

Future Provider

Indexed Flexible Premium Deferred Annuity



ANNUITY



Providing for your future...and theirs.

For use in IL only
05-212-2-IL© Americo

AMERICO

Americo Financial Life and Annuity Insurance Company
Policy Series 267

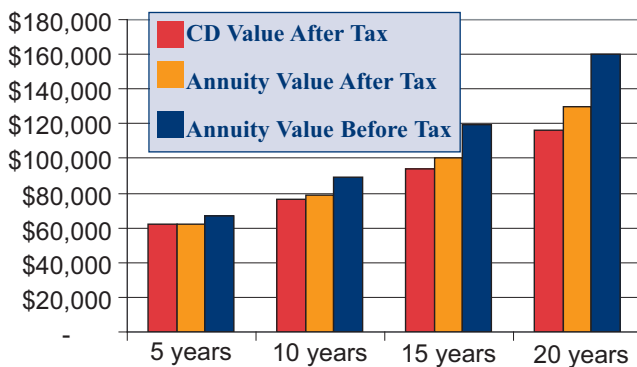
Providing for your future.

Planning for your and your family's future is now more important than ever. Future Provider annuity, offered by Americo Financial Life and Annuity Insurance Company can provide you with the choices and guarantees to help make your retirement goals a reality.

Future Provider provides all the benefits of a traditional fixed annuity, and much more!

Tax-deferred growth

Under current tax laws, interest compounds tax-deferred, allowing your money to grow faster in your Future Provider annuity until you withdraw your money.



This hypothetical illustration shows the difference between a taxable vehicle and a tax-deferred vehicle. The illustration shown assumes no withdrawals, and uses an effective tax rate of 28%, interest rates of 6% for the duration of each illustration, and an initial contribution of \$50,000.

All information shown here is hypothetical, intended for illustrative purposes only and not guaranteed. Withdrawals of interest from an annuity will be subject to income tax. An additional 10% penalty may apply if the withdrawal occurs prior to age 59 1/2.

Neither Americo Financial Life and Annuity Insurance Company nor any agent representing Americo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified, professional legal or tax advisor regarding the information and concepts contained in this material.

Access to cash

While you should make every effort to give your money time to grow, sometimes circumstances require that you access your money earlier than expected. Future Provider allows you to access your money using several different options:

- ◆ **Withdraw up to 10% of your Accumulation Value each year including the first year.**
- ◆ **Checkbook Access.** For your convenience, Americo can provide you with checks, at your request, that **can be used after the first year** to withdraw funds from your Future Provider annuity. These drafts can be presented to your financial institution for any reason you desire. Withdrawals taken through this check-writing benefit apply toward your annual 10% free withdrawal privilege. Of course, any amounts taken in excess are subject to surrender charges. The minimum withdrawal amount is \$500.
- ◆ **Systematic Monthly interest income** may be selected from your Declared Interest Account after the policy has been in force for 30 days. Interest paid under this option is considered a withdrawal under the 10% annual free withdrawal privilege.
- ◆ **A guaranteed income for life.** Your accumulation value may be converted into a guaranteed income, after the 5th policy year, for at least 5 years. Unlike many other financial products, an annuity can provide you with an income you can't outlive. Various income options are available, including single and joint life options. Not available in all states.



.and theirs.

Multiple Crediting Options

When you make a contribution to a Future Provider indexed annuity, you have a choice of six interest rate crediting options that will determine how you earn interest. Available options:

- ◆ Monthly Averaging, S&P 500®
- ◆ Point-to-Point, NASDAQ-100®
- ◆ Point-to-Point, S&P 500® without a Cap
- ◆ Point-to-Point, S&P 500® with a Cap
- ◆ The EZ Option
- ◆ Declared Interest Option

Premiums can be divided among multiple indexed interest rate crediting options and a declared interest option that guarantees the rate will never go below a specified minimum. You can select one or more options, as long as the premium allocated to each is at least \$50. You also have the flexibility to change your interest rate crediting option on each index anniversary.

Upside potential, with no downside risk

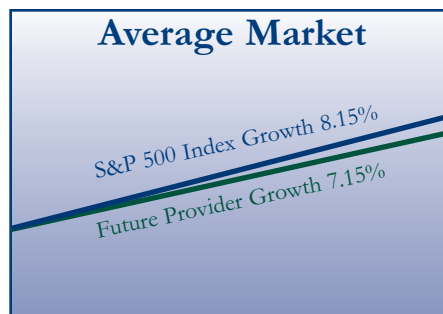
The interest that your Future Provider annuity earns is linked to changes in the NASDAQ-100® and/or the S&P 500® Indexes. You, therefore, have the potential to earn more than you would with a traditional fixed rate annuity but without the downside risk of investing directly in the stock market. In addition, your interest is calculated at the end of each year and locked in. **You cannot lose those earnings if index values go down in future years.**

Let's take a hypothetical look at how Future Provider might perform in favorable, average, and poor markets. The example assumes that all premium is placed in the S&P 500® Point-to-Point with a Cap option over a 10-year period and that no surrender charges have been assessed over this 10-year period. The assumed Cap is 9%, Spread is 1%, and Participation Rate is 100%.

