



Disclosure Statement for Recommendations of Life Insurance Policies to Retirement Investors

LIFE INSURANCE

The purpose of this disclosure form is to provide important information to consider in determining whether to purchase a life insurance product with distributions from a Qualified Plan or an Individual Retirement Account ("IRA"). In that regard, the information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24.

I, the undersigned, acknowledge that:

1. I am an independent fiduciary to the Qualified Plans and have the authority to purchase a life insurance product to fund the plan and to execute this acknowledgement.
2. I am the owner of an IRA and have the authority to purchase a life insurance product to fund the IRA and to execute this acknowledgement.

Insured's Name: _____

Policy Owner's Name: _____

Producer's Name: _____

Insurance Company: _____

Insurance Product: _____

I understand and acknowledge that the Producer will receive commissions from the sale of the recommended life insurance products, which are expressed as a percentage of gross annual premium payments as provided on Exhibit A.

I understand and acknowledge that charges, fees, discounts, penalties or adjustments may be imposed under the recommended life insurance product in connection with the purchase, holding, exchange, termination or sale of the life insurance product, which are provided on Exhibit B.

Material Conflicts of Interest Disclosure:

(Producer should disclose any other material conflicts of interest, including the individuals and entities that may be compensation as part of this transaction, any affiliation with the issuing insurance company, and any agreement that limits Producer's ability to recommend life insurance products from other insurance companies.)

By signing below, this disclosure form has been received, and the proposed life insurance transaction is approved by the Policy Owner:

Policy Owner's Printed Name

Date:

Policy Owner's Signature

Under regulations from the Department of Labor, recommending the distribution of funds from a qualified plan or IRA to purchase life insurance could cause the producer to be treated as a fiduciary under ERISA or the Tax Code. This sample form is for producer use only. Producer should consult with their Legal or Compliance Advisor before providing to their clients.

