

1 ANNUITANT

Name _____

Social Security No. _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Sex Female Male Marital Status _____

Phone _____ E-mail address _____

2 OWNER

Name (Skip this section if owner is also the annuitant) _____

Soc. Sec. No./Tax ID No. _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Sex Female Male Marital Status _____

Phone _____ E-mail address _____

3 JOINT OWNER

Name _____ Date of Birth _____

Soc. Sec. No./Tax ID No. _____ Relationship to Owner _____

Address _____

City _____ State _____ Zip Code _____

4 BENEFICIARIES

Primary Beneficiary Name
To continue the contract in the event of the death of the owner, the spouse (both if joint owners) must be named as the beneficiary.

Soc. Sec. No./Tax ID No. _____

Date of Birth _____ Relationship _____

Contingent Beneficiary Name

Soc. Sec. No./Tax ID No. _____

Date of Birth _____ Relationship _____

5 PLAN

A. IRA IRA/SEP
 Roth IRA Simple IRA
 TSA NON-QUALIFIED
 OTHER QUALIFIED _____

B. Contract Election: (interest varies by election)

Without Bailout
 1 Year guaranteed period
 3 Year guaranteed period
 6 Year guaranteed period

1 Year guarantee period, with Bailout

6 PAYMENT INFORMATION

Make checks payable to Union Central Life Insurance Company.

Complete as many as apply:

Exchange/Rollover/Transfer \$ _____
 Check Attached UC 2137 (Transfer) Attached
 UC 1117 (Non-Qualified 1035 Exchange) Attached

Payment \$ _____
 Check Attached

7 REPLACEMENT INFORMATION

Will insurance or annuities with any other company be discontinued, reduced or changed by participation in this plan?
 Yes No If yes, attach latest statement(s)

Agent Answer here Yes No
Amount _____ Plan _____

8 NOTES

9 SIGNATURE

Signature of Owner _____ Signed at _____ Date _____

Signature of Joint Owner _____ Signed at _____ Date _____

Licensed Agent (*Signature*) _____ Agent Number-situation code _____

Print Full Name of Agent _____ Agency No. _____

Optional: Telephone Number _____

Agent E-mail Address _____

INSURANCE DEPARTMENT 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/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 Department Regulation No. 60 has occurred or is likely to occur and your agent is required to provide you with a completed Disclosure Statement and the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts.

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/Broker _____