When selecting an indexed crediting option, it is important to understand that your Accumulation Values will be affected by the performance of the S&P 500® Index and/or the NASDAQ-100®. The performance of the Index is directly affected by changes in market conditions. Please read your consumer disclosure for more information on the different options available with Future Provider and how these options might work for you.



This hypothetical example of a 10-year favorable market period shows a growth in the S&P 500® of 19.88%. Future Provider would return 9% in this market because of the 9% Cap with this method.



This hypothetical example of a 10-year average market period shows a growth in the S&P 500® of 8.15%. Future Provider would return 7.15% in this market because of the 1% Spread with this method.



This hypothetical example of a 10-year poor market period shows a change in the S&P 500® of -10%. Future Provider would not decline in value because of the guarantees in the product.

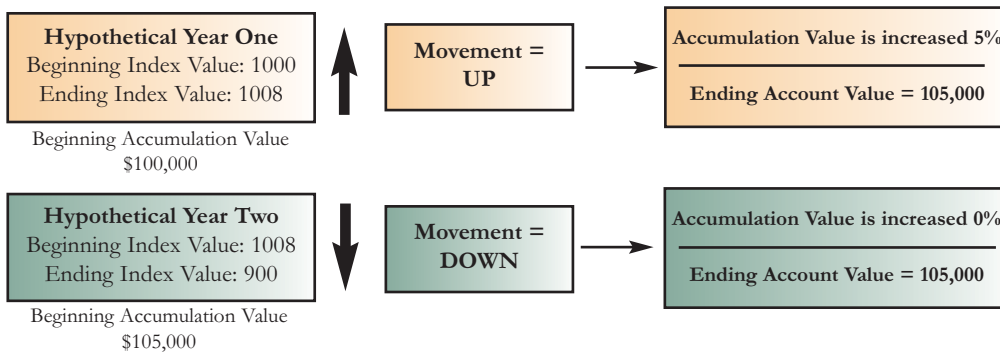
Upon death or surrender, we guarantee that your Cash Surrender Value will never be less than 100% of your premiums, less withdrawals, accruing at 2.0% interest for the first 13 contract years, and at 3.0% interest thereafter, less surrender charges.

Values shown for illustrative purposes only.



Introducing the “EZ Option”

Let's first take a look at how the EZ Option works. At the beginning of each 1-year term, the EZ Option Rate is declared. Crediting of the EZ Option Rate is tied to the S&P 500® Index Value. At the end of the 1-year term, if the S&P 500® Index Value is greater than the S&P 500® Index Value at the beginning of the 1-year term, your Participation Account will be credited interest according to the declared EZ Option Rate. If the S&P 500® Index Value is less than or equal to the beginning value, no interest will be credited. Take a hypothetical look at how the EZ Option would work in a year in which the S&P 500® Index goes up, followed by a year in which the S&P 500® Index goes down. This example assumes an EZ Option Rate of 5%.



How do the crediting options work?

Point-to-Point and Monthly Averaging

How do the Point-to-Point and Monthly Averaging crediting options work? Let's assume that you start your Future Provider annuity with a beginning Participation Account value of \$100,000. Below is an example of how to determine the index rates for the two crediting methodologies, Monthly Averaging and Point-to-Point and the effect that the Monthly Averaging, S&P 500® option would have on your account.

◆ We need to calculate what the index rate will be. You can either choose a Monthly Averaging or Point-to-Point method:

Monthly Averaging Index Rate	Point-to-Point Index Rate
Monthly Averaging is the average of 12 monthly index closing values over the year compared to the beginning value.	Point-to-Point uses the closing values of the Index at the beginning and end of the year.
$[(\text{average value} - \text{beginning value}) / \text{beginning value}]$	$[(\text{ending value} - \text{beginning value}) / \text{beginning value}]$
The index rate for Monthly Averaging in the example is 12.80%.	The index rate Point-to-Point in the example is 13.85%.
$[(1051.13 - 931.87) / 931.87] = .12798$ or 12.80%	$[(1060.93 - 931.87) / 931.87] = .13850$ or 13.85%

◆ According to the option that you have chosen, we will apply a Cap, Spread, and Participation Rate, if applicable. The rates that are applied vary based on the option that you chose. Let's take a look at the Monthly Averaging, S&P 500® example:

Beginning Account Value of \$100,000
Participation Rate is 85% (12.80% * .85 = 10.88%)
Spread is 1.00% (10.88% - 1% = 9.88%)
No Cap
Account value is increased 9.88%
Ending Account Value = \$109,880

Values shown for illustrative purposes only.

An Enhanced Death Benefit Option

allows you the ability to increase the benefits that your heirs will receive to a **minimum** of 130%.

When you purchase your Future Provider equity-indexed annuity, you have the option of increasing the benefits your heirs will receive to a minimum of either 130% or 150%. By choosing the Death Benefit Payout Rider, your heirs will receive a death benefit payable in an income stream of 15 years or 25 years.

