

MANHATTAN LIFE INSURANCE COMPANY
WESTERN UNITED LIFE ASSURANCE COMPANY
Annuity Operations Office

Direct: PO Box 2290 Spokane WA 99210-2217 • Overnight: 929 W Sprague Ave Spokane WA 99201
 Tel 800.247.2045 • Fax 509.835.3190 • AnnuityServices@wula.com • ManhattanLife.com

Annuity Application
 DocManager Packet

Note: This packet contains 'fillable' forms. [You must download it to your PC before filling it in.](#) Tab through the fields to fill them in, or print and complete by hand. Please do not submit without all fields and questions completed. Download the free Adobe Reader here <https://get.adobe.com>.

Description	Form Number	Instructions
Individual SPDA Application	2015-SPDA-APP_NY	REQUIRED - Complete, sign and return. If a premium payment is received, also add the Premium Receipt to be completed and left with applicant.
Application Beneficiary Designation	APBD0921	Use if Beneficiary designations will not fit on application. Indicate on the application that this form is attached. It will become a part of the Contract. CANNOT be used for existing Beneficiary Changes.
Annuity Suitability Analysis	SUIT0123	REQUIRED - Complete, sign and return with every new business application.
Annuity Suitability Analysis - Continued	SUIT0123	Additional Suitability Analysis Replacement page for when premiums are coming from more than two sources.
Disclosure Statement (NY Appendix 10B)	NYDISC-A10B	Annuity to Annuity Replacement only. Complete and return with application. Leave copy with applicant. See INSTRUCTIONS.
Preferred Choice SPDA Disclosure NY	MLPRF-DISC0921_NY	REQUIRED - Complete, sign and return with every new business application.
Annuity Income Payment Request	AIPR_02.2024	Return with application if applicant chooses to receive annuity payments or continue from existing contracts. NOTE: Please be sure the free amount is sufficient to satisfy the RMD/SLE for the product selected. Also print State Tax Withholding Instructions to determine if state taxes are required to be withheld.
Non-Qualified Request for Beneficiary 1035 Exchange	NQBN0921	Non-Spouse Beneficiary request for a non-qualified 1035 Exchange.
Non-Qualified Request for Fund Transfer or 1035 Exchange	NQTR0921	Request for non-qualified Funds Transfer or 1035 Exchange.
Qualified Request for Beneficiary Transfer/Rollover	QABN1122	Non-Spouse Beneficiary request for a qualified Transfer or Rollover.

Qualified Request for Transfer/Rollover/Conversion	QATR0123	Use to request a qualified transfer, rollover, or conversion. (Existing WULA flexible TSA 403(b) contract requests MUST use the TSA 403(b) Request for Transfer/Rollover/Exchange form found under Contract Administration)
PTE 84-24 Disclosure and Acknowledgment for IRA Annuity Purchase		Used for DOL IRA transaction applications. DO NOT return this form to the Annuity Operations Office. Annuity Producer Use Only.
Definition of Replacement - (NY Appendix 11A)	NYDFRP-A11	REQUIRED - Complete and return with application. Leave copy with applicant.
Replacement Notice - NY	RPNY0921	IMPORTANT Notice Regarding Replacement (Appendix 10C). Company Information Request. Marketing Materials Verification. Complete, sign and follow instructions if replacement is involved. Leave copy with applicant.

Phone Hours (Pacific Time)

Monday -Thursday 8:00 am to 4:00 pm

Friday 8:00 am to 1:00 pm

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**INDIVIDUAL SINGLE
PREMIUM DEFERRED
ANNUITY APPLICATION**

1. PRODUCT NAME

- | | | |
|---|---|--|
| <input type="checkbox"/> Preferred Choice 3 | <input type="checkbox"/> Preferred Choice 6 | <input type="checkbox"/> Premium Preferred 5 |
| <input type="checkbox"/> Preferred Choice 5 | <input type="checkbox"/> Preferred Choice 7 | <input type="checkbox"/> Premium Preferred 7 |

2. CONTRACT QUALIFIER

- Non-Qualified Other Qualified _____
- IRA Roth IRA SEP IRA Simple IRA Contribution Tax Year _____

3. PREMIUMS

(Min \$10K/ Max 1MM)

Attached with Application	Expected Exchange/Transfer/Rollover	Total Amount
<input type="checkbox"/> New Money <input type="checkbox"/> Fund Transfer/1035 Exchange (attach NQA Transfer form) <input type="checkbox"/> Transfer/Rollover/Conversion (attach QA Transfer form)		

4. ANNUITANT

(Single Annuitant, unless 1035 Exchange where joint-annuitants are in place.)

Annuitant Full Name	SSN/Tax ID	Date of Birth	Actual Age
Address	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City, State, Postal Code	Email	Area + Phone No	

5. OWNERSHIP

(The Annuitant is considered the Primary Owner unless otherwise designated here.)

Owner Full Name	<input type="checkbox"/> Primary Owner (if not the Annuitant), or <input type="checkbox"/> Joint Owner (Annuitant is Primary Owner)		
Address	SSN/Tax ID	Birth/Trust Date	Gender <input type="checkbox"/> N/A <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Postal Code	Email	Area + Phone No	
<input type="checkbox"/> Contingent Owner (if applicable)	SSN/Tax ID	Birth/Trust Date	Gender <input type="checkbox"/> N/A <input type="checkbox"/> Male <input type="checkbox"/> Female

6. ANNUITANT'S BENEFICIARY DESIGNATION

(Required information as set forth in the USA PATRIOT Act)

Primary Beneficiary(ies) **(If more room is needed, attach a Beneficiary Designation Form and note it in #7.)**

a. Full Legal Name (Include Title if Applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent
Address	City, State, Postal Code			
b. Full Legal Name (Include Title if Applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent
Address	City, State, Postal Code			

Contingent Beneficiary(ies)

a. Full Legal Name (Include Title if Applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent
Address	City, State, Postal Code			
b. Full Legal Name (Include Title if Applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Percent
Address	City, State, Postal Code			

Incomplete without – All Pages, Owner Initialed Changes and All Original Signatures

7. ADDITIONAL NOTES*(Any additional paperwork added must be signed and dated.)***8. NOTICES AND DISCLOSURES****IMPORTANT REMINDERS:**

- Completion of all forms including all signatures is required.
- The applicants must initial any changes and/or corrections.
- Incomplete paperwork and/or missing requirements may delay processing and/or commissions.

DEFINITIONS – I understand:

- **The Company** – refers to The Manhattan Life Insurance Company.
- **I/we, me/my** – refers to all of the Owner(s) of the annuity contract being applied for; except in #12 where they refer to the Insurance Producer(s).
- **The Contract** – refers to this application, any application supplements, all attachments, including any amendments, riders or endorsements, and the annuity contract being applied for as the entire Contract between the parties. The Company deems that all statements made by the Annuitant, or on his or her behalf, are representations and not warranties. A copy of this application is part of the Contract. Only an officer of the Company may modify the Contract or waive any of the Company's rights or requirements. Any modification or waiver must be in writing.

RIGHT TO EXAMINE THE CONTRACT - I/we understand that I/we have 30 days, 60 days if a replacement transaction is involved, to examine this Contract. A summary of guaranteed and non-guaranteed values including settlement options based on the single premium paid will be attached with the annuity contract. I/we will review the annuity contract and the summary of values carefully. Within thirty (30) days (or sixty (60) days if applicable) after receipt of the annuity contract if I am not satisfied with it for any reason, I may return it with a written request* to a) the Company, or b) the insurance producer who sold it to me, for a full refund of the premium paid. The Company will void the Contract and refund the full premium paid less any Partial Surrenders upon receipt of the request. *CT does not require a written request.

IF THE ANNUITY CONTRACT IS PURCHASED THROUGH A BANK OR CREDIT UNION – I/we understand that the Contract:

- Is not a Certificate of Deposit (CD),
- Is not insured by an agency or instrumentality of the United States, such as the Federal Deposit Insurance Corporation (FDIC),
- Is not an obligation of, or guaranteed by, a Bank or Credit Union, and
- Is not insured by the Securities Investors Protection Corporation (SIPC) as to loss of principal.

FRAUD NOTICE – I/we understand:

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

CA residents – Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FL residents – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

PRIVACY STATEMENT – I/we understand that the Company may collect personal information about me and others I/we have identified in this application to process my request for an annuity contract with the Company. I/we further understand that the following Privacy Notice is given on behalf of the Company and it describes the general policy of the Company regarding the personal information of customers.

Personal Information Collected All of the information the Company collects is referred to in this Privacy Statement as "Information" and includes:

- Information from me on application, such as name, address, social security number, salary, assets, liabilities, and beneficiaries,
- Information that the Company obtains through its insurance producers and brokers,
- Information regarding my business with the Company, such as my premiums, and
- Information from consumer reporting agencies such as credit history.

Information Security The Company restricts access to Information in its possession to individuals who need it to work on my/our account. The Company maintains physical, electronic, and procedural safeguards that comply with federal regulation to guard my/our information.

Information the Company Shares Except as allowed or required by law, the Company does not disclose information about customers or former customers to third parties.

If my/our account has more than one name on it, the Company will send only one notice to the address it has on file for me. I/we may submit a written request for the Company to provide each person named on the account with a separate Privacy Notice. The request must be sent to the Company at the address below and include my/our annuity contract number, if I have it.

