

Ultimate One Index 7



ANNUITY

All in  
*Security, Choices, Guarantees*  
ONE



For use in IL only  
05-173-2-IL © Americo

**AMERICO**  
Americo Financial Life and  
Annuity Insurance Company

Policy Series 264

# Security, Choices,

**I**nterested in an annuity that can offer you choices, security, guarantees, and a whole lot more? Now you can find all of those features in one product. Take a closer look at Ultimate One Index 7 offered by Americo Financial Life and Annuity Insurance Company.

You have many choices when making plans for your retirement. Ideally, you want to put your money into a vehicle that will grow safely over the long-term and provide you with the financial security you need. Annuities offer you the advantage of tax-deferred growth as well as the option of receiving guaranteed monthly income. Unlike any other financial product, an annuity can provide you with an income you can't outlive.

Ultimate One Index 7 is a flexible premium deferred annuity that is linked to the growth of the S&P 500® Index. This specially designed annuity can offer you the flexibility, security, and choices you deserve. Ultimate One Index 7 provides you with the choices and guarantees that can help make your retirement dreams come true.

## Secure, safe, and stable.

The interest that your Ultimate One Index 7 annuity earns is linked to increases in the S&P 500® Index. The S&P 500® Index measures stock market price movements based on the average performance of 500 widely held common stocks.

Because your annuity is linked to the S&P 500® Index, you 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.

With Ultimate One Index 7, your indexed interest is guaranteed to never fall below zero even in a down market. In addition, your interest is calculated at the end of the year and locked in. **You cannot lose those earnings if Index values go down in future years.**

## Access your cash.

While you should make every effort to give your money time to grow, sometimes circumstances require that you take a withdrawal earlier than expected. Ultimate One Index 7 allows you to access your money in many cases penalty-free.

- ◆ **Withdraw up to 10% of your accumulation value** without penalty after the first year.
- ◆ **Monthly interest income** may be selected after only 30 days from your declared interest account. Interest paid under this option is considered a withdrawal under the 10% annual free withdrawal privilege.
- ◆ **Access your entire accumulation value with no surrender charges** if you are confined to a qualified nursing home or hospital for at least 90 consecutive days with the Waiver of Surrender Charge Upon Nursing Home or Hospital Confinement Endorsement (Series 4139). Not available in all states.
- ◆ **Your accumulation value may be converted into guaranteed income** after the 5th policy year without a surrender charge in most states. Income must be taken over at least 5 years (may not be available in all states). Various income options are available, including single and joint life options. Please consult the contract for details.

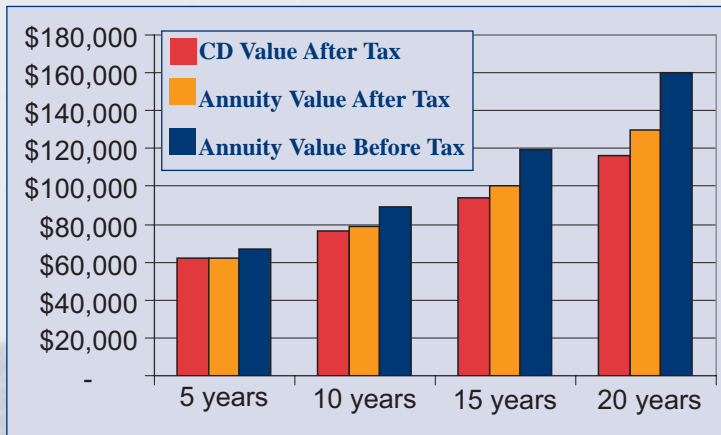
## Give me some flexibility.

When you make a contribution to Ultimate One Index 7, you have a choice of interest rate crediting options that will determine how you earn interest. Premiums can be divided among multiple indexed interest rate crediting options and a declared interest rate 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.

# Guarantees All in ONE

## The power of tax deferral.

Under current tax laws, interest compounds tax-deferred allowing your money to grow faster in your Ultimate One Index 7 annuity until you withdraw.



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. A 10% federal tax penalty may apply if the withdrawal occurs prior to age 59 1/2.



# Take a closer look.

The following is a hypothetical example of how two different indexed crediting options determine the indexed interest rate. Assume that you start your Ultimate One Index 7 annuity with a beginning participation account value of \$30,000. The following example shows what would happen to the full \$30,000 under two different equity-indexed crediting options:

Monthly Averaging with a Cap	
Beginning Participation Account Value:	\$30,000
Cap:	9%
Beginning Index Value:	900
Ending Index Value (Monthly Average):	1,008
Percent Increase/Indexed Rate:	12.00%
Indexed Interest Crediting Rate:	9.00%
Ending Participation Account Value:	\$32,700

Point-to-Point with Participation Rate	
Beginning Participation Account Value:	\$30,000
Participation Rate:	55%
Beginning Index Value:	900
Ending Index Value:	1,050
Percent Increase/Indexed Rate:	16.67%
Participation Rate of 55% (16.67 * .55)	9.17%
Indexed Interest Crediting Rate:	9.17%
Ending Participation Account Value:	\$32,750

Values shown for illustrative purposes only.

