate taking withdrawals from my annuity in the following manner. Check all that apply:

Annuitization  Single Sum Distribution  Required Minimum Distributions (RMDs)  Occasional As-needed Withdrawals

Systematic Withdrawals  Guaranteed Lifetime Income Rider (GLIR) Payments  Never (tax deferral only)

9. What is the source of funds for this annuity? Check all that apply:

Cash  Annuity  Life Insurance  Certificates of Deposit  Other Investments  Mortgage  Other: \_\_\_\_\_

Please provide the company name or type and list the dollar amount and percentage of any withdrawal charge, penalty, other costs or fees associated with the source of funds:

Company Name	Dollar Amount	Product Name	Product Type	Withdrawal Penalty	Penalty Percentage	Years Owned	Lifetime Withdrawal Benefit?
_____	\$ _____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Replacements:

a. If you are replacing your current contract or policy, please tell us why:  GLIR  Interest Rates  Policy Guarantees  Bonus  Other (add page if necessary)

Please explain: \_\_\_\_\_

b. Have you exchanged another annuity within the last 36 months?  Yes  No

c. If so, has the source of funds for this annuity been involved in any of those exchanges?  Yes  No

National Life Group® is a trade name of Life Insurance Company of the Southwest, National Life Insurance Company, and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. Life Insurance Company of the Southwest is licensed to do business in 49 states and the District of Columbia. It is not licensed to do business in New York. National Life Insurance Company is licensed to do business in 50 states and the District of Columbia.

11. Will your new annuity be used to fund any of the following?

- An employee pension or welfare benefit plan (an ERISA plan)?
- A 401(k), 403(b), 401(a), 408(k) or 408(p) plan?
- A government or church plan defined in Section 414 of the Internal Revenue Code ("IRC"), a government or church welfare benefit plan, or a deferred compensation plan of a tax exempt organization under §457 of the IRC?
- A nonqualified deferred compensation arrangement established or maintained by an employer or plan sponsor?

#### IV. Investment Profile

12. Please identify your investment experience with the following:

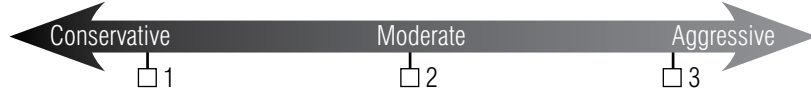
Securities (stocks, bonds, mutual funds)

- 0 to 5 years    6 to 15 years    16+ years

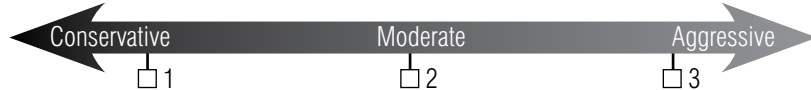
Insurance Products and Annuities

- 0 to 5 years    6 to 15 years    16+ years

13. What is your general risk tolerance?



14. What is your risk tolerance for this annuity purchase?



15. What are your financial and investment objectives for this policy? (select all that apply)

- Income Tax Deferral    Asset Accumulation    Minimum Guarantees    Immediate Income    Protection of Principal
- Pass Assets to Beneficiaries    Estate Planning    Other

16. Additional Information (If necessary, please submit a separate page which includes the Owner/Applicant's signature):

#### V. I Understand My New Fixed or Indexed Annuity

Client Initials \_\_\_\_\_

After I purchase this policy, I will still have sufficient cash or liquid assets, over and above the 10% of my account value available to me each year after the first in my new policy, to pay for unexpected emergencies, such as medical expenses. If I am making monthly contributions to my new policy, I will still be able to meet my monthly financial obligations, including my mortgage, rent or health coverage.

Client Initials \_\_\_\_\_

I have been informed of any additional charges for optional features and riders, if applicable.

Client Initials \_\_\_\_\_

I understand that any withdrawal from my new annuity may be subject to a withdrawal charge and/or tax penalty. I am aware of the number of years during which withdrawal charges on my new policy will apply, as indicated in the "Information About Your Transaction" section, and understand that the yearly percentage charge will decrease gradually to zero during this time period. I currently intend to keep my new policy for at least the length of the withdrawal charge period, unless I annuitize before then. I also believe that I will benefit from certain features of the annuity, such as tax-deferred growth, annuitization or death or living benefit.

Client Initials \_\_\_\_\_

If I am replacing an annuity or life insurance policy with this application, I have considered the potential charges and penalties, if any, as well as any benefits I may or may not be giving up, by surrendering my current policy. In addition, I have been presented with material regarding the details of the new policy being proposed, such as the method for crediting interest, bonus interest if applicable, new withdrawal charge period, account value access and guarantees. Based on all of the information provided to me, I believe that this policy is suitable for me, and any riders are suitable for me.

#### Owner/Applicant's Statement

I have provided the information on this form, or I have reviewed the information contained on it, and I confirm that it is complete and accurate. I recognize that the insurer may review my transaction, but I have made my own determination that it is suitable.

Owner/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Annuitant's Statement (If Annuitant is different than Owner)

I have provided the information on this form, or I have reviewed the information contained on it, and I confirm that it is complete and accurate. I recognize that the insurer may review my transaction, but I have made my own determination that it is suitable.

Annuitant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Agent's Statement

I recommended this annuity purchase or exchange because I believe it is suitable based upon the information given to me by the Owner/Applicant. If this is a replacement, I have discussed with the client the benefits that the Owner/Applicant may be giving up withdrawal/surrender charges which may be incurred, by surrendering the old contract or policy, as well as any increased fees, new charges or withdrawal/surrender period associated with the new policy.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_