



SBLI USA LIFE INSURANCE COMPANY, INC.

SINGLE PREMIUM DEFERRED ANNUITY APPLICATION

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914 Toll Free: 1-877-SBLI-USA / 1-877-725-4872 website: www.sbliusa.com

1. PROPOSED OWNER INFORMATION (individual)

Last Name		First Name		MI	Phone Number for Contact Day:	
Social Security Number	Sex	Date of Birth	State of Birth	Country of Birth	Evening:	
Mailing Address (Number, Street, Apt. #)			City	State	Zip Code	
Driver's License State and Number		E-Mail Address		Are you a United States citizen or legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. JOINT OWNER INFORMATION (nonqualified annuities only)

Last Name		First Name		MI	Social Security # or Tax ID #	
Address (Number, Street, Apt. #)			City	State	Zip Code	
Date of Birth	Relationship to Owner		Telephone Number			
E-Mail Address			Are you a United States citizen or legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. PROPOSED OWNER INFORMATION (if Owner is a Revocable Living Trust)

Name				Date of Trust (mm/dd/yyyy)		
Address (Number, Street, Apt. #)			City	State	Zip Code	
Tax ID Number			E-Mail Address			
Name of Trustee(s) (if Trust is Named)						

Please submit the first and signature pages of the trust document, and the completed Trust Acknowledgment.

4. ANNUITANT INFORMATION (if other than Owner)

Last Name		First Name		MI	Social Security # or Tax ID #	
Address (Number, Street, Apt. #)			City	State	Zip Code	
Date of Birth	Relationship to Owner		Telephone Number			
E-Mail Address			Are you a United States citizen or legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

5. BENEFICIARY INFORMATION

Beneficiary Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				Social Security # or Tax ID #		
Address (Number, Street, Apt. #)			City	State	Zip Code	
Date of Birth	Relationship to Owner	Percent of Proceeds		Telephone Number		

5. BENEFICIARY INFORMATION (continued)

Beneficiary Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Social Security # or Tax ID #
Address (Number, Street, Apt. #)		City	State Zip Code
Date of Birth	Relationship to Owner	Percent of Proceeds	Telephone Number
Beneficiary Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Social Security # or Tax ID #
Address (Number, Street, Apt. #)		City	State Zip Code
Date of Birth	Relationship to Owner	Percent of Proceeds	Telephone Number

Please attach another page for additional beneficiary information. The Percent of Proceeds for each type of beneficiary must equal 100%.

6. REPLACEMENT INFORMATION

1. Is there any life insurance or annuity contract in force on the Proposed Annuitant with this or any other company? Yes No
 2. Is the annuity applied for intended to replace or change any life insurance or annuity contract in force with this or any other company? Yes No
 3. Are any other life insurance or annuity applications pending with this or any other company? Yes No
- List all current or pending life insurance or annuity coverage below.

Annuitant's / Insured's Name	Company	Owner	Replacement	Face Amount	Year Issued
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

7. ANNUITY APPLIED FOR

- Select Choice 1 - SPDA
 - Select Choice 2 - SPDA with Return of Premium (ROP)
 - Select Choice 3 - SPDA with Penalty Free Withdrawal Options
 - Select Choice 4 - SPDA with ROP and Penalty Free Withdrawal Options
- Single Premium or estimated Transfer/Rollover/1035 Exchange: \$ _____
- Transfer Rollover* 1035 Exchange
- Guaranteed Period 3 Year 5 Year 7 Year
- Product Market: Nonqualified IRA Roth IRA Conversion Roth IRA
- * Rollover should be completed within 60 days of distribution.*

8. SPECIAL REQUESTS

9. DECLARATIONS

On behalf of myself and any person who may claim any interest under the Contract, I represent that all statements set forth above are full, complete and true as written and correctly recorded to the best of my knowledge and belief. I understand that a copy of this application will be attached and made a part of the Contract when issued, and that I will be bound by the provisions and entitled to the rights and privileges of the Contract. I have received a copy of the Company disclosure material and understand that if I make a withdrawal other than during the last 30 days of any guarantee period, the Company may apply a Market Value Adjustment and deduct a Withdrawal Charge in accordance with the terms of the Contract.

I certify under penalties of perjury that the Social Security Number (Taxpayer Identification Number) provided is correct and I am not subject to back-up withholding.

Signed by the Owner at _____ on _____ .
City, State Date

X _____
Signature of **Owner** and title* if applicable

Signed by the Joint Owner at _____ on _____ .
City, State Date

X _____
Signature of **Joint Owner**, if applicable

Signed by the Proposed Annuitant at _____ on _____ .
City, State Date

X _____
Signature of **Proposed Annuitant**, if other than Owner

* Title required if Owner is a Trust

10. AGENT CERTIFICATION

1. To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed annuitant's life? Yes No

2. To the best of your knowledge and belief, replacement is or may be involved in this transaction. Yes No

If "Yes" to either of these questions, complete any required replacement forms.

I certify that the above statements and responses are true and accurate.

Agent Number

E-Mail Address of Agent

Print Agent's Name

X _____
Agent's Signature

Telephone Number of Agent

Date

General Agency Name

General Agency Number

FOR SBLI USE ONLY

MK Code _____

Sales Number _____

General Agency Name _____

General Agency Number _____



LIFE INSURANCE SINCE 1939



SBLI USA LIFE INSURANCE COMPANY, INC.
SINGLE PREMIUM DEFERRED ANNUITY APPLICATION

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914 Toll Free: 1-877-SBLI-USA / 1-877-725-4872 website: www.sbliusa.com

PREMIUM RECEIPT (Please detach and leave with applicant)

_____ \$ _____
Annuitant Amount Received

_____ _____
Type of Annuity Applied For Date of Receipt

The amount shown above is to be applied as payment on the annuity applied for. The receipt shall be void if it is given for a payment which is not honored upon presentation.

The contract will not be effective until after the full premium is received by SBLI USA Life Insurance Company, Inc.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO SBLI USA LIFE INSURANCE COMPANY, INC.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

X _____
Signature of Agent



SBLI USA LIFE INSURANCE COMPANY, INC.

ANNUITY SUITABILITY PROFILE

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914 Toll Free: 1-877-SBLI-USA/ 1-877-725-4872 website: www.sbliusa.com

SBLI USA Life Insurance Company, Inc. (SBLI USA) requires that your licensed agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. SBLI USA uses the information below to assist in validating whether the annuity purchase is suitable for you. The information you share will remain confidential and is not used for any other purpose than to determine the suitability of your purchase. This evaluation is for your benefit, and you are encouraged to provide complete and accurate responses. This form must be completed, signed, and dated so we can consider your application. **Incomplete forms will delay processing.**

This form should be completed with the contract owner's information.