## Upside potential, with no downside risk.

Let's take a hypothetical look at how Ultimate One Index 7 might perform in favorable, average, and poor markets. The example assumes that all premium is placed in the 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%.

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. The performance of the Index is directly affected by changes in market conditions. The sample illustration may help you understand how varying market conditions can affect the value of your Ultimate One Index 7 indexed annuity.

Please read your consumer disclosure for more information on the different options available with Ultimate One Index 7 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%. Ultimate One Index 7 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%. Ultimate One Index 7 would also return 8.15% in this market.



This hypothetical example of a 10-year poor market period shows a change in the S&P 500® of -10%. Ultimate One Index 7 would not decline in value because of the guarantees on the product.

Upon death or surrender, we guarantee that your cash surrender value will never be less than 100% of your premiums, accruing interest at 1.5% interest for the first 9 contract years, and at 3.0% interest thereafter, less surrender charges.

# Benefits Summary & Disclosure

The following information is a summary of the American Financial Life and Annuity Insurance Company's Ultimate One Index 7 contract. Please refer to your annuity contract for complete details. Ultimate One Index 7 is an equity-indexed flexible premium deferred annuity that provides both a declared interest account earning a traditional fixed interest rate and indexed account options, where your accounts may be credited with interest based on the performance of the S&P 500® (excluding dividends).

## Guarantees

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### Guaranteed Minimum Value

We guarantee that your cash surrender value will never be less than 100% of your premiums (less partial surrenders), accruing interest at an annual effective rate of 1.5% for the first nine contract years, and 3.0% 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.

Because there are no surrender penalties after 7 years, you are guaranteed 100% of your premium after that time (less Premium Tax, if applicable) assuming there have been no surrenders, loans or partial withdrawals.

### 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.

### Guaranteed Death Benefit

Upon the death of the Owner, the greater of the accumulation value with accrued indexed interest or the guaranteed minimum value will be paid to the named beneficiary.

## Declared Interest Accounts

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### Declared Interest Rate

Interest will be paid on the Declared Interest Account at a rate set in advance by the Company. We may change the Current Interest rate payable on Declared Interest Accounts at any time, but it will never be less than 2.0%. The interest rate for any Declared Interest Rate Account will be guaranteed for one full year from the date of premium payment.

## Indexed Accounts

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### Index

The Index is the measure used for determining the credit to your Indexed Accounts. For Ultimate One Index 7 the index is the S&P 500® (excluding dividends).

### Index Crediting Options

Ultimate One Index 7 currently provides five Index Crediting Options in addition to the Declared Interest option. You may allocate premiums among two point-to-point and three Monthly Averaging Indexed account options:

- ◆ Monthly Averaging with Participation Rate
- ◆ Monthly Averaging with a Cap
- ◆ Monthly Averaging with a Spread
- ◆ Point-to-Point with Participation Rate
- ◆ Point-to-Point with a Cap

### 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 [(average value - beginning value) / 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 [(ending value - beginning value) / (beginning value)]. If positive, this change in the index rate is used to calculate the Index Credited Amount. The Index Credited Amount can never be less than zero.

### Participation Rate

The percentage of the change in an Index used to determine the Index Credited Amount. It is declared in advance and guaranteed for one year for each allocation to a Participation Account. The initial Participation Rate for each indexed option, as applicable, is declared at issue.

### Cap

A Cap is the maximum Index Credited Amount that may be applied to a Participation Account. It is declared in advance and guaranteed for one year for each allocation to a Participation Account. The initial Cap for each Index Option, as applicable, is shown in your annuity contract.

### Spread

A deduction from the result of the Index Rate multiplied by the Participation Rate. The Spread is shown on the Contract Data page.

### Creation of Participation Account(s)

Each premium allocation creates a participation account which earns an annual interest rate based on the equity-indexed 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 minimum guaranteed interest rate of 2%.

### 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 the monthly averaging methodology, a point-to-point methodology, or a combination of both.

### 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. Please see Your annuity contract for details.

### Loan Provision

When Ultimate One Index 7 indexed annuity is issued as part of a qualified plan (excluding IRAs), you may take out a loan against the cash surrender value. Refer to the qualified plan endorsement with your annuity contract for details.