Manhattan Insurance Group, Attention Customer Privacy Inquiries, 10777 Northwest Freeway, Houston TX 77092

Incomplete without – All Pages, Owner Initialed Changes and All Original Signatures

9. OWNER AGREEMENTS AND DECLARATIONS

(Each question requires an answer.)

- I/we have read this application and all statements and answers as they pertain to me/us, and these statements and answers are true and complete to the best of my/our knowledge and belief;
I/we understand that the statements made in this application are the basis for any annuity contract issued by the Company, and that no information about me/us will be considered to have been given to the Company unless it is stated in this application;
I/we understand that my/our insurance producer does not have the Company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, contract or receipt, as applicable;
I/we understand that the Company will have no liability until:
o The Contract is issued on this application and delivered to and accepted by the me/us, and
o The first premium due is paid in full while each proposed owner and annuitant is alive.
By signing this application, I also declare the following:

a. Yes No To the best of your knowledge, do you currently have any other annuity contracts or life insurance policies in force?

b. Yes No To the best of your knowledge, will this Contract change or replace an existing annuity contract or life insurance policy currently in force? If Yes, provide details below (add an additional sheet if necessary).

Company

Policy/Contract #

Company

Policy/Contract #

c. Yes No Have you read, signed, and received a copy of the applicable Product Disclosure and a Buyer's Guide to Fixed Deferred Annuities as requested?

d. Yes No Do you understand and acknowledge that The Manhattan Life Insurance Company does not offer legal, financial, tax, investment or estate-planning advice? Have you had the opportunity to seek such advice from the proper sources before purchasing this annuity?

e. Yes No Do you agree that the purchase of this annuity is appropriate to your particular legal, financial, tax, investment, estate-planning goals and other circumstances?

10. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I/We understand that failure to furnish my/our correct TIN (taxpayer identification number), may result in a \$50 penalty for each failure, imposed by the Internal Revenue Service (IRS). I/We also understand the Company would be required to withhold an additional amount according to IRS guidelines. IRS Instructions are available upon request.

Under penalties of perjury, I certify that:

- The Taxpayer Identification Number that appears on this form is correct.
I am not subject to backup withholding due to failure to report interest and dividend income.
I have checked this box because I am subject to backup withholding. (Check ONLY if applicable)
I am a U.S. citizen or other U.S. person.

ALL SIGNATURES ARE REQUIRED INCLUDING TITLES IF APPLICABLE

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Primary Owner Signature

Date

*Signed at (City, State, Country)

Joint Owner Signature (if applicable)

Date

*Signed at (City, State, Country)

Owner is signing as Self Trustee (Attach a copy of the Trust) Attorney in Fact (Attach a copy of Power of Attorney form) Other

*The Annuity Contract will be issued according to the Primary Owner's resident state.

Incomplete without - All Pages, Owner Initialed Changes and All Original Signatures

11. INSURANCE PRODUCER AGREEMENTS AND DECLARATIONS *(Each question requires an answer.)*

I/we declare that this application was accurately completed with the information provided to me by the Owner(s). Upon completion, the application was signed and dated by the same Owner(s). By signing this application, I also certify the following:

- a. Yes No To the best of your knowledge, does the Applicant(s) currently have other annuity contracts or life insurance policies in force? If Yes, has the Definition of Replacement form (Appendix 11) been completed, signed and attached?
- b. Yes No To the best of your knowledge, will this Contract change or replace an existing annuity contract or life insurance policy currently in force? If Yes, has the Important Notice Regarding Replacement form (Appendix 10C) been read, completed, signed, and attached?

NOTE: Copies of Appendixes 10C and 11 must be left with the Client.

- c. Yes No Have you reviewed, completed with the Owner, signed and left a copy of the applicable Product Disclosure and a Buyer's Guide to Fixed Deferred Annuities as requested and/or required?
- d. Yes No Have you completed the Annuity Suitability Analysis with the Owner; attached the original with this application and left copies with the client and kept copies for your records?
- e. Yes No Have you verified the identity of the Owner(s), via an acceptable* form of original photo identification as required by the USA Patriot Act? (For joint ownership, have both Owner(s) been verified as required?)
*Acceptable being a valid Driver's License, Government Issued Photo ID, or a valid Passport.

ALL SIGNATURES ARE REQUIRED



Insurance Producer Signature	Date	*Signed at (City, State, Country)
Insurance Producer Signature	Date	*Signed at (City, State, Country)

***The Annuity Contract will be issued according to the Primary Owner's resident state.**

12. INSURANCE PRODUCER INFORMATION *(Please print or type)*

a. Full Legal Name	Producer ID	State License No
Business or Institution Name	Profile #	Share %
b. Full Legal Name	Producer ID	State License No
Business or Institution Name	Profile #	Share %
c. Full Legal Name	Producer ID	State License No
Business or Institution Name	Profile #	Share %

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**APPLICATION
BENEFICIARY
DESIGNATION**

This form is **ONLY** to be used, as the Beneficiary Designation on a New Application. If used, note on the Application that this form is being used and send it in with the Application. *****Beneficiary Name, Address, Relationship and Birth/Trust Date are Required*****

1. ANNUITANT INFORMATION

Annuitant Name	Applicant/Owner Name	Application Date
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2. PRIMARY BENEFICIARY INFORMATION (If a trust, the date of the trust is required) Do Not Name Trustees

a. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No

3. CONTINGENT BENEFICIARY INFORMATION (If a trust, the date of the trust is required) Do Not Name Trustees

a. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No

4. REQUIRED SIGNATURES

Applicant/Owner Printed Name	 Applicant/Owner Signature	Date
Joint Applicant/Owner Printed Name	Joint Applicant/Owner Signature	Date
Spouse Printed Name (if community property state)	Spouse Signature	Date

COPIES TO PRODUCER AND CLIENT

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**ANNUITY
SUITABILITY
ANALYSIS**

A APPLICATION INFORMATION

(Must match the attached Annuity Application)

Product Name

B OWNER INFORMATION

Owner's Full Name

Joint Owner's Full Name *(if applicable)*

Currently employed?

Yes No Retired N/A

Currently employed?

Yes No Retired N/A

- "Household" means the Owner and spouse/partner, a member of the Owner's household.
- If Joint Owners are not part of the same household, a separate Suitability Analysis form is needed for each.
- For non-individually owned contracts, complete this form using the entity's information. *(If Owner is a Trust, we will also need a copy of the Trust and Indemnification form.)*
- Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans aid and attendance benefit? **(California Residents Only)** N/A Yes No

C NEW AND EXISTING ACCOUNT INFORMATION

1. If the new annuity product selected is a single premium immediate annuity with a life contingency and a guaranteed period certain, do the break-even years exceed the guaranteed period certain? **(SPIA only)**
..... N/A Yes No
 - a. **If Yes, the following statement must be acknowledged:**
I understand that if the Annuitant dies before the break-even years, the total single premium paid will not be fully recovered. *(NOTE: A contract summary can be requested.)* Yes No
2. What is the source of this annuity's purchase premium? *(check all that apply)*
 Another Annuity Life Insurance Death benefit proceeds from annuity / life insurance
 Checking/Savings Certificate of Deposit (CD) Stocks/Bonds/Mutual Funds
 Reverse Mortgage/Home Equity Loan Other: _____
3. **EXCLUDING** this transaction, have you replaced any other annuity contracts within the last 60 months?
..... Yes No
 - a. **If Yes, explain: (Exclude this transaction. Add additional pages if necessary)**
 - (1) Reason for the replacement _____
 - (2) Full or partial surrender _____
 - (3) The amount of any surrender charges _____
 - b. Is the producer assisting you with this transaction the same one who replaced your other annuity contracts? Yes No
4. Does the source of this annuity's purchase premium **change** or **replace** a current **annuity contract** or **life insurance policy**? Yes No
 - a. If Yes, the Replacement Information is required to be completed for each contract/policy being replaced.

ANNUITY SUITABILITY ANALYSIS

You may duplicate this page as needed.

REPLACEMENT INFORMATION

(Complete as of the time of Replacement)

	Existing Policy/Contract #1	Existing Policy/Contract #2
5. Company Name		
6. Product Type (<i>Annuity / Life</i>)	<input type="checkbox"/> Fixed <input type="checkbox"/> Life <input type="checkbox"/> Variable <input type="checkbox"/> Indexed	<input type="checkbox"/> Fixed <input type="checkbox"/> Life <input type="checkbox"/> Variable <input type="checkbox"/> Indexed
7. How long in force?	<input type="checkbox"/> Years <input type="checkbox"/> Months	<input type="checkbox"/> Years <input type="checkbox"/> Months
8. Rate of Return/Interest Rate		
9. Is the existing interest rate the same or higher than the proposed annuity contract rate?		
a. If Yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Surrender Type	<input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> Partial <input type="checkbox"/> Full
11. Surrender Value Amount Being Transferred (+/- MVA** if applicable)	\$ _____	\$ _____
**Market Value Adjustments can fluctuate during the time it takes to process an application and may impact the Surrender Value Amount. Please disclose actual surrender charges in box 12.		
12. Surrender Charges	\$ _____	\$ _____
13. Other Fee Amounts (Specify)	\$ _____	\$ _____
14. Amount of Death Benefit	\$ _____	\$ _____
15. If this annuity is changing or replacing a VARIABLE annuity contract or life insurance policy, will the Death Benefit Amount shown above be lost?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Will this cause a taxable event?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, taxable amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, taxable amount _____

17. Additional Replacement Notes:

18. I/we have reviewed all elements of the replacement(s) or exchange(s) with my/our insurance producer, including surrender charges, and the potential loss of other benefits. I/we, believe this transaction is suitable for my/our financial needs and goals and more advantageous than my/our existing product(s).