1. OWNER

Last Name	First Name	MI	Social Security Number/Tax ID
Occupation (If retired, please note former occupation)		Date of Birth	Trust? <input type="checkbox"/> Yes* <input type="checkbox"/> No

* If Yes, please complete Section 4 and a Certification and Acknowledgement of Trust Agreement.

2. JOINT OWNER

Last Name	First Name	MI	Social Security Number/Tax ID
Occupation (If retired, please note former occupation)		Date of Birth	Relationship to Owner

3. ANNUITANT (if other than Owner)

Last Name	First Name	MI	Social Security Number/Tax ID
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4. TRUST (list name of person representing the Trust)

Last Name	First Name	MI
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5. PRODUCT SELECTION (select one)

Single Premium Deferred Annuity

- Select Choice 1 - SPDA
- Select Choice 2 - SPDA with Return of Premium (ROP)
- Select Choice 3 - SPDA with Penalty Free Withdrawal Options
- Select Choice 4 - SPDA with ROP and Penalty Free Withdrawal Options

Guarantee Period: 3 Year 5 Year 7 Year

Individual Fixed / Indexed Annuity

- Safe Solution® 5
- Safe Solution® 7

6. PREMIUM INFORMATION

Actual or estimated total premium amount? \$ _____

Qualified Line of Business (IRA, SEP, etc.)? Yes No

What is the source of funds for the purchase of this annuity? (Check all that apply)

- Annuity
- Certificate of Deposit (CD)
- Savings/Checking/Money Market
- Stocks/Bonds/Mutual Funds
- Life Insurance
- Reverse Mortgage
- Home Equity Loan
- Other _____

What is the total contract value of the annuities you currently own (amount excludes this annuity being purchased)? .. \$ _____

I do not own any other annuities.

7. REPLACEMENTS

Complete Section 7 - Replacements if this transaction is a replacement. If this is NOT a replacement, please skip to Section 8 - Financial Information

Life Insurance to Annuity Replacement

Are you replacing your **life insurance policy (ies)** because this annuity being purchased is better suited for your current financial goals? Yes No N/A (not a life insurance replacement)

Annuity to Annuity Replacement

Are you replacing your **annuity (ies)** because this annuity being purchased is better suited for your current financial goals? Yes No N/A (not an annuity replacement)

Excluding this replacement, have you had any other annuity exchange or replacement within the past 36 months? Yes No

COMPLETE TABLE IF THIS IS AN ANNUITY-TO-ANNUITY REPLACEMENT

Please complete this section in its entirety. If requested information is unknown, please contact your current annuity company. If information is not applicable, please fill in "not applicable" or "N/A".

If replacing more than one contract, please completely fill in the information for each replacement. If replacing more than three contracts, complete additional charts, and the owner(s) and agent(s) should sign and date the additional paperwork.

Current Annuity Contract Information	Existing Contract #1	Existing Contract #2	Existing Contract #3
Annuity Type (Fixed Deferred, Index Deferred, Variable)			
Insurer Name for Existing Contract			
Current Contract Surrender Value	\$	\$	\$
Surrender Charge or Early Withdrawal Charge (if charge is indicated, explanation is required under item c below)	\$	\$	\$
Optional Living Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Minimum Interest Rate (provide only for fixed deferred annuity replacement)	____% or <input type="checkbox"/> N/A	____% or <input type="checkbox"/> N/A	____% or <input type="checkbox"/> N/A
Death Benefit Value	\$	\$	\$
Market Value Adjustment (MVA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated MVA amount that will apply (if none, list \$0). Indicate if positive (+) or negative (-).	\$ <input type="checkbox"/> + <input type="checkbox"/> -	\$ <input type="checkbox"/> + <input type="checkbox"/> -	\$ <input type="checkbox"/> + <input type="checkbox"/> -

If a surrender charge is indicated above, please explain why you feel it is more beneficial to replace now versus waiting for the surrender schedule to expire. _____

8. FINANCIAL INFORMATION

- A. What is your total annual household pre-tax income (provide annual gross amount)? \$ _____
B. Please identify the source(s) of your household income (check all that apply):
[] Employment/Self Employment [] Pension/Retirement Benefits [] Social Security [] Investments
[] Annuity [] Reverse Mortgage [] Other _____
C. What are your approximate annual household living expenses (including housing, insurance, food, healthcare, taxes, etc.)? \$ _____
D. Including any amounts you plan on withdrawing from this annuity or income annuity payments expected from this annuity, will you have sufficient available cash or other sources of income for emergencies? [] Yes [] No
If No, please explain: _____
E. What is the approximate total value of your household's liquid assets, after the purchase of this annuity?.. \$ _____
Liquid assets are those that readily convert to cash without withdrawal charges or penalties.
Examples: checking, savings, money market accounts, brokerage accounts, stocks, mutual funds, etc.
Do not include the premium used to purchase this annuity in your liquid assets.
F. What is your approximate household net worth, excluding your primary residence and liquid assets provided above? \$ _____
Net worth should exclude your total debt (for example, exclude the mortgage on your primary residence).
Exclude all assets you included above in your liquid assets.
Examples: annuities (including the purchase of this annuity), retirement accounts, CDs, real property, investments, deferred compensation, life insurance cash value, etc.
G. What is your federal income tax bracket? [] Less than 15% [] 15 - 28% [] Greater than 28%
H. Which financial, insurance, and investment products have you owned and/or currently own? (check all that apply)
[] None [] CDs [] Stocks [] Life Insurance
[] Bonds [] Mutual Funds [] Annuities
I. What are your financial goals for purchasing this annuity? (check all that apply)
[] Immediate Income [] Future Income [] Tax Savings [] Asset Growth
[] Safety of Principal [] Education Planning [] Estate Planning [] Other _____
J. Do you anticipate making partial withdrawals during the annuity's surrender charge period? [] Yes [] No
If Yes, please explain: _____
K. Do you anticipate taking any withdrawals prior to age 59 1/2 that would subject you to a tax penalty? [] Yes [] No
Examples of withdrawals that may not incur a tax penalty include, but are not limited to, a series of substantially equal periodic payments made over your life or life expectancy, or payments taken if you have a qualifying disability.
Please consult your tax advisor if you have any questions about whether any anticipated withdrawals will result in a tax penalty.
If Yes, please explain: _____
L. What is your risk profile with respect to the purchase of this annuity? (check all that apply)
[] Conservative - I would rather have small returns than risk losing money.
[] Moderate - I would like to achieve higher returns over time and can withstand an occasional, large downturn in the value of my portfolio.
[] Aggressive - My main goal is to achieve high returns over time and I can endure substantial losses in order to do so.
M. I understand that if I surrender the contract or make a partial withdrawal within the withdrawal charge period, the Company will apply an MVA and deduct a withdrawal charge in accordance with the terms of the contract? [] Yes [] No
N. Is this annuity being purchased is based on the recommendation of my agent? [] Yes [] No

9. OWNER'S / JOINT OWNER'S ACKNOWLEDGEMENT

The proposed owner(s) must date and check one box, as well as provide their signature(s) below.