This rider may be extremely beneficial for those who wish to have their legacy paid in an income stream as opposed to a lump sum.

Here's how it works:



Joe is a 60-year-old grandfather. He recently purchased a \$100,000 Future Provider policy with the Death Benefit Payout Rider to enhance his retirement plan. In the event of his death, he wishes to pass these funds onto his grandchildren; however, Joe is concerned about passing on the funds in one lump payment to his young grandchildren.

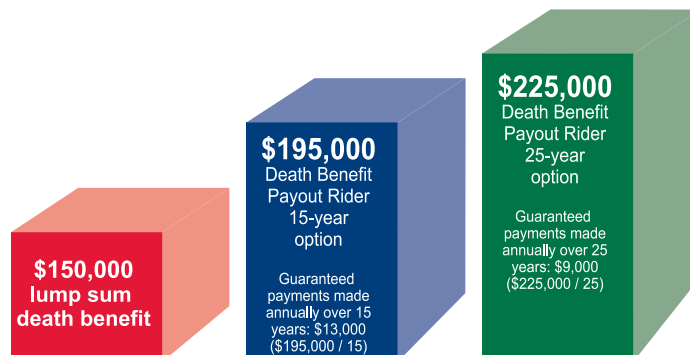
Since Joe selected an enhanced death benefit option, he is able to control how his money is distributed to his grandchildren after his death. Joe can now guarantee a stream of payments to them for 15 years after his death. A 25-year option is also available.

Let's assume the value of Joe's annuity at his death is \$150,000. Because Joe chose an enhanced death benefit option, his legacy will be guaranteed to increase by at least \$45,000. Joe chose the annual income option for his grandchildren, so his grandchildren are guaranteed a stream of annual payments of \$13,000 over 15 years. If Joe had chosen the 25-year option, his legacy would have been guaranteed to increase by at least \$75,000 and they would have received an annual payment of \$9,000.

15-year Death Benefit Payout Rider:	
Death Benefit:	\$150,000
Guaranteed Increase:	30% (\$45,000)
Guaranteed payments made annually over 15 years (\$195,000 / 15):	\$13,000
Total payments made:	\$195,000 (130% of \$150,000)

25-year Death Benefit Payout Rider:	
Death Benefit:	\$150,000
Guaranteed Increase:	50% (\$75,000)
Guaranteed payments made annually over 25 years (\$225,000 / 25):	\$9,000
Total payments made:	\$225,000 (150% of \$150,000)

Please note: current rates may be higher than the guaranteed rates illustrated above.



The Death Benefit Payout Rider (Rider Series 2152) is not available in all states. Please see the Benefits Summary and Disclosure for limitations and restrictions.

IMPORTANT: PLEASE READ CAREFULLY BEFORE PURCHASING YOUR ANNUITY

Benefits Summary & Disclosure

Future Provider
Contract Series 267

The following information is a summary of the Amerigo Financial Life and Annuity Insurance Company's Equity Indexed Annuity contract. Please refer to your annuity contracts for complete details. Future Provider is a equity-indexed, flexible premium deferred annuity that provides both declared interest options earning traditional fixed interest rates and indexed interest options, where your account may be credited with interest based on the performance of the S&P 500® and the NASDAQ-100® indexes (each index excludes dividends).

Guarantees

Guaranteed Minimum Surrender Value

We guarantee that your Cash Surrender Value will never be less than 100% of your premiums, less withdrawals, accruing at an annual effective rate of 2% for the first 13 Contract Years, and 3% interest thereafter, less Surrender Charges. Due to Surrender Charges, you may receive less than the premiums you paid if you surrender during the early years of your Contract.

Accumulation Value

At any point in time, your Accumulation Value can be determined by adding together the following:

- 1) all Participation Accounts
- 2) all Declared Interest Accounts, and
- 3) all premiums and interest not yet allocated to a Participation Account or Declared Interest Account.

Death Benefit

Upon the death of the Owner, We will pay a Death Benefit to the designated Beneficiary. The Death Benefit is the greater of the Accumulation Value with accrued indexed interest or the Guaranteed Minimum Surrender Value, less any applicable Premium Taxes. Please refer to your annuity Contract for details.

Death Benefit Payout Rider

If you select the Death Benefit Payout Rider, the proceeds of your Contract's Death Benefit will be paid to your designated Beneficiary over a period of 15 or 25 years. You may select the time period and frequency of the equal periodic payments. The two Death Benefit Payout Options are described below.

Death Benefit Payout Option 1

If you select Death Benefit Payout Option 1, the proceeds payable upon your death will be paid over 25 years in equal periodic payments to your designated Beneficiary. The total of these periodic payments at the end of 25 years will equal the Death Benefit multiplied by a percentage. Currently, the non-guaranteed percentage is 170%* but is guaranteed never to be less than 150%. If any designated Beneficiary is over age 59 and less than or equal to age 71 at the time of your death, Death Benefit Payout Option 2 will apply.