Yes No

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ANNUITY SUITABILITY ANALYSIS

IMPORTANT NOTICE TO OWNER(S):

Financial information is necessary for your producer to help you make the most informed suitability decisions. Please complete the following financial sections as completely as possible.

Your privacy is extremely important to us. The information you provide is confidential. It will not be shared and will only be used to confirm the suitability of your annuity purchase.

D FINANCIAL EXPERIENCE (Past and/or Present)

1. How many years of investment experience do you have?
 0 – 3 years 4 – 6 years 7 – 10 years More than 10 years

2. What is your general risk tolerance; i.e., willingness to accept volatility with the funds?
 Conservative Moderate Aggressive

3. What financial products do you own or have you previously owned? (check all that apply)
 Fixed Annuities Life Insurance Stocks/Bonds/Mutual Funds
 Variable Annuities Certificate of Deposit (CD) Other: _____

4. Why are you considering purchasing this annuity? (check all that apply)
 Immediate Income Lifetime Income Safety Death Benefits
 Tax-deferred Growth Growth Potential Other: _____

5. Do you have a reverse mortgage on your primary residence?..... Yes No
 If Yes, explain: _____

6. Has this producer previously sold you annuity contracts or life policies? (**Massachusetts Residents Only**)
 a. Yes No If Yes, please indicate the number of contracts/policies sold and the number
 still in force. Sold: _____ In Force: _____

E FINANCIAL OBJECTIVES

1. I have been provided with and read a product disclosure statement that discloses the surrender charge period and the surrender charge percentages for this annuity contract..... Yes No

2. Do you anticipate needing income from this annuity greater than the amounts that can be accessed without surrender charges during the surrender charge period? Yes No

3. Do you anticipate taking distributions from this annuity?..... Yes No
 a. If Yes, check all that apply:
 Annuitization Interest Only Partial Surrender (incl. "Free" amount available)
 Single Sum Required Minimum Distribution (RMD) (Qualified Only)
 Other: _____

F ADDITIONAL INFORMATION (If Needed)

ANNUITY SUITABILITY ANALYSIS

G FINANCIAL INFORMATION

INCOME

- 1. What is your combined State and Federal household income tax bracket?
Under 12% 12% - 24% Over 24%
2. Gross monthly household income ... Approximately \$
DO NOT INCLUDE - income currently earned on the money that will be used to purchase this annuity
INCLUDE - but not limited to salary, Social Security payments, pension/retirement benefits, investment and/or rental income.

EXPENSES

- 3. Monthly household living expenses ... Approximately \$
INCLUDE - but not limited to housing, transportation, insurance, food, healthcare, and taxes (include property, income, and FICA taxes)
4. Disposable monthly income ... (#2 minus #3) \$

PLEASE CONSIDER

- 5. After the purchase of this annuity, will you have enough income to meet or exceed your monthly expenses? ... Yes No
a. If No, explain:
6. Do you anticipate any significant decrease in your household's monthly income or increase in living expenses during the surrender charge period? ... Yes No
a. If Yes, explain:

NET WORTH

(Do not include primary residence, personal belongings, or personal property such as jewelry, furnishings, vehicles, etc.)

- 7. Total value of household assets ... Approximately \$
INCLUDE - all assets except your primary residence, including funds used to purchase this annuity.
8. Household debt ... Approximately \$
Total debt does not include mortgage(s) or debt owed on the primary residence
9. Household net worth ... (#7 minus #8) \$

LIQUID ASSETS

- 10. Total value of household *Liquid Assets ... Approximately \$
(Cannot be equal to or greater than #7)
*LIQUID ASSETS - are those that can be easily converted to cash without charges or penalties.
DO NOT INCLUDE - liquid assets used to fund this annuity
INCLUDE - current-year free withdrawals from annuities (other than this one being purchased), checking/savings accounts, securities (including mutual funds without deferred sales charges and money market accounts), etc.

PLEASE CONSIDER

- 11. Do you anticipate any significant decrease in household net worth or liquid assets during the surrender charge period? ... Yes No
a. If Yes, please explain:

ANNUITY SUITABILITY ANALYSIS

H OWNER(S) ACKNOWLEDGMENTS AND DECLARATIONS (I, We, My, Our)

By signing below, I hereby acknowledge that I have reviewed the applicable Product Disclosure with my producer, I understand the costs and features of the annuity product I am purchasing, and I have signed, and received a copy of it. I further acknowledge that neither the Company, nor its insurance producers, provide legal or tax advice. I have been advised to consult my personal tax advisor or attorney with any specific questions or concerns.

(Check only one option)

- I have reviewed and completed this entire Suitability Analysis form to the best of my knowledge, with my producer, and we have determined that the purchase of this annuity product is suitable to meet my financial needs and objectives.
- I have chosen not to answer some or all of **Section G “Financial Information”** on this form; however, I feel this annuity product is suitable to meet my financial needs. I understand that by not disclosing this information my producer may not be able to determine proper suitability and the Company may decline my application for annuity. **I further understand that I will receive a letter of verification from the Company to make sure that I have chosen to continue with this application for annuity purchase without my producer’s recommendation unless I have completed a Consumer Refusal/No Recommendation form required by some states.**

IF MORE THAN ONE APPLICANT/OWNER, ALL SIGNATURES ARE REQUIRED

Applicant/Owner Printed Name	Applicant/Owner Signature	Date
Jnt Applicant/Owner Printed Name (if applicable)	Joint Applicant/Owner Signature	Date

I INSURANCE PRODUCER(S) ACKNOWLEDGMENTS AND DECLARATIONS (I, We, My, Our)

I acknowledge that I have made a reasonable effort to obtain the information from the Owner(s) to complete this Suitability Analysis form.

I agree to maintain and make available upon request to the Company or other regulatory authority, my records of the information collected, and/or other documentation used as the basis for this annuity product recommendation or non-recommendation for as long as required by either the Company or longer if required by applicable law.

(Check only one option)

- It is my belief that based on the information given to me by the Owner(s), and all the circumstances known to me at the time the recommendation was made, that the purchase/exchange and/or replacement of an existing annuity contract or life insurance policy is suitable for the Owner(s)’ financial needs and objectives.
- The Owner(s) has chosen not to answer some or all of **Section G “Financial Information”** on this form, but to go ahead with the purchase of this annuity product anyway. Without the financial information, I am unable to recommend that this annuity purchase/exchange and/or replacement is suitable for their financial needs and objectives. **I further understand that the Company will send a letter of verification to the Owner(s) to make sure they have chosen to continue with this application for annuity purchase without my recommendation, unless the applicant has completed a Consumer Refusal/No Recommendation form required by some states.**

IF MORE THAN ONE PRODUCER, ALL SIGNATURES ARE REQUIRED

Producer Printed Name	Producer Signature	Date
Producer Printed Name (if applicable)	Producer Signature	Date

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ANNUITY SUITABILITY ANALYSIS

You may duplicate this page as needed.

REPLACEMENT INFORMATION

(Complete as of the time of Replacement)

	Existing Policy/Contract #1	Existing Policy/Contract #2
5. Company Name		
6. Product Type (<i>Annuity / Life</i>)	<input type="checkbox"/> Fixed <input type="checkbox"/> Life <input type="checkbox"/> Variable <input type="checkbox"/> Indexed	<input type="checkbox"/> Fixed <input type="checkbox"/> Life <input type="checkbox"/> Variable <input type="checkbox"/> Indexed
7. How long in force?	<input type="checkbox"/> Years <input type="checkbox"/> Months	<input type="checkbox"/> Years <input type="checkbox"/> Months
8. Rate of Return/Interest Rate		
9. Is the existing interest rate the same or higher than the proposed annuity contract rate?		
a. If Yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Surrender Type	<input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> Partial <input type="checkbox"/> Full
11. Surrender Value Amount Being Transferred (+/- MVA** if applicable)	\$ _____	\$ _____
**Market Value Adjustments can fluctuate during the time it takes to process an application and may impact the Surrender Value Amount. Please disclose actual surrender charges in box 12.		
12. Surrender Charges	\$ _____	\$ _____
13. Other Fee Amounts (Specify)	\$ _____	\$ _____
14. Amount of Death Benefit	\$ _____	\$ _____
15. If this annuity is changing or replacing a VARIABLE annuity contract or life insurance policy, will the Death Benefit Amount shown above be lost?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Will this cause a taxable event?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, taxable amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, taxable amount _____

17. Additional Replacement Notes:

18. I/we have reviewed all elements of the replacement(s) or exchange(s) with my/our insurance producer, including surrender charges, and the potential loss of other benefits. I/we, believe this transaction is suitable for my/our financial needs and goals and more advantageous than my/our existing product(s).

Yes No

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APPENDIX 10B

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK

DISCLOSURE STATEMENT (Annuity-to-Annuity Replacement Only)

IMPORTANT - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY.

- THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE NEW CONTRACT. PLEASE REVIEW THIS DOCUMENT CAREFULLY AS IT CONTAINS IMPORTANT COMPARISON INFORMATION BETWEEN YOUR EXISTING CONTRACT AND THE NEW CONTRACT.

- IMPORTANT 60 DAY REFUND PERIOD:

IF YOU ARE NOT SATISFIED WITH YOUR NEW ANNUITY CONTRACT YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR CONTRACT, TO RETURN IT AND RECEIVE A REFUND.

- PLEASE CONTACT THE COMPANY, AGENT OR BROKER IF YOU HAVE ANY QUESTIONS.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given this Disclosure Statement with contract information on all proposed and existing coverage affected.

Name of Applicant _____ Telephone # _____

Address _____

Name of Agent or Broker _____ Telephone # _____

Company _____ Address _____

The information on existing coverage on this form was obtained from

_____ the replaced company

_____ approximations if replaced company failed to provide information in the prescribed time

1. DESCRIPTION OF TRANSACTION:

AS OF DATE:

Proposed Annuity Contract		Existing Annuity Contracts Affected		
		(1)	(2)	(3)
_____	Company	_____	_____	_____
_____	Customer Service Telephone Number	_____	_____	_____
_____	Type of Annuity	_____	_____	_____
	Contract Number	# _____	# _____	# _____
	Issue Date	_____	_____	_____
\$ _____	Account Value	\$ _____	\$ _____	\$ _____
\$ _____	Minus Surrender Charge	\$ _____	\$ _____	\$ _____
\$ _____	Plus/Minus Market Value Adjustment (if any)	\$ _____	\$ _____	\$ _____
\$ _____	Equals Surrender Value	\$ _____	\$ _____	\$ _____

2.

DISCLOSURE STATEMENT CONTINUED:

2. SUMMARY RESULT COMPARISON:

THE PROPOSED ANNUITY

IF YOU CONTINUE YOUR CURRENT ANNUITY

Surrender Value To Be Invested: \$ _____ Current Value \$ _____

If Variable Annuity
Hypothetical Rates of Return

If Variable Annuity
Hypothetical Rates of Return

At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%		At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%
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SURRENDER VALUE

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 5 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 10 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

DEATH BENEFIT

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 5 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 10 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

AGENT'S OR BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new annuity contract is (are):

2. The existing annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing annuity contract without changes are:

2.1

4. The surrender charge, if my client replaces his or her existing annuity contract, is _____ % or \$ _____ .
The new annuity my client is applying for imposes a new surrender charge as follows:

(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed)

REMARKS: _____

- Sales material, including proposal, was used in this sale.
- No sales material or proposal was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction, or if more than one new annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison shall be completed for all existing annuity contracts to all proposed annuity contracts. Sales material, including any proposal used, has been provided to the insurer. Copies of the sales material and any proposal have also been given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: _____ Signature of Agent or Broker:  _____

MANHATTAN LIFE INSURANCE COMPANY

Annuity Operations Office

PO Box 2290 Spokane WA 99210-2217 • 929 W Sprague Ave Spokane WA 99201
Tel 800.247.2045 • Fax 509.835.3190 • AnnuityServices@wula.com • ManhattanLife.com

**NEW YORK
PREFERRED CHOICE
ANNUITY DISCLOSURE**

This disclosure reviews important points to think about before you purchase a **Preferred Choice** annuity from Manhattan Life Insurance Company (we, us, our). This summary document is not part of your annuity Contract. You should refer to your specific annuity Contract for complete details.

The **Preferred Choice** annuity is a single premium, deferred, multi-year guarantee annuity.

- **Single Premium** - you purchase your annuity with a single premium payment
- **Deferred** - your annuity will earn interest during the accumulation phase and payments are deferred until you choose a settlement option or the contract maturity date
- **Multi-Year Guarantee** - the initial interest rate guarantee period is the same length as the surrender charge period

There are no set-up fees, administrative expenses, or premium tax charges for purchasing this annuity. 100% of the premium you pay accrues interest from the contract date, which is the date of issue.

The main purpose of a deferred annuity is to save money for retirement and to receive retirement income for life. It is not meant to be used to meet short-term financial goals. You may pay a fee if you take money out before the end of a period specified by your Contract. You may also pay a tax penalty in addition to taxes due on earnings if you withdraw money before age 59½.

You may contact your insurance producer or the Annuity Operations Office in Spokane, Washington, if you have any questions.

ANNUITY CONTRACT SPECIFICATIONS

Guarantee Period **3 Years** **5 Years** **6 Years** **7 Years**

Initial Interest Rate _____% **Qualified**, or **Non-Qualified**

By signing this Disclosure, you understand that until your Contract is issued, this rate is subject to change without notice.

DEFINITIONS

Annuitant – The Annuitant is the measuring life of the annuity and is unchangeable after the contract date. This is the person you named on the application and is shown on the Contract Specifications of your annuity Contract. Annuity payments are paid to the Annuitant subject to the terms of your annuity Contract.

Beneficiary – The person(s) you named in the application, unless later changed by you, who will receive the benefits when the Annuitant dies, as described in the Death of Annuitant in your annuity Contract.

Owner, You, Your – The Owner is the primary Owner and any Joint Owner named on the application, unless later changed by you. All tax reporting will be made on the Primary Owner’s social security number.

HOW WILL THE VALUE OF MY ANNUITY GROW?

Your **Preferred Choice** annuity earns tax deferred interest at a guaranteed rate for a guaranteed period. The guaranteed interest rate depends on the guarantee period you have chosen and current market interest rates. Interest rates quoted are on an effective annual yield basis. This means we credit interest to your annuity value daily and the accrued and unpaid interest is compounded annually.

After the guarantee period, the minimum interest rate will be re determined annually and guaranteed for a one-year period. This renewal rate will never be less than the guaranteed minimum interest rate of 1%. If you take any Partial Surrenders (withdrawals) during the contract year, it will reduce the value of your annuity and the interest earned due to an interruption of interest compounding.

The Annuity Value of your annuity at any time is the single premium paid, plus interest, minus any partial surrenders and/or expense charges, if applicable or subtracted. The annuity value is used to determine the annuity payout.



WHAT HAPPENS IF I TAKE OUT SOME OR ALL OF THE MONEY FROM MY ANNUITY?

You may withdraw part (Partial Surrender) or all (Full Surrender) of your **Preferred Choice** annuity Contract's value before the Maturity Date. Partial surrender requests must be at least \$250 or the Maximum Free Partial Surrender Amount (penalty free amount), and at least \$500 must remain in your annuity Contract to keep it open.

You may request partial surrenders without penalty provided you do not exceed the penalty free amount of, a) accumulated interest or Required Minimum Distribution (RMD) for the 3-year, or b) 15% per calendar year for the 5, 6 and 7-year plans. Partial or full surrender requests that exceed the penalty-free amount are subject to the following surrender charge schedule during the surrender charge period:

Contract Year	1	2	3	4	5	6	7	8
3 Year	6%	5%	4%	0	0	0	0	0
5 Year	8%	7%	6%	5%	4%	0	0	0
6 Year	8%	7%	6%	5%	4%	3%	0	0
7 Year	8%	7%	6%	5%	4%	3%	2%	0

Example: If you withdraw \$5,000 more than your penalty free amount from your 5-year annuity in the third contract year, your surrender charge is $\$5,000 \times .06 = \300 .

If you surrender your annuity Contract before the end of the surrender charge period, you may **not** receive your initial single premium back due to the surrender charges.

You may request a partial or full surrender of your annuity Contract at any time by contacting your insurance producer or the Annuity Operations Office in Spokane, Washington, to request a Distribution Request form be sent to you.

HOW DO I GET INCOME (PAYOUTS) FROM MY ANNUITY?

When your **Preferred Choice** annuity Contract reaches the Maturity Date, or any time after the surrender charge period, you may elect to take the annuity value as a single sum payout or elect one of the settlement options offered in your Contract. When you elect a settlement option, your Contract is annuitized. Once your Contract is annuitized, you are no longer able to take any withdrawals or surrender it.

The Settlement Options available are:

- **Single Life Annuity:** Guarantees income for the lifetime of the Annuitant
- **Life Annuity with Payments Certain:** Guarantees income for the lifetime of the Annuitant or the "period certain" (usually 10 or 20 years), whichever is longer
- **Life Annuity with Installment Refund:** Guarantees income for the lifetime of the Annuitant, or payments to the Beneficiary equal to the initial single premium if the Annuitant dies sooner
- **Joint and Last Survivor Life:** Guarantees income throughout the lifetime of joint Annuitants
- **Life Expectancy:** Guarantees income for a specified period based on the Annuitant's remaining life expectancy
- **Payments for a Designated Period:** Guarantees income for a fixed period you select between 5 and 30 years
- **Interest Income:** Guarantees interest payments for a selected period not to exceed 30 years, with the single sum balance paid at the end of the selected period

The date payments begin is your Settlement Date. On the maturity date, if you have not chosen a settlement option, we will apply the annuity value of your annuity Contract to provide a Life Income with 10 years certain.

HOW WILL PAYOUTS AND WITHDRAWALS FROM MY ANNUITY BE TAXED?

This **Preferred Choice** annuity is tax-deferred, meaning you do not pay taxes on the interest it earns until the money is paid to you. When you take payment or make a withdrawal, you pay ordinary income taxes on the earned interest. You may also pay a 10% federal income tax penalty on earnings you withdraw before age 59½. There may be exceptions to this penalty, such as electing a settlement option or payment upon death.