To the best of my knowledge, the information provided in this questionnaire is accurate and complete. I understand that an annuity is a long-term investment, and my agent has reviewed the features and benefits of this annuity as well as any applicable fees and withdrawal charges with me. I believe that the SBLI USA annuity contract is suitable for my financial circumstances and I acknowledge receipt of the appropriate annuity product brochure. I wish to proceed with the transaction at this time.

OR

I choose not to provide information related to my financial status, situation or needs. I understand that, by doing so, my agent will be unable to assist me in determining if this transaction is suitable. However, I believe that the SBLI USA annuity contract is suitable for my financial circumstances. I also acknowledge receipt of the appropriate annuity product brochure. I understand that an annuity is a long-term investment and my agent has reviewed the features and benefits of this annuity as well as any applicable fees and withdrawal charges with me. I wish to proceed with the transaction at this time.

Owner / Applicant Signature Date

Joint Owner / Applicant Signature Date

10. PRODUCER / REPRESENTATIVE'S STATEMENT

Completed by the Agent

Advantages of purchasing the proposed annuity: (check all that apply)

- Guarantees Immediate Income Lower Risk More Stability
- Safety of Principal Living Benefit Rider Income Benefit Rider Reduced Fee
- Other (please explain) _____

Disadvantages of purchasing the proposed annuity: (check all that apply)

- Surrender Period/Length Surrender Charges Chance for Less Gain than Current Product
- Loss of Death Benefit Replacement/Transfer Penalty Other (please explain) _____

Based on the facts disclosed by the proposed owner, I have reasonable grounds to believe that the recommendation for the proposed owner to purchase, replace or exchange an annuity, is suitable. Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any additional needs analysis forms, and other information used as the basis for this annuity recommendation for the number of years required by state laws or regulations.

OR

Although I have inquired about the proposed owner's financial information, needs and objectives, I was unable to collect the necessary information to make a recommendation.

OR

I do not have a reasonable basis to believe this transaction is suitable for the proposed owner at this time.

The basis for my recommendation to purchase the proposed annuity or to replace or exchange an existing annuity contract or life policy:

Agent's Name (Print) Broker / Dealer, Firm or Affiliation

Agent's Signature Date

SINGLE-PREMIUM DEFERRED ANNUITY DISCLOSURE

This document reviews important points to think about before you buy this SBLI USA Life Insurance Company, Inc. ("SBLI USA" or "Company") annuity. This annuity is single premium, which means you buy it with one premium payment. It is a fixed annuity, which means it earns a specified interest rate during the guarantee period. The annuity is deferred, which means that payouts begin at a future date. Under current tax laws, you do not pay taxes on interest earned until the money is paid to you.

You can use this annuity 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.

If you have questions about this annuity, please ask your agent, broker, or advisor, or contact a company representative at 1-877-725-4872.

THE ANNUITY CONTRACT

How will the value of my annuity grow?

Your annuity earns tax-deferred interest at a **guaranteed interest rate** for a **guarantee period**.

The initial guarantee period you have selected is 3 5 7 years.

The effective annual interest rate credited during the initial guarantee period is _____% for the first policy year and _____% for policy years two through _____.

Interest is compounded daily and is credited to your **accumulation value**. In order to achieve the effective annual interest rate shown above, you must leave the single premium paid in the annuity for a full year without any withdrawals.

During the last 30 days of a guarantee period, you may choose to begin a subsequent 5-year guarantee period or surrender (cancel and withdraw the money from) your annuity. If you do nothing, a subsequent 5-year guarantee period automatically will begin. The guaranteed interest rate for any subsequent guarantee period will be set by SBLI USA, but will not be less than the **lifetime guaranteed minimum interest rate**.

The lifetime guaranteed minimum interest rate is predetermined by SBLI USA and is shown on your contract data page. Once your contract is issued, the lifetime guaranteed minimum interest rate will remain in effect for the life of your contract and is not subject to change.

BENEFITS

How do I get income (payouts) from my annuity?

The maturity date shown on your contract data page is the date that payouts are scheduled to begin. You choose how to get the income – the payout option. The payout options that are currently available are described in your contract.

You may change both the maturity date and the payout option up until the payout begins. The maturity date must be at least 12 months from the contract date shown on your contract data page and cannot be any later than the contract anniversary immediately following the annuitant's 100th birthday.

If you do not choose an annuity payment option prior to 30 days before the maturity date, we will automatically apply the **Life Income with Period Certain Option** with a period certain of 10 years.

Can I withdraw money from my annuity?

You cannot take any of the money out of your annuity after the maturity date. Before the maturity date, you can take out all of your accumulation value (**full surrender**) or part of it (**partial withdrawal**). You can take a partial withdrawal so long as the annuitant is living, the amount of the partial withdrawal is \$500 or more, and the accumulation value after the withdrawal remains at least \$2000. **Withdrawals or surrenders may be subject to a withdrawal charge or market value adjustment as further detailed below.**

What happens if I die?

If you die after the maturity date, depending on the type of payout you choose, we pay the remaining accumulation value, if any, to your designated payee. If you die before the maturity date, we will pay a death benefit to the beneficiary(ies), unless your surviving spouse is a joint owner of the contract. If your surviving spouse is a joint owner, such surviving spouse will become the primary beneficiary to whom the death benefit will be paid, and any other beneficiary designation on record at the time of your death will be treated as a contingent beneficiary.

The death benefit is the accumulation value as of the date of death plus interest at 1% from the date of death until date of payment.

Fees, Expenses & Other Charges

What happens if I take out some or all of the money from my annuity?

If you make a partial withdrawal or full surrender at any time prior to the maturity date, we may increase or decrease the amount you receive based on a **market value adjustment (MVA)**, unless one of the exceptions listed below applies. The MVA is an amount determined by the relationship of an index rate determined at the beginning of the Guaranteed Rate Period to an index rate determined at the time of partial withdrawal or full surrender. The MVA may increase or decrease your withdrawal value, depending on whether interest rates have fallen or risen since you bought your annuity. If interest rates have gone up since you bought your annuity, the MVA likely will decrease the amount you receive. If interest rates have gone down, the MVA will likely increase the amount you receive. The index rate used for the MVA for your annuity is the Constant Maturity Treasury Rate.