Death Benefit Payout Option 2

If you select Death Benefit Payout Option 2, the proceeds payable upon your death will be paid over 15 years in equal periodic payments to your designated Beneficiary. The total of these periodic payments at the end of 15 years will equal the Death Benefit multiplied by a percentage. Currently, the non-guaranteed percentage is 140%* but is guaranteed never to be less than 130%. If any designated Beneficiary is over age 71 at the time of your death, Death Benefit Payout Option 2 will no longer apply. The Death Benefit if neither Option 1 nor Option 2 is available will equal the greater of the Accumulation Value with accrued indexed interest or the Guaranteed Minimum Surrender Value, less any applicable Premium Taxes.

Amerigo may declare non-guaranteed percentages at any time, but they will not be less than the guaranteed percentages of 150% and 130% for Options 1 and 2, respectively.

*Non-guaranteed percentages may change, but will never be less than the guaranteed percentages.

Declared Interest Option

Declared Interest Rate

Interest will be paid on the Declared Interest Option at a rate set in advance by the Company. We may change the Current Interest rate payable on Declared Interest Options at any time, but it will never be less than 2%. The interest rate for any Declared Interest Option will be guaranteed for one full year from the date of premium payment.

Term Period

The Term Period is the period over which funds will be held in a Declared Interest Option. Term Periods will be not less than one (1) year. All periods start on the date a Declared Interest Option is established or the date following the day a prior Term Period ends.

Indexed Options

Index

The Index is the measure used for determining the credit to your Indexed Accounts. For Future Provider the indexes are the S&P 500® and the NASDAQ-100® indexes (each index excludes dividends).

Index Crediting Options

Future Provider currently provides five Index Crediting Options in addition to the Declared Interest Option. You may allocate premiums among the Declared Interest Option, four Point-to-Point Options, and a Monthly Averaging Option:

- ◆ Monthly Averaging, S&P 500®
- ◆ Point-to-Point, NASDAQ-100®
- ◆ Point-to-Point, S&P 500® without a Cap
- ◆ Point-to-Point, S&P 500® with a Cap
- ◆ Point-to-Point, S&P 500®, The EZ Option

Index Period

The period over which we will determine any increase in an Index. Index Periods will be not less than one (1) year. All periods start on the date a Participation Account is established or the date following the day a prior Index Period ends.

Index Credited Amount

The amount, if any, we add to a Participation Account at the end of each Index Period for that Participation

Account. You may elect to have the Index Credited Amount calculated using a Monthly Averaging methodology, a Point-to-Point methodology, or a combination of both. An Index Credited Amount can never be less than zero. Partial Surrenders will reduce the Index Credited Amount.

Monthly Averaging Method

The Monthly Averaging method is calculated as the average of the twelve closing index values on the twelve monthly index dates following the first index date after the premium is received. The index increase equals the percentage increase of the index average over the initial index value $[(\text{average value} - \text{beginning value}) / \text{beginning value}]$.

Point-to-Point Method

The Point-to-Point method calculates the change in the index rate from the beginning of the Index Period to the end of the then current Index Period. If positive, this change in the index rate is used to calculate the Index Credited Amount. $[(\text{ending value} - \text{beginning value}) / (\text{beginning value})]$.

For both the Monthly Averaging and Point-to-Point methods, the Net Index Rate will be determined by adjusting the Index Rate by the current Participation Rate, Spread, and Cap, as applicable.

The EZ Option

The EZ Option is designed to help simplify your choices. At the beginning of the Index Period, we will designate an EZ Option Rate based on the S&P 500® Index Value. At the end of the Index Period, if the S&P 500® Index Value is greater than the S&P 500® Index Value at the beginning of the Index Period, your Participation Account will be credited interest according to the EZ Option Rate. If the S&P 500® Index Value has not changed or has declined, no interest will be credited.

The EZ Option Rate is guaranteed for the Index Period to never be less than 3% during the first 10 Contract years, and 2% thereafter.

EZ Option Rate

The EZ Option Rate is an interest rate used to determine the Index Credited Amount for the EZ Option. The EZ Option Rate will be declared in

advance for the Index Period applicable to a Participation Account and will be guaranteed for the length of that Index Period.

Creation of Participation Account(s)

Each premium allocation creates a Participation Account which earns an annual interest rate based on the Index Crediting Option you select. Premiums are transferred to the Participation Account on the Index Date immediately following the date your premium is received or the issue date of the Contract, whichever is later. Index Dates are the 7th, 14th, 21st and 28th of each month. Prior to the creation of Participation Accounts, your money will earn the Declared Interest Option Guaranteed Interest Rate of 2%.

Participation Rate

The Participation Rate is a percentage of an Index Rate used with the Spread to determine the Index Credited Amount. There is no Participation Rate applicable to the EZ Option. The Participation Rate will be declared in advance for the Index Period applicable to a Participation Account and will be guaranteed for the length of that Index Period. The Participation Rate on the Contract Date and the Minimum Participation Rate are shown on a Contract Data page for each Equity Indexed Option, as applicable.