There is no tax advantage to buying an annuity with qualified (pre-tax) money, as all distributions may be taxable. Choose your annuity based on its other features and benefits, as well as its risks and costs, not its tax benefits. Please consult with your accountant or tax advisor regarding any special limitations or restrictions.

It is possible to exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, you should compare the benefits, features, and costs of the two annuities and review with a tax adviser

WHAT HAPPENS IF I DIE?

If the Annuitant dies before payments have begun under a Settlement Option, surrender charges **are** waived. The Beneficiary can choose to receive the annuity value as a single sum or under an available settlement option. If the Annuitant dies after payments have begun, the remaining value, if any, will be paid to the Beneficiary according to the settlement option chosen.

If the Annuitant and Owner are not the same person and the Owner dies while the Annuitant is still alive, surrender charges are **not** waived. The Surrender Value must be distributed to any surviving joint or contingent Owner; or to the Annuitant if no joint or contingent Owner was named, within 5 years, or be paid out in installments as governed by the Internal Revenue Service (IRS). Therefore, if your annuity Contract is paid out before the end of the surrender charge period, the payout may be less than the initial single premium paid due to the surrender charges.

If the Annuitant/Owner dies, and the sole Beneficiary is the Annuitant/Owner's surviving spouse (civil union or domestic partner if required by law) that person may continue the contract as if they were the original Owner rather than take the proceeds. Please refer to the Death Benefits section of your **Preferred Choice** annuity Contract for more information.

WHAT ELSE DO I NEED TO KNOW?

- After you receive your **Preferred Choice** annuity Contract, you have 30 days to review it, or 60 days if a replacement transaction is involved. If you are not satisfied with it for any reason, you may return it to the Annuity Operations Office, or your insurance producer with a written request. We will void the Contract and refund the full initial single premium minus any partial surrenders taken upon receiving your request.
 - There are no additional optional benefit riders available.
 - We pay a commission to the producer, broker or firm for selling you the annuity.
 - The contract referred to in this Disclosure is an annuity offered by an insurance company and is not insured by FDIC. It is not the product of, nor is it guaranteed by, any bank.
 - We may change your annuity Contract from time to time to follow federal or state laws and regulations. If we do, we will let you know about the changes in writing.
 - Neither Manhattan Life Insurance Company, nor any of its insurance producers, provide legal or tax advice. Your personal tax advisor should be consulted on any specific points that may be of importance to you.
-

WHAT SHOULD I KNOW ABOUT THE INSURANCE COMPANY?

From its first rented office suite in New York City to today's expansive headquarters in Houston, Texas, ManhattanLife offers life insurance, health insurance and annuity products in the United States and Puerto Rico.

Founded in 1850, Manhattan Life Insurance Company has stood the test of time. ManhattanLife is a group of four operating life and health insurance companies: Manhattan Life Insurance Company, ManhattanLife Assurance Company, Family Life Insurance Company and Western United Life Assurance Company. ManhattanLife provides excellent products and personalized customer service. Not only do we recognize the diverse needs of our policy/contract holders, but we recognize the importance of providing life-long solutions that meet those needs.

Most important, ManhattanLife is committed to providing you with excellent products and the financial stability to stand behind them. We are family owned and operated, and we promise to always treat you as family!

REQUIRED SIGNATURES *(All signatures, including titles if applicable, are required.)*

I/we hereby acknowledge that I have read and understand, signed and received a copy of this **Preferred Choice** ANNUITY DISCLOSURE, and an "ANNUITY BUYERS GUIDE" as requested, or as required.



Applicant/Owner Printed Name	Applicant/Owner Signature	Date
Joint Applicant/Owner Printed Name <i>(if applicable)</i>	Joint Applicant/Owner	Date

I/we have discussed the various features of the **Preferred Choice** annuity with the Applicant(s) and believe it to be appropriate for the client's financial goals. I certify that I have not made any statements, promises or representations that conflict with this disclosure.



Producer Printed Name	Producer Signature	Date
Additional Producer Printed Name <i>(if applicable)</i>	Additional Producer Signature	Date

*Applicable Form Numbers: 2015-SPDA_NY, 2016-MLPRF3_NY, 2016-MLPRF5_NY, 2016-MLPRF6_NY, 2016-MLPRF7_NY.
Applicable for NY only

**MANHATTAN LIFE INSURANCE COMPANY
WESTERN UNITED LIFE ASSURANCE COMPANY**

Annuity Operations Office

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**ANNUITY INCOME
PAYMENT REQUEST**

1. IMPORTANT TAX INFORMATION

Receipt of funds from a withdrawal or surrender of your annuity contract may generate taxable income. In addition, if you are not 59½ years old or permanently disabled, receipt of funds may be a premature distribution, generating an additional income tax. We suggest you contact your tax advisor before completing this request.

2. ANNUITY CONTRACT INFORMATION

Owner Name(s) (First, Middle, Last)

Annuity Contract Number

3. INCOME OPTIONS – COMPLETE EACH SECTION (Subject to contract minimums; N/A for SPIA)

a. I wish to start a periodic payment to begin on _____ (mm/dd/yyyy)

b. Mode of payment: Monthly Quarterly Semi-Annual Annual

c. Free Amount

Interest

Specific amount of \$ _____ Gross or Net

I am aware that there may be an early withdrawal charge of approximately \$ _____

*Single Life Expectancy (Inherited Accounts Only)

*Required Minimum Distribution (RMD) (IRA, SEP IRA, or SIM IRA **automatic distributions only**)

My spouse beneficiary is more than 10 years younger, and I wish to request the Joint RMD calculation. Spouse date of birth _____ (mm/dd/yyyy)

***If this is an external transfer, provide previous year (12/31) ending balance \$ _____ .
If not provided, we will calculate using the funds received.**

4. AUTHORIZATION FOR DIRECT DEPOSIT

I/we hereby authorize the Company to initiate credit entries to my/our checking account. The Financial Institution named below is hereby authorized to credit the same to my/our checking account as indicated. **These credits will be authorized for all annuity contracts that I hold as a Contract Owner, now and in the future, unless I notify you otherwise in writing.**

Financial Institution Name: _____

ATTACH A VOIDED CHECK

This transaction will not be processed without a voided check.

This agreement will remain in effect until the Company terminates it or until a written termination notice is received from me, and the Company has sufficient time to act upon it. If, at any time my/our Financial Institution changes, I/we will provide a new Authorization for Direct Deposit form and funds will be re-directed to my/our address of record until the new authorization is provided.

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5. RAPID WITHDRAWAL REQUEST BY TELEPHONE (Not Applicable for SPIA or Annuitized Contracts)

If a four-digit Personal ID Number is provided, I hereby allow Rapid Withdrawal Requests by telephone. The Company's contract administrator with whom I/we speak, will require verification of the following information:

- Owner's Name
- Owner's Birth Date
- Annuity Contract Number
- Last 4 digits of Owner's SSN

Four-digit Personal ID Number: _____

THE RAPID WITHDRAWAL FEATURE CAN ONLY BE USED FOR THE PENALTY FREE AMOUNT AVAILABLE. ONCE THE FREE AMOUNT HAS BEEN WITHDRAWN, YOU MUST SUBMIT A WRITTEN REQUEST FOR A WITHDRAWAL OR SURRENDER AND REFERENCE THE PENALTY AMOUNT.

6. ELECTION FOR WITHHOLDING

Refer to IRS Form W-4R OMB No. 1545-0074

Federal and some State laws make payments subject to withholding. The law requires that you be told three things:

- a. You do not have to have any money withheld from your distribution.
- b. After you have made a choice, you can change it at any time by writing to us. Please allow 30 days for the change.
- c. Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

CHECK FEDERAL AND/OR STATE (if applicable)

If Not Checked and the Payment Amount is Sufficient, We are Required to Withhold Income Tax. We are Required to Withhold if Your Resident Address is Outside of the United States.

FEDERAL:

- DO NOT WITHHOLD**
federal income tax from my distribution
- WITHHOLD**
 - 10% of taxable portion
 - 20% of taxable portion (20% is generally required on all qualified funds except IRA's)
 - Other (specify) _____

STATE: _____

- DO NOT WITHHOLD**
state income tax from my distribution
- WITHHOLD**
 - % of taxable portion (specify) _____
 - \$ of taxable portion (specify) _____

(SEE STATE WITHHOLDING INSTRUCTIONS)

7. TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Substitute IRS Form W-9

I/We understand that failure to furnish my/our correct TIN (taxpayer identification number), may result in a \$50 penalty for each failure, imposed by the Internal Revenue Service (IRS). I/We also understand the Company would be required to withhold an additional amount according to IRS guidelines. IRS Instructions are available upon request.

Owner's SSN/TIN: _____ Joint Owner's SSN/TIN: _____

Under penalties of perjury, I certify that:

- a. The number shown on this form is my correct taxpayer identification number; and
- b. I am not subject to backup withholding due to failure to report interest and dividend income; and
 - I have checked this box because I am subject to backup withholding. **(Check ONLY if applicable)**
- c. I am a U.S. citizen or other U.S. person.