If part or all of the accumulation value is withdrawn during the guarantee period, we will also deduct a **withdrawal charge**, unless one of the exceptions listed below applies. The withdrawal charge is equal to the percentage shown in the chart below times the amount of the requested withdrawal, after adjustment by the MVA. The amount of the withdrawal including any withdrawal charge and MVA, will be deducted from your accumulation value.

Initial Guarantee Period

Contract Year	1	2	3	4	5	6	7
Withdrawal Charge	7%	6%	5%	[4%]	[3%]	[2%]	[1%]

Subsequent Guarantee Period

Contract Year	1	2	3	4	5
Withdrawal Charge	5%	4%	3%	2%	1%

Example: if you withdraw \$5,000 from your annuity in the third year of the initial guarantee period and the MVA at the time of the request is a -\$100 negative adjustment, your withdrawal charge will be $(\$5,000 - \$100) \times 0.05 = \$245$.

Exceptions (exceptions depend on which product you have elected to purchase):

All Select Choice® SPDA Products: You may take a full or partial withdrawal during the last 30 days of a guarantee period without incurring an MVA or withdrawal charge.

Select Choice® 3 - SPDA with Penalty Free Withdrawal Options and Select Choice® 4 – SPDA with Return of Premium and Penalty Free Withdrawal Options: We will waive the withdrawal charge and MVA in the following circumstances: (1) on the amount of the first withdrawal in any year after the first up to 10% of the accumulation value; (2) on a series of SEPP payments under certain conditions stated in the policy; (3) if in any year after the first you are confined to a long-term facility, intermediate nursing facility or hospital due to injury or sickness under the conditions stated in the policy; or (4) if in any year after the first you have a terminal illness as defined in the policy.

Do I pay any other fees or charges?

We may deduct a premium tax at the time the contract is surrendered or on the date the contract is annuitized (the maturity date). The amount of the deduction, if any, will be determined by the law in effect in the issue state on the date the tax is deducted. Some states do not impose a premium tax.

TAXES

How will payouts and withdrawals from my annuity be taxed?

This annuity is tax-deferred, which means you don't pay taxes on the interest it earns until the money is paid to you. Payouts or withdrawals are generally subject to ordinary income taxes on the earned interest. You also pay a 10% federal income tax penalty on earnings you withdraw before age 59 1/2. We recommend that you consult with your tax advisor for questions regarding the tax consequences on distributions from the contract.

You can exchange one tax-deferred annuity for another without paying taxes on earnings when you make the exchange. Before you do, compare the benefits, features and costs of the two annuities. Keep in mind that you may incur a surrender charge when you cancel an existing annuity or life insurance policy, and you will begin a new withdrawal charge period when you buy this annuity.

Does buying an annuity in a qualified plan provide extra tax benefits?

If you are purchasing this annuity as part of a qualified plan such as an IRA, your decision should be based on contract benefits, as well as its risks and costs, and not tax-deferred growth, as the Internal Revenue Service already grants tax-deferred status to plans like IRAs.

OTHER INFORMATION

- We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we'll tell you about those changes in writing.
- We pay the agent, broker or firm for selling the annuity to you. They may receive additional compensation for selling this annuity contract than for selling other annuity contracts.
- Many states have laws that give you a set number of days to look at the annuity after it is delivered to you. If you decide during that time that you don't want it, you can return it to us and get all of your money back, less any withdrawals. See your contract cover page to learn more about your free look period.

This is a summary document and is not intended to be a full description of the contract. It is not part of your contract with the insurer. Please read the contract for a complete explanation of its terms and conditions. Neither we nor our representatives offer legal or tax advice. You should consult your own personal advisors on any legal or tax matters.

NOT A DEPOSIT	MAY LOSE VALUE	NOT FDIC INSURED	NOT GUARANTEED BY ANY FEDERAL GOVERNMENT AGENCY	NOT GUARANTEED BY A BANK
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By **Owner(s) Certification:** By signing below, I/we acknowledge that I/we have read and understand the information contained in this disclosure document.

Signed this _____ day of _____, _____.

OWNER'S NAME (Please Print)

OWNER'S SIGNATURE

JOINT OWNER'S NAME, IF ANY (Please Print)

JOINT OWNER'S SIGNATURE, IF ANY

AGENT'S NAME (Please Print)

AGENT'S SIGNATURE

CERTIFICATION AND ACKNOWLEDGEMENT OF TRUST AGREEMENT

Contract Number:		Name of Annuitant:	
		Relationship (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Both	
Name of Trust: ("Trust")			
Name of All Trustee(s): ("Trustee")			
Name of Grantor(s)/Settlor(s): ("Grantor")		Name of Successor Trustee(s):	
Mailing Address for Trust:			
Tax Identification Number (TIN): This must be provided. If a TIN has not yet been assigned to the trust, please provide the Grantor's SSN.)		Date of Trust:	

Declaration by Trustee

SBLI USA will only issue annuities to simple Revocable Living Trusts. The annuitant must be a living person. A corporation or any other non-natural person can not own one of SBLI USA's annuities.

The undersigned Trustee of the Trust, in consideration of the issuance of the above Contract(s) by SBLI USA Life Insurance Company, Inc. or its affiliates ("Insurer"), hereby represents, declares and acknowledges that:

- The above referenced Trust is a Revocable Living Trust Yes No
- The above referenced Trust requires that
 the Sole Trustee any Trustee
 must sign documents pertaining to the above referenced contract which requires a signature.
- The Trust is the Owner Beneficiary Owner and Beneficiary of the contract.
- If the Trust is revocable, the relationship of the above-referenced annuitant to the Grantor is:
 Spouse Children Grandchildren Other _____
- The Trust was validly executed and is in full force and effect.
- The Trust is governed by the laws of the _____.
- If the Trust is purchasing an annuity, are any of the Trust Beneficiaries a non-natural person (for example, a corporation or other legal entity)? Yes No
- Trustee is authorized under the terms of the Trust to purchase and hold annuity contracts on the life of the above named insured or annuitant.
- Trustee has the authority to execute this Certification and Acknowledgement and bind the Trust to the terms herein. The Trustee further certifies that the Insurer may rely solely on this declaration to determine that the Trust is in effect and that the above facts are true and correct statements of the terms of the Trust.
- Trustee has independently determined the suitability of the Contract for the Trust and its conformance to income distribution requirements of the Trust agreement and to any applicable federal and state laws. In making its determination, the trustee has consulted with its own independent selected legal, tax, or trust advisers. **No representations have been made by or on behalf of Insurer, its employees, agents or other representatives concerning the suitability of the Contract for the Trust.**