Cap

The Cap is the maximum on the Net Index Rate for the fourth Equity Indexed Option. There is no Cap applicable to Equity Indexed Options 1, 2, 3 or the EZ Option. The Cap will be declared in advance for each Index Period applicable to a Participation Account and will be guaranteed for the length of the Index Period. The Cap on the Contract Date and the Minimum Cap are shown on a Contract Data page for each Equity Indexed Option, as applicable.

Spread

The Spread is a deduction from the result of the Index Rate multiplied by the Participation Rate to calculate an Index Credited Amount. There is no Spread applicable to the EZ Option. The Spread will be declared in advance for the Index Period applicable to a Participation Account and will be guaranteed for the length of the Index Period.

Transfers

You may transfer part, or all, of the value under an Option to a different Option at the end of each Term Period or Index Period. Transfers are subject to minimums. Your Option transfer instructions must be received at least fifteen (15) days before the end of the Term Period or Index Period. Please see your annuity Contract for details.

Premium Taxes

Premium Taxes do not apply in all jurisdictions. If your jurisdiction charges a Premium Tax, we may deduct this tax from your premium payments or from the proceeds of this annuity Contract depending on the laws of your jurisdiction and in accordance with our then current Company practice.

Cash Surrender Value

Future Provider is for long-term savings. Should you need to terminate your Contract early, a surrender charge may apply. The Cash Surrender Value is the greater of (a) the Accumulation Value less the Surrender Charge (see below), less any applicable Premium Taxes, or (b) the Guaranteed Minimum Surrender Value, less any applicable Premium Taxes. A Surrender Charge may be assessed against the Contract if a Partial or Total Surrender is taken. The Surrender Charge is determined by multiplying the appropriate percentage, as determined from the table below, by the Accumulation Value or Partial Surrender, as applicable on the date of withdrawal. The 10% penalty-free withdrawal applies only if the balance of the Accumulation Value remains under the Contract for a minimum of six months. The penalty-free benefit does not apply to a Total Surrender. If during a six month period following a penalty-free withdrawal We receive a request for a Total Surrender, We will apply the Surrender Charge that was waived in addition to the Surrender Charge that would otherwise apply. You may request one Partial Surrender up to 10% of the Accumulation Value each Contract Year without a Surrender Charge. Please refer to your annuity Contract for specific information regarding surrenders.

**Surrender Charge Schedule: Future Provider,
Ages 0-85**

Policy Year						
Year	1	2	3	4	5	6
Rate	11.6%	10.7%	9.9%	9.0%	8.1%	7.2%
Policy Year						
Year	7	8	9	10	11+	
Rate	6.3%	5.3%	4%	2%	0%	

**Surrender Charge Schedule: Future Provider,
Ages 86-90**

Policy Year						
Year	1	2	3	4	5	6+
Rate	7%	6%	5%	4%	2%	0%

Checkbook Access

After the first Contract Year and before the Annuity Date, you may take Partial Surrenders from the Contract by way of drafts. The drafts are available upon written request to the Company.

Partial Surrenders taken by way of drafts will be subject to conditions of the Partial Surrender provision and any applicable surrender charges. Please refer to your annuity Contract for details. Drafts may not be used to exercise a Total Surrender of the Contract. Any such surrender must be made in accordance with the applicable provisions of the Contract.

Free Look Period

You may cancel your annuity Contract within a certain number of days after it is delivered to you and receive a complete refund of premiums, less any Partial Surrenders. Please refer to your annuity Contract for details.

Annuitization

You can receive periodic income payments from your annuity. When you annuitize, you can choose from several options including options that provide income for life and/or for a specific period of years. Please refer to your annuity Contract for details.



ACKNOWLEDGMENT

This annuity is intended to be a long-term retirement instrument. If You keep this annuity only a few years, contract values may be less than the total contributions due to Surrender Charges, income tax, and IRS penalties. Under current federal tax law, amounts withdrawn or distributed may be subject to federal and state income taxes. In addition, a 10% federal tax penalty may apply if distributions are made prior to the Owner reaching age 59 ½. If you are considering the purchase of an annuity contract for use in an IRA or other qualified plan, you should consider other features of the annuity besides tax deferral. Under current tax law, annuities grow tax-deferred and an annuity is not required for tax deferral in qualified plans. Neither Americo nor its agents provide tax or legal advice. Please consult a qualified tax or legal advisor for more details.

WHILE THE VALUES OF THIS CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK OR EQUITY INVESTMENTS.

To be read and signed by Owner: I have read each page and have been given a copy of this Benefits Summary and Disclosure. I acknowledge I have reviewed this Benefits Summary and Disclosure, and the indexed features of this product have been explained to me. I understand any illustrated values shown to me, with the exception of guaranteed minimum values, are for illustration purposes only and are not guarantees, promises, or warranties.

Owner's Signature

Date

Joint Owner's Signature (if applicable)

Date

Agent's Certification: I hereby certify that I have given the Owner a signed copy of this Benefits Summary and Disclosure. I have made no statements to the Owner that differ in any significant manner from this Benefits Summary and Disclosure, nor have I made any promises or guarantees about the future value of any non-guaranteed elements of this annuity contract.

Agent's Signature

Date

Agent's Name:

Agent's No.