8. ADDITIONAL COMMENTS OR INSTRUCTIONS

9. REQUIRED SIGNATURES *(All applicable signatures are Required)*

I certify, under the penalties of perjury, that all information reported herein is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner Printed Name	Owner Signature	Date
Joint Owner Printed Name	Joint Owner Signature	Date
Financial Institution Acct Holder Name <i>(if applicable)</i>	Financial Institution Account Holder Signature	Date
Producer/Witness Printed Name	Producer/Witness Signature	Date

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2024

1a First name and middle initial	Last name	1b Social security number
---	-----------	----------------------------------

Address _____

City or town, state, and ZIP code _____

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
---	----------	---

Sign Here	<p>_____ Your signature (This form is not valid unless you sign it.)</p>	<p>_____ Date</p>
------------------	---	------------------------------

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

* If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

1. CURRENT CUSTODIAN/ISSUER INFORMATION (This Form Will Be Forwarded to the Surrendering Company)

a. Current Trustee, Custodian, or Insurance Company Name

Address	City, State, Zip Code
Phone Number	Current Account Number(s)

I have confirmed the above company will accept this form electronically. Fax Number: _____

b. Deceased Name (Insured/Annuitant)

Deceased's - SSN	Birth Date (MMDD/YYYY)	Death Date (MMDD/YYYY)
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c. Beneficiary Name (New Annuitant/Owner)

Beneficiary's - SSN	Birth Date (MMDD/YYYY)	Relation to Deceased
----------------------------	-------------------------------	-----------------------------

**d. If this is a multi-generational stretch, provide the following information on the Original Insured/Annuitant:
Original Deceased Name**

Original Deceased's SSN	Original Birth Date (MMDD/YYYY)	Original Death Date (MMDD/YYYY)
--------------------------------	--	--

2. DISTRIBUTION INSTRUCTIONS (Choose Only One Option from Each Section)

a. Amount:

All

b. Effective:

Immediately Date: _____

c. Transaction:

1035 Exchange to New Annuity

3. EXISTING CONTRACT/POLICY/ACCOUNT INFORMATION (Choose Only One Option from Each Section)

a. Contract Type

Annuity Contract

Life Insurance Policy

b. Original Contract/Policy:

Enclosed

Lost/destroyed – I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title, or interest in it.

4. REQUIRED SINGLE LIFE EXPECTANCY (SLE) FOR BENEFICIARY NQA

a. Did the deceased pass in the current year? Yes No

b. Have you started to receive SLE payments? Yes No

If Yes, the beginning year was _____ (YYYY)

c. Has the SLE been satisfied for the current year? Yes No

If No, Distribute my SLE to me before transferring my non-qualified funds. Transfer the entire amount as SLE will be distributed from the new annuity contract.

d. What was the previous year 12/31 ending balance? \$ _____

Will obtain at a later date Unknown at this time

NON-QUALIFIED REQUEST FOR BENEFICIARY 1035 EXCHANGE

5. ABSOLUTE ASSIGNMENT TO EFFECT A 1035 EXCHANGE

Upon the Company's written acceptance of this Assignment, I do hereby assign and transfer without exception, limitations, or reservations to the Company, full assignable benefits, interest, property, and rights in the policy or annuity contract ("the contract") described above in exchange for a new non-qualified annuity contract as described in my application to the Company for such new contract. This Assignment shall not be effective until the Company accepts it in writing.

I expressly represent that the sole purpose of this Assignment is to affect a full exchange of an insurance policy or annuity contract under Section 1035 (a) of the Internal Revenue Code. If no exchange takes place, then this Assignment shall become null and void.

I represent and warrant that no person, firm or corporation has an interest in the contract, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned. Furthermore, I understand that by executing this Assignment, I irrevocably waive all rights, claims, and demands under the contract.

I represent and agree that the Company and the undersigned producer have made no representations concerning my tax treatment under Internal Revenue Code Section 1035, or otherwise. The Company assumes no responsibility for the validity or effect of this assignment or the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.

6. REQUIRED SIGNATURES AND HOLD HARMLESS AGREEMENT

I wish to make a transfer of my inherited Non-Qualified annuity between the companies referenced in this document as a Section 1035 exchange. I understand that the Internal Revenue Service has yet to issue final regulations on the handling of Beneficiary 1035 exchanges and when they do, the regulations might be different than the Private Letter Ruling (PLR 201330016) issued by IRS in 2013 regarding this subject. I also understand that when final regulations are issued, they could affect the non-taxable treatment of this transfer and how distributions from the annuities will be taxed in the future. In all cases, I hereby agree to hold these companies harmless for all taxes, interest and penalties that might result.

Please liquidate and transfer the proceeds identified above and make the check payable to the Company checked below for the benefit of the above referenced Participant.

Beneficiary Owner Printed Name (<i>Assignor</i>)	Beneficiary Owner Signature	Date
Beneficiary Owner Spouse Printed Name (<i>if Community Property State</i>)	Beneficiary Owner Spouse Signature	Date
Producer/Witness Printed Name	Producer/Witness Signature	Date
Producer/Witness Printed Name (<i>if applicable</i>)	Producer/Witness Signature	Date

7. ANNUITY OPERATIONS OFFICE ACCEPTANCE (To be Completed by the Annuity Operations Office Only)

This is to certify that the above individual has established a: **Beneficiary Non-Qualified Annuity Contract.**

The authorized signature below certifies acceptance of the 1035 exchange as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer, and send a **check payable to:**

Manhattan Life Insurance Company or **Western United Life Assurance Company**

Company Authorized Signature and Title _____ Date _____

8. SIGNATURE GUARANTEE (If Required)

Affix Seal/Stamp Here



**MANHATTAN LIFE INSURANCE COMPANY
WESTERN UNITED LIFE ASSURANCE COMPANY**

Annuity Operations Office

PO Box 2290 Spokane WA 99210-2217 • 929 W Sprague Ave Spokane WA 99201
Tel 800.247.2045 • Fax 509.835.3190 • AnnuityServices@wula.com • ManhattanLife.com

**NON-QUALIFIED REQUEST
FOR FUND TRANSFER
OR 1035 EXCHANGE**

1. CURRENT CUSTODIAN/ISSUER INFORMATION *(This Form Will Be Forwarded to the Surrendering Company)*

Current Trustee, Custodian, or Insurance Company		Participant <i>(Insured/Annuitant/Depositor)</i>
Address		Owner(s)
City, State, Zip Code		Owner's Social Security Number(s)
Phone Number	Current Account Number(s)	Owner's Date(s) of Birth <i>(MM/DD/YYYY)</i>

I have confirmed that the above company will accept this form electronically.

Fax Number: _____

2. DISTRIBUTION INSTRUCTIONS *(Choose Only One Option from Each Section)*

a. Amount: <i>(if Partial, see Section 6)</i> <input type="checkbox"/> All <input type="checkbox"/> Partial: \$ _____	b. Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> Anniversary Date: _____	c. Transaction: <input type="checkbox"/> Fund Transfer <input type="checkbox"/> 1035 Exchange
--	--	--

3. EXISTING CONTRACT/POLICY/ACCOUNT INFORMATION *(Choose Only One Option from Each Section)*

a. Life Insurance Annuity Bank CD Other *(specify)* _____
 Mutual Fund *(name)* _____ *(may require signature guarantee)*

b. **Original Contract/Policy:**
 Enclosed Lost/destroyed – I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

4. NEW ACCOUNT INFORMATION

New Annuity Contract or Existing Contract Number: _____

5. ABSOLUTE ASSIGNMENT TO EFFECT A 1035 EXCHANGE *(If a Fund Transfer, Disregard this Section)*

Upon the Company's written acceptance of this Assignment, I do hereby assign and transfer without exception, limitations, or reservations to the Company, full or partial assignable benefits, interest, property, and rights in the policy or annuity contract ("the contract") described above in exchange for a new non-qualified annuity contract as described in my application to the Company for such new contract. This Assignment shall not be effective until the Company accepts it in writing.

I expressly represent that the sole purpose of this Assignment is to affect a full or partial exchange of an insurance policy or annuity contract under Section 1035 (a) of the Internal Revenue Code. If no exchange takes place, then this Assignment shall become null and void.

If "Partial" distribution is chosen above, I hereby certify that I am not requesting this exchange to avoid the tax imposed by Section 72(e) of the Internal Revenue Code and the regulations thereunder, or any other section of the Code.

I understand that if the Company underwrites and issues a new annuity contract on the life of the same insured or annuitant named in the contract, then the Company intends to surrender or partially surrender the contract. If fully surrendered, the contract will no longer be in force as of the termination date. Upon receipt of the full or partial surrender value by the Company, the proceeds will be applied to and considered part of the purchase payment for the new annuity contract. I specifically assign the contract to the Company as collateral security for the amount of its full or partial surrender value requested.

I represent and warrant that no person, firm or corporation has an interest in the contract, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned. Furthermore, I understand that by executing this Assignment, I irrevocably waive all rights, claims and demands under the contract.

I represent and agree that the Company and the undersigned producer have made no representations concerning my tax treatment under Internal Revenue Code Section 1035, or otherwise. The Company assumes no responsibility for the validity or effect of this assignment or the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.

INCOMPLETE WITHOUT ALL PAGES - COPIES TO PRODUCER AND CLIENT

NON-QUALIFIED REQUEST FOR FUND TRANSFER OR 1035 EXCHANGE

6. IMPORTANT NOTICE REGARDING NON-QUALIFIED PARTIAL 1035 EXCHANGES

The Internal Revenue Code (IRC) generally permits a taxpayer to transfer an annuity contract's cash value fully or partially from one insurance company to another without recognizing a taxable event.






However, for partial 1035 exchanges effective after October 24, 2011, the IRS issued Internal Revenue Bulletin (I.R.B.) 2011-30, containing Revenue Procedure (Rev. Proc.) 2011-38, which modified the IRC 1035 Exchange rules for partial exchanges involving non-qualified annuity contracts.