11. The insurer's sole obligation is to perform under the terms of the Contract. The Insurer may solely rely on the signature(s) of the Trustee for the exercise of any rights or options with respect to the Contract, including but not limited to the right to receive cash values, loans, partial or full surrenders or dividends; to distribute or assign the Contract; to select investment allocations for the Contract if it is a variable Contract, to agree to any release, modification or amendment to the Contract; to exercise all ownership rights in the Contract; or to submit and settle death claims.
12. **The Insurer shall have no further duty to inquire into the terms of the Trust or the authority of the Trustee, nor shall it have any responsibility regarding the use and application of any funds paid to the Trustee. The Insurer does not need to determine and will not be charged with any knowledge of the terms of the Trust beyond this certification.**
13. The Trustee will hold the Insurer and any of its agents, employees, and representatives harmless from any action the Insurer takes with respect to the Contract at the direction of the Trustee, and any payment by the Insurer to the Trustee shall be in full discharge of all claims against the insurer with respect to any amount paid.
14. The Trustee and successor Trustee is bound by this Certification and Acknowledgement and; the Insurer may rely upon the directions of the Trustee and any successor Trustee until the Insurer receives written notification at its Home Office of a change of Trustee. The Trustee agrees to promptly notify the Insurer of such a change.
15. **The Insurer or any of its agents, employees or representatives are not authorized to give legal or tax advise in connection with the drafting of, or any other aspect, of the creation of the Trust; the Trustee has not relied on any representation or advice of any of the Insurer's agents, employees or representatives with respect to the terms or validity of the Trust; and the Trustee has had the opportunity to consult with its own legal and or tax counsel or advisors in preparation of the Trust and the execution of this Certification and Acknowledgement.**
16. The Insurer is directed to mail all correspondence in connection with the Contract, including notices, to the address of the Trust set forth above or as changed by the Trustee.
17. Insurer reserves the right to request and receive a copy of the Trust if it determines such is necessary. Before the insurer pays any proceeds at the death of the Insured(s), it may also require proof that the Trust is then in full force and effect.

The Trustee signing down below acknowledges that his/her signature is the only signature required to make this certification and disclosure binding.

Signature of the Trustee(s):

Please Print Name:

Date:

_____, Trustee _____



SBLI USA Life Insurance Company, Inc.

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: _____

INSTRUCTIONS

NEW YORK INSURANCE REGULATION NO. 60 REQUIRES THAT WITH EACH NEW APPLICATION FOR INSURANCE A DETERMINATION SHOULD BE MADE AS TO WHETHER IT WILL REPLACE EXISTING INSURANCE. IN THAT REGARD, PLEASE:

1. Answer Questions 1-6 On the Reverse Side of this Form.
2. Date and Sign the Form.
3. Retain the Copy for your Records.
4. Attach the Original to your Application for Insurance.
5. ***If you Answer Yes to any of Questions 1-6, Please Sign the REGULATION 60 AUTHORIZATION also enclosed.***
6. Return all Completed Forms to your SBLI Representative

100 West 33rd Street, Suite 1007, New York, NY 10001-2914
1-877-SBLI-USA (1-877-725-4872) • www.sbliusa.com



SBLI USA LIFE INSURANCE COMPANY, INC.
REGULATION 60 REQUEST FOR REPLACEMENT INFORMATION
AUTHORIZATION FORM

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914 Toll Free: 1-877-SBLI-USA / 1-877-725-4872 website: www.sbliusa.com

A. REPLACED POLICY / CONTRACT INFORMATION

Replaced Company Name		Street Address	
City		State	Zip
1st Policy / Contract # to be Replaced	<input type="checkbox"/> Life <input type="checkbox"/> Annuity	<input type="checkbox"/> Full <input type="checkbox"/> Partial Amount \$ _____	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
2nd Policy / Contract # to be Replaced	<input type="checkbox"/> Life <input type="checkbox"/> Annuity	<input type="checkbox"/> Full <input type="checkbox"/> Partial Amount \$ _____	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
3rd Policy / Contract # to be Replaced	<input type="checkbox"/> Life <input type="checkbox"/> Annuity	<input type="checkbox"/> Full <input type="checkbox"/> Partial Amount \$ _____	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified

Please see the authorization below to release information pursuant to New York Regulation 60. For your convenience, we have included a copy of the Disclosure Statement. Please complete the replaced company's portion of the attached Disclosure Statement and return it to us. If there are any questions, please contact us at **1-877-725-4872**.

B. PROPOSED OWNER / APPLICANT INFORMATION

Proposed Owner / Applicant Name	Joint Owner Name (if any)
Street Address	Phone
City	State
	Zip

PLEASE SEND THIS INFORMATION TO:

- SBLI USA Life Insurance Company at the address listed at the top of this page.

C. REQUIRED INFORMATION TO BE PROVIDED BY THE REPLACING AGENT

- For life insurance policies, please include "Sales Material Checklist" form.
- For annuity contracts, please include "Sales Material Checklist" form.
- If the customer is considering transferring money into an existing contract or policy, please provide the existing contract / policy number _____.

D. AUTHORIZATION

By signing below, I authorize and request the undersigned agent and SBLI USA Life Insurance Company to obtain account information from my current insurer related to my existing life insurance policy or annuity contract.

X _____ _____ _____ _____
 Signature of Owner / Applicant Date Signature of Joint Owner / Applicant Date

E. AGENT CERTIFICATION

To the best of my knowledge, a replacement is involved in this transaction.

X _____ _____ _____
 Signature of Agent Date Printed Name of Agent

**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.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

100 West 33rd Street, Suite 1007, New York, NY 10001-2914
1-877-SBLI-USA (1-877-725-4872) • www.sbliusa.com



SBLI USA LIFE INSURANCE COMPANY, INC.