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Annuity Application



Americo Financial Life and Annuity Insurance Company

Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288 • Home Office: Dallas, Texas

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1. OWNER (all correspondence will be sent to this address)

• If a Trust, give Trustee, Trust name, and Trust date. A copy of the first and last page of the Trust must be submitted with the application.

Name (Last, First, MI)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
U.S. Citizen <input type="checkbox"/> Y <input type="checkbox"/> N If not, country of citizenship: _____		
Relationship to Annuitant	Date of Birth	SSN or Tax ID #
Street Address		Phone W:() H:()
City	State	ZIP
Years at current address: ____ If less than 5 years, list previous address:		

2. JOINT OWNER

• Optional for non-qualified annuities only.

Name (Last, First, MI)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
U.S. Citizen <input type="checkbox"/> Y <input type="checkbox"/> N If not, country of citizenship: _____		
Relationship to Annuitant	Date of Birth	SSN or Tax ID #
Street Address		Phone W:() H:()
City	State	ZIP
Years at current address: ____ If less than 5 years, list previous address:		

3. ANNUITANT (if other than Owner)

Name (Last, First, MI)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
U.S. Citizen <input type="checkbox"/> Y <input type="checkbox"/> N If not, country of citizenship: _____		
Date of Birth	SSN or Tax ID #	
Street Address		Phone W:() H:()
City	State	ZIP
Years at current address: ____ If less than 5 years, list previous address:		

4. JOINT ANNUITANT (if other than Owner)

• Optional for non-qualified annuities only.

Name (Last, First, MI)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
U.S. Citizen <input type="checkbox"/> Y <input type="checkbox"/> N If not, country of citizenship: _____		
Relationship to Annuitant	Date of Birth	SSN or Tax ID #
Street Address		Phone W:() H:()
City	State	ZIP
Years at current address: ____ If less than 5 years, list previous address:		

5. ANNUITY TYPE AAA5094

<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> 403(b)
<input type="checkbox"/> IRA (Traditional)	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> SEP-IRA (Annual Income) _____	<input type="checkbox"/> Other _____

6. NAME OF ANNUITY PRODUCT

Future Provider

7. PREMIUM ALLOCATIONS

• Minimum dollar amount is \$50 per allocation.

Option	% of Premium
S&P 500® Averaging No Cap _____	_____
NASDAQ-100® Point-to-Point No Cap _____	_____
S&P 500® Point-to-Point No Cap _____	_____
S&P 500® Point-to-Point With Cap _____	_____
S&P 500® Point-to-Point EZ Option _____	_____
Declared Interest Option _____	_____

Important Note: % of Premium must equal 100%

8. PREMIUM PAYMENT

• All premium checks must be made payable to Americo. Do not make check payable to the agent or leave the payee line blank. First year minimum premium requirements apply.

Premium Payment with Application \$ _____

For IRAs, the initial premium includes:

\$ _____ for Tax Year _____;

\$ _____ for Tax Year _____; and

\$ _____ as a rollover, which the Owner irrevocably elects to treat as a rollover election.

9. FREQUENCY OF PAYMENT (Check one)

<input type="checkbox"/> 01 Annual	<input type="checkbox"/> 02 Semiannual	<input type="checkbox"/> 04 Quarterly
<input type="checkbox"/> 09 Nine Pay*	<input type="checkbox"/> 10 Ten Pay*	<input type="checkbox"/> 12 Monthly
<input type="checkbox"/> Single Premium	<input type="checkbox"/> Other _____	

***Months to be Excluded in 9 and 10 Pay Options**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

10. PAYROLL DEDUCTION

Employer Name _____

Employer Street Address _____

City _____ State _____ ZIP _____

Employer's Contribution (if applicable) _____

11. TRANSFER AND REPLACEMENT INFORMATION

1035 Exchange Rollover Transfer Amount \$ _____

Do you have any existing life insurance policies or annuities? Yes No

Will this annuity replace any existing life insurance policies or annuities now in force? Yes No

If Yes to either question, be sure to include insured's name, policy number, and insurer in Remarks/Special Instructions. Replacement forms may be required by state law.

12. BENEFICIARY(IES)

- Please include percentage shares. **If shares are not given, they will be equal.**
- Include additional beneficiaries on a separate page signed and dated by the Owner(s).

Primary Contingent Share (%) _____

Name _____

Social Security Number _____

Relationship to Owner _____

Primary Contingent Share (%) _____

Name _____

Social Security Number _____

Relationship to Owner _____

Primary Contingent Share (%) _____

Name _____

Social Security Number _____

Relationship to Owner _____

Primary Contingent Share (%) _____

Name _____

Social Security Number _____

Relationship to Owner _____

13. RIDERS

Death Benefit Payout Rider (if selected, check one of the options below)

Option 1 Option 2

Death Benefit Payout Option (check one)

Annually Semi-Annually Quarterly Monthly

14. REMARKS/SPECIAL INSTRUCTIONS

Blank area for remarks and special instructions.