Basically, Rev. Proc. 2011-38 states that requests for partial and/or full annuity surrenders, or annuitization for less than 10 years from either contract, partially replaced or new, that occur within the 180-day period following the exchange transaction date, may cause a taxable event to occur on the amount exchanged, to the extent of interest earnings in the original contract.

7. REQUIRED SIGNATURES

(All applicable signatures are Required)

Please liquidate and transfer the proceeds identified above and make the check payable to the Company checked below for the benefit of the above referenced Participant.

_____		_____
Owner Printed Name (Assignor)	Owner Signature	Date
_____		_____
Joint Owner Printed Name (Assignor)	Joint Owner Signature	Date
_____		_____
Owner Spouse Printed Name <i>(if Community Property State)</i>	Owner Spouse Signature	Date
_____		_____
Producer/Witness Printed Name	Producer/Witness Signature	Date
_____		_____
Producer/Witness Printed Name <i>(if applicable)</i>	Producer/Witness Signature	Date

8. ANNUITY OPERATIONS OFFICE ACCEPTANCE

(To be Completed by the Annuity Operations Office Only)

This is to certify that the above individual has established a: **Non-Qualified Annuity Contract**. The authorized signature below certifies acceptance of the fund transfer/1035 exchange as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer and send a **check payable to:**

- Western United Life Assurance Company** **Manhattan Life Insurance Company**

_____	_____
Company Authorized Signature and Title	Date

9. SIGNATURE GUARANTEE

(If Required)

Affix Seal/Stamp Here

1. CURRENT CUSTODIAN/ISSUER INFORMATION *(This Form Will Be Forwarded to the Surrendering Company)*

a. Current Trustee, Custodian, or Insurance Company Name

Address	City, State, Zip Code
Phone Number	Current Account Number(s)

I have confirmed the above company will accept this form electronically. Fax Number: _____

b. Deceased Name *(Original Insured/Annuitant)* Relationship to original Deceased *(if applicable)*

Deceased's - SSN	Birth Date <i>(MM/DD/YYYY)</i>	Death Date <i>(MM/DD/YYYY)</i>
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c. Beneficiary Name

Beneficiary's - SSN	Birth Date <i>(MM/DD/YYYY)</i>	Relation to Deceased
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d. If this is a multi-generational stretch, provide the following information on the Original Insured/Annuitant:
 Original Deceased Name

Original Deceased's SSN	Original Birth Date <i>(MM/DD/YYYY)</i>	Original Death Date <i>(MM/DD/YYYY)</i>
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2. DISTRIBUTION INSTRUCTIONS *(Choose Only One Option from Each Section)*

a. Amount: <input type="checkbox"/> All <input type="checkbox"/> Partial: \$ _____	b. Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> Date: _____	c. Transaction: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover
--	---	---

3. EXISTING CONTRACT/POLICY/ACCOUNT INFORMATION *(Choose Only One Option from Each Section)*

a. Annuity Bank CD Other *(specify)* _____
 Mutual Fund *(name)* _____ *(may require signature guarantee)*

b. IRA Beneficiary IRA Roth Beneficiary Roth TSA 403(b)
 Other *(specify)* _____

c. Original Contract/Policy:

Enclosed Lost/destroyed – I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title, or interest in it.

4. NEW ANNUITY ACCOUNT INFORMATION

Beneficiary IRA Beneficiary Roth IRA

5. RETIREMENT PLAN QUALIFYING EVENT

This is an eligible distribution from a 403(b) or other retirement plan due to Death.

QUALIFIED REQUEST FOR BENEFICIARY TRANSFER/ROLLOVER

6. REQUIRED SINGLE LIFE EXPECTANCY (SLE) FOR BENEFICIARY IRA

a. Did the deceased pass AFTER 2019? Yes No

If Yes, I understand that proceeds must be fully disbursed within 10 years from the date of death, and SLE payments are not required unless the deceased was RMD age, or unless I qualify as an Eligible Designated Beneficiary (N/A on multi-generational stretch).

I qualify for Single Life Expectancy payments as an Eligible Designated Beneficiary because:

b. If the deceased passed prior to 2020, was RMD age at death, OR you are an Eligible Designated Beneficiary:

i. Have you started to receive SLE payments? Yes No

If Yes, the beginning year was _____ (YYYY)

ii. Has the SLE/RMD been satisfied for the current year? Yes No, If No:



Distribute my Single Life Expectancy (SLE) (or RMD based on the deceased if applicable) to me before transferring my qualified funds.

Transfer the entire amount as SLE will be distributed from the new annuity contract.

iii. Previous year, 12/31 ending balance? \$ _____ Will obtain later Unknown at this time

7. REQUIRED SIGNATURES (All applicable signatures are Required)

Please liquidate and transfer the proceeds identified above and make the check payable to the Company checked below for the benefit of the above referenced Participant.

Beneficiary Owner Printed Name (Assignor)		Beneficiary Owner Signature	Date
Beneficiary Owner Spouse Printed Name (if Community Property State)		Beneficiary Owner Spouse Signature	Date
Producer/Witness Printed Name		Producer/Witness Signature	Date
Producer/Witness Printed Name (if applicable)		Producer/Witness Signature	Date

8. ANNUITY OPERATIONS OFFICE ACCEPTANCE (To be Completed by the Annuity Operations Office Only)

This is to certify that the above individual has established the following Annuity Contract Type:

Beneficiary IRA Beneficiary Roth IRA

The authorized signature below certifies acceptance of the Beneficiary IRA transfer/rollover as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer, and send a **check payable to:**

Manhattan Life Insurance Company OR Western United Life Assurance Company

Company Authorized Signature and Title _____ Date _____

9. SIGNATURE GUARANTEE (If Required)

Affix Seal/Stamp Here

1. CURRENT CUSTODIAN/ISSUER INFORMATION *(This Form Will Be Forwarded to the Surrendering Company)*

Current Trustee, Custodian, or Insurance Company		Participant <i>(Insured/Annuitant/Depositor)</i>
Address		Owner
City, State, Zip Code		Owner Social Security Number
Phone Number	Current Account Number(s)	Owner Date of Birth <i>(MM/DD/YYYY)</i>

I have confirmed the above company will accept this form electronically. Fax Number: _____

2. DISTRIBUTION INSTRUCTIONS *(Choose Only One Option from Each Section)*

a. Amount: <input type="checkbox"/> All <input type="checkbox"/> Partial: \$ _____	b. Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> Anniversary Date: _____	c. Transaction: <input type="checkbox"/> Transfer <input type="checkbox"/> Roth Conversion <input type="checkbox"/> Rollover <input type="checkbox"/> Qualifier Change
---	--	---

3. EXISTING CONTRACT/POLICY/ACCOUNT INFORMATION *(Choose Only One Option from Each Section)*

a. Life Insurance Annuity Bank CD Other *(specify)* _____
 Mutual Fund *(name)* _____ *(may require signature guarantee)*

b. IRA SEP SIM Roth TSA 403(b) Other *(specify)* _____

c. **Original Contract/Policy:**
 Enclosed Lost/destroyed – I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title, or interest in it.

4. NEW ACCOUNT INFORMATION *(Choose Only One Option from Each Section)*

a. New Annuity Contract Existing Contract Number: _____

b. IRA SEP SIM Roth Other *(specify)* _____

5. RETIREMENT PLAN QUALIFYING EVENT

This is an eligible distribution from a 403(b) or other retirement plan due to:

<input type="checkbox"/> Plan Termination	<input type="checkbox"/> Disability	<input type="checkbox"/> Over age 59 ½
<input type="checkbox"/> Death	<input type="checkbox"/> Divorce	<input type="checkbox"/> Separation from Service

QUALIFIED REQUEST FOR TRANSFER/ROLLOVER/CONVERSION

6. REQUIRED MINIMUM DISTRIBUTION (RMD) FOR IRA, TSA, AND QUALIFIED PLANS (N/A for Roth IRA)

- No RMD is required or has been satisfied for the current year
- Transfer the entire amount as other options have or will be made to satisfy my RMD.

NOTE: RMD must be satisfied from a TSA or other qualified plan before rolling it to an IRA.

- Distribute my RMD to me before transferring my qualified funds.
(Internal transactions will require a completed and signed W-4R form.)

7. REQUIRED SIGNATURES (All applicable signatures are Required)

Please liquidate and transfer the proceeds identified above and make the check payable to the Company checked below for the benefit of the above referenced Participant.

Owner Printed Name <i>(Assignor)</i>	Applicant/Owner Signature	Date
Owner Spouse Printed Name <i>(if Community Property State)</i>	Owner Spouse Signature	Date
Employer Printed Name <i>(if TSA 403(b))</i>	Employer Signature	
Producer/Witness Printed Name	Producer/Witness Signature	Date
Producer/Witness Printed Name <i>(if applicable)</i>	Producer/Witness Signature	Date

8. ANNUITY OPERATIONS OFFICE ACCEPTANCE (To be completed by the Annuity Operations Office only)

This is to certify that the above individual has established the following Annuity Contract Type:

- IRA SEP SIM Roth Other *(specify)* _____

The authorized signature below certifies acceptance of the transfer/rollover/conversion as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer, and send a **check payable to:**

- The Manhattan Life Insurance Company or Western United Life Assurance Company

Company Authorized Signature and Title	Date
--	------

9. SIGNATURE GUARANTEE (If Required)

Affix Seal/Stamp Here

PTE 84-24 Disclosure and Acknowledgment For IRA Annuity Purchase

I am providing this Disclosure and Acknowledgment form to you because I am recommending the purchase of an annuity contract transaction which involves Individual Retirement Annuity (IRA), including Roth IRA, SEP IRA, Simple IRA and Traditional IRA funds. The Disclosure provides important information that you should consider when determining if this transaction is right for you. This information is also intended to satisfy the requirements and conditions of the U.S. Department of Labor Prohibited Transaction Exemption (PTE) 84-24.