SALES MATERIAL CHECKLIST

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914 Toll Free: 1-877-SBLI-USA / 1-877-725-4872 website: www.sbliusa.com

Sales Material Used in the Sale

- Golden Promise[®] Consumer Brochure
- Income Continuation Term Consumer Brochure
- Renewable & Convertible Term Life Insurance Consumer Brochure
- Senior Life Insurance Consumer Brochure
- Simple Issue Term Consumer Brochure
- Whole Life Insurance Consumer Brochure
- Legacy SolutionSM Consumer Brochure
- Select Choice[®] Annuity Consumer Brochure
- Fixed/Indexed Annuity Consumer Brochure
- Equity Indexed Universal Life Consumer Brochure
- Preliminary Information Statement
- SBLI USA Website
- Other _____



DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK
LICONY DISCLOSURE STATEMENT
LICONY Appendix 10A¹

IMPORTANT - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW LIFE INSURANCE POLICY OR 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 POLICY OR CONTRACT. PLEASE REVIEW THIS DOCUMENT CAREFULLY AS IT CONTAINS IMPORTANT INFORMATION COMPARING YOUR EXISTING POLICY OR CONTRACT TO THE NEW POLICY OR CONTRACT.
- **IMPORTANT 60 DAY REFUND PERIOD:**
WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND, IF YOU ARE NOT SATISFIED WITH THE NEW POLICY OR CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE IMPORTANT NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW POLICY OR CONTRACT.
- 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 the *IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts* and the *Definition of Replacement* forms at the time you apply for your coverage. This *Disclosure Statement*, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, but no later than at the time of policy or contract delivery

Name of Applicant(s) _____ Telephone Number _____

Address _____

Name of Agent or Broker _____ Telephone Number _____

Company _____ Address _____

The information on existing coverage on this form was obtained from:

- The following replaced company(ies): _____
- Approximations, if the following replaced company(ies) failed to provide information in the prescribed time: _____

¹ For use when:

- an existing life insurance policy is being used to fund a life insurance policy;
- an existing annuity contract is being used to fund a life insurance policy; or
- an existing life insurance policy is being used to fund an annuity contract

DISCLOSURE STATEMENT CONTINUED:

1. DESCRIPTION OF TRANSACTION:

<u>Proposed Policy/Contract</u>		<u>Existing Policies/Contracts Affected</u>		
		(1)	(2)	(3)
		As of _____	As of _____	As of _____
_____	Company Name	_____	_____	_____
_____	Customer Service	_____	_____	_____
_____	Phone Number:	_____	_____	_____
_____	Contract Number	# _____	# _____	# _____
_____	Issue Date	_____	_____	_____
_____	Type of Insurance	_____	_____	_____
_____	Base Policy	_____	_____	_____
\$ _____	Face Amount	\$ _____	\$ _____	\$ _____
_____	Rider _____	_____	_____	_____
_____	Rider _____	_____	_____	_____
_____	Rider _____	_____	_____	_____
_____	Rider _____	_____	_____	_____
_____	Rider _____	_____	_____	_____
\$ _____	Total Annualized	_____	_____	_____
_____	Premium	\$ _____	\$ _____	\$ _____
_____	Current	_____	_____	_____
<u> N/A </u>	Surrender Charge	\$ _____	\$ _____	\$ _____
_____ %	Guaranteed	_____ %	_____ %	_____ %
_____ %	Interest Rate	_____ %	_____ %	_____ %
_____ %	Current Loan	_____ %	_____ %	_____ %
_____ %	Interest Rate	_____ %	_____ %	_____ %
_____	Current Loan Balance	_____	_____	_____
_____	Contestable Expiry Date	_____	_____	_____
_____	Suicide Expiry Date	_____	_____	_____

DISCLOSURE STATEMENT CONTINUED:

	(1)	(2)	(3)
Existing coverage to be changed by:			
Lapse or Surrender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment or Reissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan or Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death Benefit			
Reduction To	\$ _____	\$ _____	\$ _____
Reduced Paid-Up For	\$ _____	\$ _____	\$ _____
Extended Term to	_____	_____	_____
Other	_____	_____	_____
Cash released by change	\$ _____	\$ _____	\$ _____

Use of cash released: _____

2. SUMMARY RESULT COMPARISON:

Proposed With Existing Coverage Changed		Existing Coverage Unchanged	
Guaranteed	Non-Guaranteed	Guaranteed	Non-Guaranteed
		Annualized Premium	
\$ _____	\$ _____	Current Year	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____
		Surrender Value	
\$ _____	\$ _____	End of 1 st Year	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____

DISCLOSURE STATEMENT CONTINUED:

Proposed With Existing Coverage Changed

Existing Coverage Unchanged

Guaranteed

Non-Guaranteed

Guaranteed

Non-Guaranteed

		Death Benefit		
\$ _____	\$ _____	End of 1 st Year	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____
		Dividends		
	\$ _____	End of 1 st Year		\$ _____
	\$ _____	5 Years Hence		\$ _____
	\$ _____	10 Years Hence		\$ _____

AGENT/BROKER'S STATEMENT:

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

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

DISCLOSURE STATEMENT CONTINUED:

REMARKS _____

- The sales material cited on the attached list was used in this sale.
- No sales material, other than the attached proposal, was used in this sale.
- No sales material or proposal was used in this sale.

If sales material and/or a proposal was used in this transaction, such material and/or proposal, or a list of such information used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must also be given to the applicant.

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction or if more than one new life insurance policy or annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed of all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts.

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: _____



DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK
LICONY ANNUITY DISCLOSURE STATEMENT
LICONY Appendix 10B¹

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 BY NO LATER THAN DELIVERY OF THE NEW ANNUITY CONTRACT. PLEASE REVIEW THIS DOCUMENT CAREFULLY, AS IT CONTAINS IMPORTANT INFORMATION COMPARING YOUR EXISTING CONTRACT TO THE NEW CONTRACT.

- **IMPORTANT 60 DAY REFUND PERIOD:**

WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND IF YOU ARE NOT SATISFIED WITH THE NEW CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE IMPORTANT NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW CONTRACT.

- 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 the IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement forms at the time you apply for your coverage. This Disclosure Statement, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, but no later than at the time of contract delivery.

Name of Applicant(s) _____ Telephone Number _____

Address _____

Name of Agent or Broker _____ Telephone Number _____

Company _____ Address _____

The information on existing coverage on this form was obtained from:

The following replaced company(ies): _____

Approximations, if the following replaced company(ies) failed to provide information in the prescribed time: _____

1. DESCRIPTION OF TRANSACTION:

The Proposed Annuity Contract

Existing Annuity Contracts Affected

		(1)	(2)	(3)
1. _____	Company Name	_____	_____	_____
2. _____	Customer Service Phone No.	_____	_____	_____
3. XXXXXXXX	Annuity Contract No.	_____	_____	_____
4. _____	Type of Annuity	_____	_____	_____
5. XXXXXXXX	Annuity Issue Date	_____	_____	_____
6. _____	Current Crediting Rate (If Applicable)	_____	_____	_____
7. XXXXXXXX	Guaranteed Rate (If Applicable)	_____	_____	_____
8. \$ _____	Account Value	\$ _____ As of Date ()	\$ _____ As of Date ()	\$ _____ As of Date ()
9. \$ _____	Minus Surrender Charge (If Any) ²	\$ _____	\$ _____	\$ _____
10. \$ _____	Plus/Minus Market Value Adjustment (If Any)	\$ _____	\$ _____	\$ _____
11. N/A	Equals Surrender Value	\$ _____	\$ _____	\$ _____