15. PRODUCER'S STATEMENT

a. Does the Applicant have existing life insurance policies or annuities in force? Yes No

b. Will the annuity applied for replace, or otherwise reduce in value, any life insurance policy or annuity now in force? Yes No

(If Yes to either question, complete applicable replacement form. Copies of replacement forms are to be provided to both the Owner and the Company.)

c. At the time this application was taken, were the Owners/Annuitants present and did you witness their signatures? Yes No

d. Was a government-issued picture I.D. requested, reviewed, and confirmed for the Owners/Annuitants? Yes No

Check one of the following:

I hereby certify that no sales material or illustrations were used in this sale.

I hereby certify that I used only insurer-approved sales materials and copies of all sales materials used during the presentation were left with the applicant. **(List sales materials used below.)**

Form Number and Description	Revision Date
_____	_____
_____	_____
_____	_____

I certify all replacement forms and disclosures were completed on or before the date of application and were submitted with this application as required.

Signature of Producer _____

_____	_____	_____
Americo Producer #	State License # (if required)	Telephone Number

_____	Commission Split	Producer Number
Type or Print Producer's Name	_____	_____

16. SIGNATURES

I/We represent to Americo Financial Life and Annuity Insurance Company that the statements made on this application are true, complete, and correctly recorded to the best of my/our knowledge and belief. I/We agree that the Company can rely on these statements. I/We represent we have read and understand required state disclosure and fraud notices.

I/We understand that I/We are applying for an equity-indexed annuity. While the values of the policy may be affected by an external index, the policy does not participate in stock or equity investments.

The **USA PATRIOT Act** requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided.

Signed at _____ this ____ day of _____, ____.

Signature of Owner _____

Signature of Annuitant _____

Signature of Joint Owner (if applicable) _____

Signature of Joint Annuitant (if applicable) _____

fold and detach here

AUTHORIZATION TO TRANSFER FUNDS

Important note: The transfer value should be that which is to be applied to an Amerigo product. Amerigo cannot act as an intermediary to forward funds to other carriers.



Amerigo Financial Life and Annuity Insurance Company

Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288 • Home Office: Dallas, Texas

Transfer Funds to: Amerigo Financial Life and Annuity Insurance Company P.O. Box 410288 Kansas City, MO 64141-0288 1-800-634-1181 ext. 1860 Overnight Mail: 300 West 11th Street Kansas City, MO 64105	1. Address of company from which funds are coming: Company _____ Address _____ Address #2 _____ City _____ State _____ ZIP _____ Phone Number () _____		
Insured/Annuitant:	SSN#:		
Owner:	SSN#:		
Address:	City:	State:	ZIP:
Contract Number(s)/Account Number(s):		Account/Plan Type:	

The undersigned hereby requests and directs the following action be taken in order to transfer the account/policy funds identified above:

2. Certificate of Deposit—Must Specify:

Liquidate Certificate of Deposit on the Maturity Date of ____/____/____

Liquidate Certificate of Deposit upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.

If partial transfer please indicate amount to be transferred \$ _____.

3. Liquidate (See Section 10 for Signature Guarantee)—Must Specify:

Mutual Fund Account or Qualified Plans held as mutual funds (**For IRA contracts, see Section #5; For 403(b) contracts, see Section #6**) (indicate account(s) to be liquidated):

1) Account # _____ 2) Account # _____ 3) Account # _____

Money Market Account (choose one): Qualified IRA Non-Qualified

Entire Account Liquidation: Account # _____

Partial Account Liquidation: Amount \$ _____ (indicate account(s) to be liquidated):

1) Account # _____ 2) Account # _____ 3) Account # _____

4. Assignment

Absolute Assignment: The owner of the above contract(s) hereby assigns (choose one): all partial ownership and beneficial rights under the contract(s) absolutely to the following assignee (choose one):

Amerigo Financial Life and Annuity Insurance Company Other _____

All previous designations of beneficiary and payee and all previous elections of payment options under the contract(s), as to the partial total amounts shown above, are irrevocably transferred. The sole beneficiary and payee of all amounts payable on the contract(s) shall be the above named assignee. The assignment is subject to any prior collateral assignments affecting the contract(s). **Complete Section #8 (required).**

5. Non 403(b) Contracts Full Partial \$ _____ (NET)

My existing plan: IRA Roth IRA SEP IRA KEOGH Non Qualified Annuity Other _____

1035 tax-deferred exchange. Surrender a non-qualified annuity contract(s) for the purchase of another non-qualified annuity contract under Sec. 1035 of the Internal Revenue Code. **Complete Sections #4 and #8 (required).**

Transfer (IRA). Surrender of qualified annuity contract(s) established under Sec. 402 or 408 of the Internal Revenue Code for reinvestment in a qualified annuity contract established under the same section of the Internal Revenue Code.

Surrender. The undersigned as owner of this contract elects to exchange the said contract for its net cash value and direct the transferring company to make payment(s) to the named Assignee.