### Premium Taxes

Premium Taxes do not apply in all jurisdictions. If Your state charges a Premium Tax, We will deduct this tax from Your premium payments or from the proceeds of this annuity contract depending on the laws of Your state and in accordance with our then Company practice.

### Cash Surrender Value

Ultimate One Index 7 is for long-term savings. Should you need to terminate your policy early, a surrender charge may be applied. 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 Value, less any applicable Premium Taxes. After the first year, up to

10% of your accumulation value may be withdrawn each year without a surrender charge. Amounts in excess of this will be reduced according to the schedule below. Please refer to your annuity contract for specific information regarding surrenders.

### Surrender Charge Schedule

Year	1	2	3	4	5	6	7	8+
Rate	8.4%	7.5%	6.6%	5.6%	4.7%	3.8%	2.8%	0%

### 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 the annuity contract for details.

### Death Benefit

Upon the death of the Owner, we will pay a Death Benefit to the beneficiary. The Death Benefit is equal to the Accumulation Value determined as of the date the due proof of death is received by Us at Our Office. Please refer to the 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 Disclosure Statement. I acknowledge I have reviewed this Disclosure Statement, and the indexed features of this product have been explained to me. I understand the equity indexed annuity product for which I am applying includes surrender charges decreasing over a period of seven years. 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 Disclosure Statement. I have made no statements to the Owner that differ in any significant manner from this Disclosure Statement, 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

### 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

AAA5093

<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

Ultimate One Index 7

### 7. PREMIUM ALLOCATIONS

• Minimum dollar amount allocated to each fund is \$50.

Option	% of Premium
Monthly Averaging with Participation Rate	_____
Monthly Averaging with Spread	_____
Monthly Averaging with Cap	_____
Point-to-Point with Participation Rate	_____
Point-to-Point with Cap	_____
Declared Interest Option	_____

### 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.

Premium Payment with Application \$ \_\_\_\_\_

Monthly  Single Premium  Other \_\_\_\_\_

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. PAYROLL DEDUCTION (403(b) only)

Employer Name \_\_\_\_\_

Employer Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employer's Contribution (if applicable) \_\_\_\_\_

### 10. 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
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**11. TRANSFER AND REPLACEMENT INFORMATION**

1035 Exchange  Rollover Transfer Amount \$ \_\_\_\_\_

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

Will this annuity replace any existing life insurance 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)**

- Be sure to include percentage shares. If shares are not given, they will be equal.
- Please 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 \_\_\_\_\_

In Community Property States (AZ, CA, ID, LA, NV, NM, PR, TX, WA, WI), if spouse is not named as primary beneficiary, please acknowledge by signing below.

I waive my Community Property interest and give my consent for someone other than myself to be designated as Primary Beneficiary to this policy.

\_\_\_\_\_  
Spousal Consent

**13. REMARKS/SPECIAL INSTRUCTIONS**

Large empty box for remarks and special instructions.

**14. 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 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

e. Does the applicant speak English? .....  Yes  No

1. If the Applicant did not speak English, did you or a translator read the application to them in a language the Applicant understood? .....  Yes  No

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 are complete on or before the date of application and are submitted with this application as required.

Signature of Producer

\_\_\_\_\_  
Americo Producer #      State License #      Telephone Number  
(if required)

Type or Print Producer's Name

**15. 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.

Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Annuitant

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
Signature of Joint Annuitant (if applicable)

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**AUTHORIZATION TO TRANSFER FUNDS**

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



Americo Financial Life and Annuity Insurance Company

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

<p><b>Transfer Funds to:</b>                  Americo 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</p>	<p><b>1. Address of company from which funds are coming:</b>                  Company _____                  Address _____                  Address #2 _____                  City _____ State _____ ZIP _____                  Phone Number (       )</p>		
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 Box 10 for Signature Guarantee)—Must Specify:**

- Mutual Fund Account **or**  Qualified Plans held as mutual funds (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):  
 Americo 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 Box #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 Box #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 Box #8 (required).**
- Transfer life qualified to life qualified—Complete Box #7 (required).**

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

- I am:**
- 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
  - Over age 59 and one half
  - 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 \_\_\_\_\_

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**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 Amerigo

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For over 90 years, Amerigo 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, Amerigo 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.\*\*\*

*Products are underwritten by Amerigo 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.*

*The policy does not directly participate in any stock or equity investments. Refer to your Disclosure Statement, as well as your policy, for the governing contractual provisions.*

*\*Amerigo 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 Amerigo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Amerigo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).*



**Amerigo Financial Life and Annuity Insurance Company**  
Home Office: Dallas, TX  
Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288