Additional Information:	
IRS Plan Type (Check Box)	Product Name (Select One)
<input type="checkbox"/> Qualified or	<input type="checkbox"/> _____
<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> _____

2. SUMMARY RESULT COMPARISON: ³

THE PROPOSED ANNUITY

IF YOU CONTINUE YOUR EXISTING ANNUITY(ies) ⁴

① Surrender Value to be Invested: \$ _____

② Current Value: \$ _____

Hypothetical Rates of Return

Hypothetical Rates of Return

┌─── If Fixed Annuity ───┐ ┌─── If Variable Annuity ⁵ ───┐

┌─── If Fixed Annuity ───┐ ┌─── If Variable Annuity ⁵ ───┐

THE PROPOSED ANNUITY					IF YOU CONTINUE YOUR EXISTING ANNUITY(ies)					
At Guaranteed Rate	At Current Rate ⁶	@0%	@6%	@12%		At Guaranteed Rate	At Current Rate ⁶	@0%	@6%	@12%
					SURRENDER VALUE					
③ \$	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
④ \$	\$	\$	\$	\$	In 3 years	\$	\$	\$	\$	\$
⑤ \$	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
⑥ \$	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$
					DEATH BENEFIT					
⑦ \$	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
⑧ \$	\$	\$	\$	\$	In 3 Years	\$	\$	\$	\$	\$
⑨ \$	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
⑩ \$	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$

AGENT/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:

4. The surrender charge, if my client replaces his or her existing annuity contract, is _____% or \$_____.

5. 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.)

<u>Year:</u>	1	2	3	4	5	6	7	—	—	—	—
	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %

Explain, if necessary: _____

Remarks: _____

- The sales material cited on the attached list was used in this sale.
- No sales material, other than the attached proposal, was used in this sale.
- No sales material or proposal was used in this sale.

If sales material and/or a proposal was used in this transaction, such material and/or proposal, or a list of such information used in the sale of the proposed annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must also be given to the applicant.

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 of all existing annuity contracts to all proposed annuity contracts shall be completed.

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: _____

-
- ¹ For use only when replacing one annuity contract or contracts with another annuity contract(s).
 - ² Surrender charge should include any administrative and cumulative rider charges included and should also be included in item 4 on p. 4 of this Statement.
 - ³ Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.
 - ⁴ If more than one policy is being replaced, the figures shown reflect the aggregate total of the values for policies currently in force on the dates shown on page 2 of this Statement.
 - ⁵ Note that the annual investment rates need to be reduced by management and other fund expenses and other contractual charges (other than surrender charge).
 - ⁶ Since the fixed rate declared is subject to change at any time, the rate actually declared in effect on the date of issue may differ from the current rate indicated above, and the return received on the investment may differ from our current rate.



SBLI USA Life Insurance Company, Inc.

Regulation 194 Mandatory Initial Disclosure (As required by the New York State Department of Financial Services)

Agency Name

Agency Address

()

()

Telephone #

Fax #

E-mail

is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to engage in the following activities:

- Confer with insurance purchasers about the benefits, terms and conditions of insurance contracts
- Render advice concerning the substantive benefits of particular insurance contracts
- Sell insurance and
- Obtain insurance for purchasers

The role of the producer in any particular transaction typically involves one or more of the above listed activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s), and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

SBLI USA Life Insurance Company, Inc.
100 West 33rd Street, Suite 1007, New York, NY 10001-2914
1-877-SBLI-USA (1-877-725-4872) • www.sbliusa.com



SBLI USA Life Insurance Company, Inc.

CUSTOMER IDENTIFICATION PROGRAM NOTICE

Important Information You Need to Know About Buying a Life Insurance Policy or Annuity

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who buys a life insurance policy or annuity.

This notice answers some questions about our Customer Identification Program.

What products are covered by this notice?

- A permanent life insurance policy, other than a group life insurance policy;
- An Annuity contract, other than a group annuity contract
- Any other insurance product with features of cash value or investment.

What types of information will I need to provide?

When you buy a life insurance policy or annuity, we are required to collect information such as the following from you:

- Your name
- Date of birth
- Address
- Identification number:
 - U.S. Citizen: taxpayer identification number (social security number or employer identification number)
 - Non-U.S. Citizen: taxpayer identification number, passport number, and country of issuance, alien identification card number, or government-issued identification showing nationality, residence and a photograph of you.

You may also need to show your driver's license or other identifying documents.

A corporation, partnership, trust or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, or trust agreement.

The U.S. Department of the Treasury already requires you to provide most of this information. We may also require you to provide additional information such as your net worth, annual income, occupation, and employment information.

What happens if I don't provide the information requested or my identity can't be verified?

We may not be able to issue a policy or annuity or carry out transactions for you. If you already have a policy or annuity, we may have to suspend transactions.

We thank you for your patience and hope that you will support the financial industry's efforts to deny terrorists and money launderers access to America's financial system.

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SBLI USA LIFE INSURANCE COMPANY, INC.

ANNUITY 1035 EXCHANGE AND TRANSFER/ROLLOVER

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914 Toll Free: 1-877-SBLI-USA/ 1-877-725-4872 website: www.sbliusa.com

Instructions:

This form can be used to accomplish a FULL or a PARTIAL Exchange of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for Transfers of Funds and Direct Rollovers. For the purpose of this form, the receiving company will be referred to as "The Company." Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application and any state-required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated. Complete one form for each surrendering company.

1. CURRENT CONTRACT INFORMATION (Please print)

Current Company/Financial Institution	Policy Number Being Exchanged/Transferred
Current Company Address (Street, City, State, Zip)	Phone Number
Owner Name	Social Security Number (or Tax Identification Number)
Joint Owner Name (if any)	Social Security Number (or Tax Identification Number)
Annuitant Name (if other than Owner)	Social Security Number

For Sections 2 through 4 complete ONLY ONE Section.

Sections 2 OR 3 are for NON-QUALIFIED Funds. Section 4 is for QUALIFIED Funds.

2. NON-QUALIFIED 1035 EXCHANGE - From Non-Qualified Annuities, Endowments or Life Insurance Policies Only

Type of account funds are coming from: Annuity Life Insurance Policy Endowment

Full Exchange; or

Partial Exchange (Select one option below)

\$ _____ or _____ %

Penalty-Free Amount

A. I fully assign and transfer to The Company all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Current Contract Information section above (the "Contract") to The Company. The sole purpose of this assignment is to affect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as the owner of the Contract, including the right to surrender, are now exercisable by The Company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Contract. Other than the above mentioned owner, I warrant that no person, firm, or corporation, other than myself and the insurer that issued the Contract, has an interest in said Contract. I further warrant that the Contract is not subject to loan, assignment, levy or legal proceeding such as bankruptcy. I understand that The Company intends to surrender the Contract for the cash value or, if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by The Company. I authorize the surrendering company to send the proceeds directly to The Company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by The Company. The Company is not liable for changes in market value that may occur before the proceeds are received by The Company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by The Company, no value will accrue or be earned on the new contract.

- B. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original Contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original Contract and the percentage of the value transferred to the new contract. For example, if the Contract value is \$100,000 and the basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I understand that under Rev. Proc. 2011-38 there is a 180-day period after any partial 1035 exchange during which any withdrawals, owner changes or annuitizations for a term of less than 10 years or life are subject to adverse tax treatment. I understand that if I take a withdrawal during this period, the IRS will apply general tax principles to determine the nature of the transaction and may modify the tax treatment accordingly. I understand that there are no statutory exceptions to this provision. I acknowledge and agree that The Company is not responsible for any adverse tax consequences associated with this transaction or that may arise from a withdrawal in the 180-day period following a partial 1035 exchange, and I agree that I have consulted a tax professional to the extent I have felt it appropriate.

- C. I authorize The Company to rely upon the cost basis information provided by the surrendering company, but agree that The Company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred.
- D. I agree that if The Company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, The Company may reassign ownership of the Contract back to me.
- E. I acknowledge that The Company is furnishing this form and is participating in this transaction at my request and as an accommodation to me and that the Company does not give tax or legal advice and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other regulations.

3. TAXABLE EXCHANGE OF FUNDS

Type of account funds coming from:

- Mutual Fund Certificate of Deposit (CD) Brokerage Account Other*

*If "Other", describe: _____

Fund/Account Number: _____

I wish to liquidate and transfer:

- Entire Value
- Partial Value
- \$_____ or _____%
- Penalty-Free Amount

of the above referenced account directly to The Company.

By executing this form, I understand that The Company will apply all such funds received to an annuity contract issued to me. I understand that The Company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state, and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when The Company receives these proceeds and all other necessary paperwork in good order.

4. TRANSFER/DIRECT ROLLOVER FROM TAX-QUALIFIED RETIREMENT ACCOUNT/CONTRACTS ONLY

Type of transfer:

- Transfer Direct Rollover

Type of account funds coming from:

- TSA 403(b) Traditional IRA Roth IRA Other _____

Current Investment Vehicle

- Certificate of Deposit (CD) Mutual Fund Annuity (Qualified Only) Other _____

This will serve as authorization to liquidate and transfer:

- Entire Value; **OR**
 Partial Value (Applicable to Annuity Contracts Only - Select one option below)
 \$ _____ or _____ %
 Penalty-Free Amount

of my account as listed above to the annuity Contract I have applied for with SBLI USA Life Insurance Company, Inc.

Funds are to be transferred to a:

- Traditional IRA Roth IRA

IRA Transfers: By executing this form, if this transfer of funds is from a traditional IRA to a traditional IRA or from a Roth IRA to a Roth IRA, I intend that the transfer constitutes a tax-free IRA-to-IRA transfer. I understand that a transfer from a traditional IRA to a Roth IRA will be subject to income tax (except to the extent attributable to non-deductible contributions to the traditional IRA).

REQUIRED MINIMUM DISTRIBUTION (MUST BE COMPLETED IF AGE 70 1/2 OR OVER THIS YEAR)

Current Year:

- I have received my Required Minimum Distribution (RMD) for this year.
 I have not received my Required Minimum Distribution for this year and funds from the new annuity contract are not needed to satisfy my RMD.

Future Year:

If funds are **not** received by SBLI during this calendar year,

- I plan to satisfy my Required Minimum Distribution from another source.
 I plan to satisfy my Required Minimum Distribution from the new SBLI annuity policy prior to issue of the contract.

5. SPECIAL INSTRUCTIONS FOR LIQUIDATING EXISTING CONTRACT ACCOUNT

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process this liquidation:

- As soon as possible** after receipt of all necessary forms
 At Maturity Date*: _____
 On a specific date*: _____

(* Date must be on or prior to the maturity date of the existing contract.)

If no box is checked, I understand that the liquidation will be done as soon as possible.

I also understand that it is my responsibility to confirm with the surrendering company their processing guidelines for selecting a specific transfer date.

6. RETURN OF LIFE POLICY OR ANNUITY CONTRACT

Please choose one if you are transferring the full value of your current policy/contract.

- Check one:** Policy/Contract Attached
 Lost Policy/Contract Certification - The undersigned Owner(s) certifies that the Policy or Contract has been lost or destroyed and that reasonable effort has been made to locate it.

7. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (REQUIRED)

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

8. SIGNATURES (REQUIRED)

Owner Signature

Joint Owner Signature

Annuitant Signature (if required)

Witness Signature

Date

Irrevocable Beneficiary Signature, if applicable

Date

Spouse Signature, if applicable *

* The spouse's consent is required if the owner/annuitant is married and the owner/annuitant's spouse is not the primary beneficiary.

9. ACCEPTANCE OF 1035 EXCHANGE/TRUSTEE TRANSFER/DIRECT ROLLOVER (FOR COMPANY USE ONLY)

a) For Full 1035 Exchanges:

By signature of an authorized officer below, The Company accepts assignment of the Contract for purposes of complying with the Contract owner's intention of affecting a nontaxable exchange under IRS Section 1035. Please issue a check payable to the Company, the owner of the Contract, for the full cash surrender value of the contract. **Because The Company must know the cost basis, we request that you forward this information with the surrender check to the address provided.**

Note: Any income on the exchange of this contract should be reported to the previous policy owner, not to The Company.

b) For Partial 1035 Exchanges:

By signature of an authorized officer below, The Company accepts the assignment of a portion of the value of the Contract for purposes of complying with the Contract owner's intent to effect a non-taxable partial exchange under IRC Section 1035. **Because The Company has to obtain the contract owner's cost basis, we request that you forward this information to The Company with a surrender check to the address provided.**

c) For Transfers/Direct Rollovers from Tax-Qualified Accounts/Contracts:

The Company will deposit funds received into a:

Roth IRA Traditional IRA Other _____

Authorized Officer Signature

Date

Make checks payable and mail to:

SBLI USA Life Insurance Company, Inc.
FBO: _____
4415 Pheasant Ridge Road, Suite 300
Roanoke, VA 24014