Name of Proposed Annuity Product (Contract)

Name of Insurance Company Issuing the Annuity Contract (Insurer)

DISCLOSURES REQUIRED BY PROHIBITED TRANSACTION EXEMPTION (PTE) 84-24

✓ ***My Relationship to the Insurer***

I am an independent insurance producer appointed to recommend annuities for the Insurer named above. I am not contractually obligated to recommend for this Insurer exclusively. I can recommend for other companies as well.

✓ ***Charges & Fees***

This annuity contract may have certain charges including surrender charges and market value adjustments. These charges and/or adjustments are described in detail in the product-specific Annuity Disclosure that you sign and receive with the application, and in your annuity Contract when it is issued. Please be sure that you understand any charges applicable to your Contract and if you have questions, don't hesitate to ask me.

✓ ***Reasonable Compensation***

If you purchase this annuity contract, the Insurer will pay the following commission amount to me; however, one-hundred percent of the initial single premium you pay will be credited to the accumulation value of your annuity Contract.

_____ % of the single premium payment you make to purchase the annuity contract.

**FOR USE BY PRODUCER WITH IRA ANNUITY OWNER ONLY
DO NOT RETURN TO ANNUITY OPERATIONS OFFICE**

Original to Producer – Copy to IRA Annuity Owner

✓ **Material Conflicts of Interest**

A conflict of interest may exist when a reasonable person might conclude that a financial interest may affect my best judgement in my recommendation of this annuity contract transaction to you. Conflicts of interest that may be applicable include:

- My receipt of a commission as noted in Reasonable Compensation
- The insurer may offer reimbursement for training, educational efforts, or travel expenses to Company –sponsored events
- Recommending that you roll-over IRA assets; the insurer will only pay my commission if you purchase the recommended annuity contract

This Disclosure and Acknowledgment form is not a contract, nor does it create any enforceable obligations between the undersigned parties, the insurer listed, or any other party.

DISCLOSURE CERTIFICATION BY INSURANCE PRODUCER

By signing below, I hereby certify that to the best of my knowledge and belief, I have acted in your best interest in making this recommendation. I have not made any misleading statements and have disclosed full and accurate information as required by the U.S. Department of Labor Prohibited Transaction Exemption (PTE) 84-24.

Producer Printed Name(s) _____
Date

Producer Signature(s)

ACKNOWLEDGEMENT AND TRANSACTION ACCEPTANCE BY IRA OWNER

By signing below, I hereby acknowledge that I am an IRA owner and that I have received and understand this document prior to purchasing the recommended annuity contract. I approve the purchase of this annuity contract transaction involving my IRA assets, including everything that has been disclosed herein.

Owner Printed Name(s) _____
Date

Owner Signature(s)

**FOR USE BY PRODUCER WITH IRA ANNUITY OWNER ONLY
DO NOT RETURN TO ANNUITY OPERATIONS OFFICE**

Original to Producer – Copy to IRA Annuity Owner

APPENDIX 11

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

(1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? YES ___ NO ___

(2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES ___ NO ___

(3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES ___ NO ___

(4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? YES ___ NO ___

(5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES ___ NO ___

(6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? YES ___ NO ___

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date: _____ Signature of Applicant: ✓

Date: _____ Signature of Applicant: ✓

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ___ NO ___

Date: _____ Signature of Agent or Broker: ✗

APPENDIX 10C

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION 60)

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.

5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

IMPORTANT: THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "**IMPORTANT** NOTICE" AND HAVE RECEIVED A COPY OF SAME.

 **Signature of Applicant:** _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____

MANHATTAN LIFE INSURANCE COMPANY

Annuity Operations Office

PO Box 2290 Spokane WA 99210-2217 • 929 W Sprague Ave Spokane WA 99201
Tel 800.247.2045 • Fax 509.835.3190 • AnnuityServices@wula.com • ManhattanLife.com

NEW YORK REPLACEMENT

REGULATION 60

**CONTRACT / POLICY
INFORMATION REQUEST**

1. EXISTING INSURER

This is to inform you that an existing annuity contract or life insurance policy issued by your Company may be replaced by an annuity contract issued by The Manhattan Life Insurance Company.

Name

Address

NAIC Number (required)

Phone Number

Fax Number

2. EXISTING ANNUITY CONTRACT(S) / LIFE INSURANCE POLICY(IES) PROPOSED TO BE REPLACED

In accordance with New York Insurance Department Regulation 60, please furnish the information needed for completing the required applicable Disclosure Statement, to the replacing Producer named below; the existing Producer (if different); and The Manhattan Life Insurance Company (at the address listed on the bottom of this form).

Contract/Policy Number(s)

Full Replacement

Partial Replacement \$ _____

Contract/Policy Number(s)

Full Replacement

Partial Replacement \$ _____

Please note if a response is not received by the replacing Company within twenty days of your receipt of this request, the Company may estimate values when completing the Disclosure Statement. The Manhattan Life Insurance Company will report your failure to response to the New York State Insurance Department as required by law.

3. REPLACING PRODUCER

Name

Address

Phone Number

Fax Number

4. REPLACING CONTRACT/POLICY OWNER'S AUTHORIZATION

I hereby request and authorize the Existing Insurer to furnish the Replacing Producer and The Manhattan Life Insurance Company with the information necessary to complete New York's required Disclosure Statement on the above referenced Contract(s) / Policy(ies).

Contract/Policy Owner Printed Name



Contract/Policy Owner Signature

Date

Joint Contract/Policy Owner Printed Name
(if applicable)

Joint Contract/Policy Owner Signature

Date

COPIES TO PRODUCER AND CLIENT

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MANHATTAN LIFE INSURANCE COMPANY

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MARKETING MATERIALS

VERIFICATION

NY REGULATION 60

If the proposed annuity contract will change or replace an existing annuity contract or life insurance policy, indicate below all marketing materials used in the presentation for the sale of this annuity contract. If any items used are not listed, you are required to provide a copy of the materials used with the application.

We are required to submit copies of all marketing materials to the transferring company upon request.

1. MARKETING MATERIALS USED (Check all that apply)

PREFERRED CHOICE

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 3-Year Fact Sheet
MLPRF3-FACTS_1123_NY | <input type="checkbox"/> 3-Year Fact Sheet (no rate)
MLPRF3-FACTS-MK_1123 | <input type="checkbox"/> 3-Year Ad
MLPRF3-AD_1123_NY | <input type="checkbox"/> Brochure
BRC_MLPRF_0623 |
| <input type="checkbox"/> 5-Year Fact Sheet
MLPRF5-FACTS_1123_NY | <input type="checkbox"/> 5-Year Fact Sheet (no rate)
MLPRF5-FACTS-MK_1123 | <input type="checkbox"/> 5-Year Ad
MLPRF5-AD_1123_NY | |
| <input type="checkbox"/> 6-Year Fact Sheet
MLPRF6-FACTS_1123_NY | <input type="checkbox"/> 6-Year Fact Sheet (no rate)
MLPRF6-FACTS-MK_1123 | <input type="checkbox"/> 6-Year Ad
MLPRF6-AD_1123_NY | |
| <input type="checkbox"/> 7-Year Fact Sheet
MLPRF7-FACTS_1123_NY | <input type="checkbox"/> 7-Year Fact Sheet (no rate)
MLPRF7-FACTS-MK_1123 | <input type="checkbox"/> 7-Year Ad
MLPRF7-AD_1123_NY | |

PREMIUM PREFERRED

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 5-Year Fact Sheet
MLPRM5-FACTS_1123_NY | <input type="checkbox"/> 5-Year Fact Sheet (no rate)
MLPRM5-FACTS-MK_1123 | <input type="checkbox"/> 5-Year Ad
MLPRM5-AD_1123_NY | <input type="checkbox"/> Brochure
BRC_MLPRM_0623 |
| <input type="checkbox"/> 7-Year Fact Sheet
MLPRM7-FACTS_1123_NY | <input type="checkbox"/> 7-Year Fact Sheet (no rate)
MLPRM7-FACTS-MK_1123 | <input type="checkbox"/> 7-Year Ad
MLPRM7-AD_1123_NY | |

2. OTHER MARKETING MATERIALS (Copies are required to be submitted with the Application)

Illustration Number (begins with ILLUS...) _____ Must submit copy with Application.

3. PRODUCER VERIFICATION AND SIGNATURES

- I hereby verify that I have left copies of all marketing materials used in the presentation and certify that this sale is not in conflict with the Company's policy and guidelines with respect to the acceptability of replacement.
- No marketing materials used

Applicant Name

Producer's Printed Name

Producer ID

State License No

Producer's Signature

Date

INCOMPLETE WITHOUT ALL PAGES – COPIES TO PRODUCER AND

CLIENT ML-MKMV_1123_NY