1035 Exchange (life contracts)—Complete Sections #4 and #8 (required).

Transfer life qualified to life qualified

6. For 403(b) Contracts Only: Qualified Plans

I am:

1. Less than age 59 and one half and have (check one):

Separated from service with the Employer sponsoring the 403(b) Annuity or Custodial Account described above

Employer distribution form attached

Retired

Become disabled (as defined in IRC 72(m)(7))/Hardship

2. Over age 59 and one half

3. Exercising my right to take a (check all that apply):

403(b) Transfer. This transaction is intended to qualify as a tax-free transfer under Revenue Ruling 90-24.

Full Partial \$ _____ (NET)

403(b) direct rollover (Annuitization). This amount represents all or part of my eligible rollover distribution as provided by P.L. 102-318. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.

Payment Frequency: Monthly Quarterly Semiannually Annually

Total number of payments expected _____ Amount per payment to be transferred _____ Balance accumulated as of 12-31-88 _____

fold and detach here

7. Lost Policy Statement

Contract is attached

Certificate of lost contract: I/We certify that the above numbered contract(s) has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.

Owner's Signature _____ Date _____

8. Cost Basis

Cost Basis Requested: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please furnish a statement to the assignee and to the former contract holder of the cost basis in the contract.

9. Tax Withholding Election for Payees of Surrenders

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your surrender. You also may be subject to tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

I do want to have federal income tax withheld from my surrender. Please withhold \$ _____

I do not want to have federal income tax withheld from my surrender.

10. I am aware of any surrender/withdrawal penalties that may apply, and I authorize the transaction in doing so described above

The undersigned represents and agrees that the Company participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that the Company has made no representations and that it has no responsibility nor liability concerning the undersigned's tax treatment under the Internal Revenue Code.

Please make check payable to: Americo Financial Life and Annuity Insurance Company

For the Benefit of: _____

Dated at _____ this _____ day of _____, 20 _____

Signature of Insured/Annuitant _____ Signature of Joint Annuitant (if applicable) _____

Signature of Owner _____ Signature of Joint Owner (if applicable) _____

Signature of Spouse _____

If you reside in a community property state (AZ, CA, ID, LA, NV, NM, PR, TX, WA, WI), the spouse must also sign.

Signature Guarantee (if required)

Signature of Witness _____

11. Acceptance: This is to certify that the above individual has established a:

- Roth IRA SEP IRA Traditional IRA 403(b) Annuity Tax-Qualified Annuity Non Qualified Annuity
 Life Policy Other _____

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send check with a copy of this form to:

**Please make check payable to issuer/assignee:
Americo Financial Life and Annuity Insurance Company**

FBO _____

Please Send Checks and Correspondence To: Americo Financial Life and Annuity Insurance Company
PO Box 410288
Kansas City, MO 64141-0288
1-800-634-1181 ext. 1860

Cost Basis Requested: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please furnish a statement to the assignee and to the former contract holder of the cost basis in the contract.

FOR HOME OFFICE USE ONLY

Authorized Company Signature _____ Title _____ Date _____

State Required Notices

Below are notices that apply only in specific states. Please read the following carefully if the state in which the owner resides is listed.

AZ Residents Only: Upon written request, we will provide you with information regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with this contract, you may return it within 10 days, or 30 days if the owner is age 65 or over, after the date you receive it. Any premium paid will be refunded without interest.

AR, LA, NM, and OK Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime in certain states, a felony. Penalties may include imprisonment.

CA Residents Only: § 789.8 The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY and PA Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

ME, TN and VA Residents Only: 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.

OH Residents Only: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Puerto Rico Residents Only: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

About Americo

For over 100 years, Americo Life, Inc., and its family of insurance companies have been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.* We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your situation.

Innovative thinking has helped us build a strong financial foundation for our business. Today, Americo Financial Life and Annuity Insurance Company is the lead company in one of the largest independent, privately held insurance groups in the United States**, with nearly eight hundred thousand policies, over \$37 billion of life insurance in force, and over \$5 billion in assets in force for year-end 2005.***

**Americo Life, Inc., is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.*

***"Admitted Assets, Top Life Writers-2004," A.M. Best Co., as of July 2005.*

****Information is as of end of year 2005 on a consolidated basis for Americo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Americo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).*

Important Information

This annuity is intended to be a long-term retirement instrument. If you keep this annuity only a few years, contract values may be less than the total contributions due to surrender charges, income tax and IRS penalties.

Any illustrations of future values used in a sales presentation are provided only for illustrative purposes. Any such illustration must not be regarded as guaranteed or as estimated future performance unless it is based solely on the minimum guaranteed interest rates.

Comparison of equity-indexed annuities on any single factor may be misleading.

Refer to the Disclosure Statement, as well as your policy, for the governing contractual provisions.

The policy does not directly participate in any stock or equity investments.

Products are underwritten by Americo Financial Life and Annuity Insurance Company, Kansas City, MO and may vary in accordance with state laws. Some products and benefits may not be available in all states. Certain restrictions apply. For further information, please refer to the contract.

Neither Americo Financial Life and Annuity Insurance Company nor any agent representing Americo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified, professional legal or tax advisor regarding the information and concepts contained in this material.

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Americo Financial Life and Annuity Insurance Company

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