



Experience
the Power of
Collaborative
Thinking

Fidelity & Guaranty Life Insurance Company

Home Office: Des Moines, IA

Administrative Office: P.O. Box 81497; Lincoln, NE 68501-81497

Overnight Address: 777 Research Drive, Lincoln, NE 68521-5315

INDIVIDUAL ANNUITY APPLICATION

1. PRODUCT INFORMATION

Please Select One:

☐ F&G Secure MYGA® MVA ☐ F&G Secure MYGA® Non-MVA ☐ F&G Secure MYGA® ROP

Initial Interest Rate Guarantee Period: ☐ 3 Years ☐ 5 Years ☐ 7 Years

2. Owner(s)

Name_____

Address_____

☐ Male ☐ Female Birth Date_____ Social Security Number or Tax ID No_____

Phone_____ Email_____

Joint Owner (if applicable)

Name_____

Address_____

☐ Male ☐ Female Birth Date_____ Social Security Number or Tax ID No_____

Phone_____ Email_____

Relationship to Owner:_____

3. Annuitant(s)

☐ Check if Annuitant is same as Owner

Name_____

Address_____

☐ Male ☐ Female Birth Date_____ Social Security Number or Tax ID No_____

Phone_____ Email_____

Relationship to Owner_____

Joint Annuitant (if any) ☐ Check if Joint Annuitant is same as Joint Owner

Name_____

Address_____

☐ Male ☐ Female Birth Date_____ Social Security Number or Tax ID No_____

Phone_____ Email_____

Relationship to Owner_____

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4. Beneficiary

Please select Primary or Contingent Beneficiary for each beneficiary listed. If not selected, Primary will be default. The percentage for all Primary beneficiaries must total 100%. The percentage for all Contingent beneficiaries must total 100%. All percentages must be in whole numbers. If Beneficiary percentages are not specified, all beneficiaries within a beneficiary type will share equally. Additional beneficiaries, if any, can be listed on a separate document and submitted with this application.

The proposed Owner(s) agrees that, in the event of their death before the annuity contract is issued and/or delivered, the beneficiary designation below shall be treated as a transfer-on-death designation for the premium intended for this annuity contract.

1. Name: _____ ☐ Primary ☐ Contingent
Address: _____
Phone _____ Email _____
Birth Date _____ Social Security Number or Tax ID No _____ Beneficiary % _____
Relationship to Owner: _____
2. Name: _____ ☐ Primary ☐ Contingent
Address: _____
Phone _____ Email _____
Birth Date _____ Social Security Number or Tax ID No _____ Beneficiary % _____
Relationship to Owner: _____
3. Name: _____ ☐ Primary ☐ Contingent
Address: _____
Phone _____ Email _____
Birth Date _____ Social Security Number or Tax ID No _____ Beneficiary % _____
Relationship to Owner: _____
4. Name: _____ ☐ Primary ☐ Contingent
Address: _____
Phone _____ Email _____
Birth Date _____ Social Security Number or Tax ID No _____ Beneficiary % _____
Relationship to Owner: _____

5. Plan Type and Premium

Plan Type

☐ Nonqualified ☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐ Inherited IRA ☐ Tax-Sheltered Annuity (Funding Vehicle Only)
☐ Other (specify plan type): _____
☐ Contribution IRA Tax Year _____ Contribution Amount _____

Premium - Please make check(s) payable to Fidelity & Guaranty Life Insurance Company

Total Cash Amount (Check/ACH/DTCC Settlement)	\$
Anticipated total amount from Exchange(s)/Transfer(s)/Rollover(s) to be requested by F&G	\$
Anticipated total amount from Exchange(s)/Transfer(s)/Rollover(s) to be requested by Financial Professional/Agent or Owner	\$
Total Estimated Premium	\$

6. Special Instructions

7. Acknowledgements, Agreements and Signatures

Replacement - If either of the following questions is answered "Yes", please complete and submit the state-specific replacement form.

1. Do you have an existing life insurance policy or annuity contract? ☐ Yes ☐ No
2. Will the annuity applied for replace or change an existing life insurance policy or annuity contract? ☐ Yes ☐ No

I (We) have read the statements made in this application. To the best of my (our) knowledge and belief, the statements made are complete, true, and correctly recorded. I (We) understand that a copy of this application may form a part of any annuity issued; the annuity will not take effect until delivered to the Owner; no financial professional or agent has the authority to modify any annuity issued; and **there are terms, conditions, charges, and fees for any optional rider selected.**

I (We) understand that I (We) have applied for an annuity. I (We) have received a copy of Fidelity & Guaranty Life Insurance Company's disclosure material for this annuity.

If the annuity is issued with a market value adjustment, the cash surrender values may increase or decrease based on a market value adjustment prior to the date or dates specified in the annuity; the market value adjustment applies when the surrender charge applies.

I (We) certify, under penalties of perjury, that I am a (we are) United States Citizen(s) or resident(s) of the United States (includes United States resident aliens) and that the taxpayer identification number(s) is (are) correct. I (We) understand that federal law requires all financial institutions to obtain identity information in order to verify my (our) identity(ies) and I (we) authorize its use for this purpose. This information includes, but is not limited to, the name(s), residential address(es), date(s) of birth, Social Security or taxpayer identification number(s), and any other information necessary to sufficiently verify identity(ies). Third party sources may be used to verify the information provided.

Fraud Warning Notice: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject penalties under state law.

Signed at: _____

Date: _____

Signature of Owner: _____

Signature of Joint Owner (if applicable): _____

Signature of Annuitant (if different than Owner): _____

Signature of Joint Annuitant (if applicable): _____

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8. Financial Professional/Agent Certification

Does the applicant have an existing life insurance policy or annuity contract? ☐ Yes ☐ No

To the best of your knowledge, does this application replace or change existing life insurance or annuities? ☐ Yes ☐ No

I certify that the application was signed and dated by the Owner(s). I certify that all the Company's disclosure material has been presented to the Owner(s) and a copy was provided. I have not made any statements which differ from this material nor have I made any guarantees or promises about the expected future values of the annuity. I have received a copy of, have carefully read and complied with the applied for annuity's training manual.

I have verified the identity of the Owner, Joint Owner, Annuitant and Joint annuitant through an examination of a state or federal government photo identification card provided by the Owner, Joint Owner, Annuitant or Joint Annuitant such as a driver's license or passport.

I have truly and accurately recorded on this application the information provided by the applicant.

Primary Financial Professional/Agent: _____

Signature: _____ Date: _____

F&G Financial Professional/Agent No.: _____ Split% (if <100%): _____

Financial Professional/Agent Phone No.: _____

Financial Professional/Agent Email: _____

ADDITIONAL PRODUCER(s)

1. Financial Professional/Agent Name: _____

F&G Financial Professional/Agent No.: _____ Split% (if <100%): _____

Financial Professional/Agent Phone No.: _____

Financial Professional/Agent Email: _____

2. Financial Professional/Agent Name: _____

F&G Financial Professional/Agent No.: _____ Split% (if <100%): _____

Financial Professional/Agent Phone No.: _____

Financial Professional/Agent Email: _____

3. Financial Professional/Agent Name: _____

F&G Financial Professional/Agent No.: _____ Split% (if <100%): _____

Financial Professional/Agent Phone No.: _____

Financial Professional/Agent Email: _____

Commission Option Elected: