

Producer Best Interest Attestation Form



As part of my obligation to act in the best interest of consumers when making a recommendation of an annuity, I hereby certify and attest that **my recommendation to the applicant/Owner is in his/her best interest and I did not place the financial interest of any person or entity ahead of applicant/Owner. In making this recommendation, I certify and attest that I satisfied my best interest obligations regarding care, disclosure, conflict of interest and documentation as described below, including the accompanying key actions taken, and further attest to the following:**

- 1 Care Obligation** - Prior to making my recommendation, I exercised reasonable diligence, care and skill to learn the applicant/Owner's financial situation, insurance needs, and financial objectives. I further understood my own recommendation options that would address the applicant/Owner's needs, and, upon making my recommendation, I had a reasonable basis to believe, based on the consumer profile information provided, that the annuity I recommended effectively addressed the consumer's financial situation, insurance needs and financial objectives over the life of the product and that the consumer would benefit from the features of the annuity.

Key Action Taken: I communicated the basis/bases of my recommendation to the applicant/Owner, either orally or in writing, and if orally, I have maintained a copy of the summary of the recommendation.

- 2 Disclosure Obligation** - Prior to making my recommendation, I presented to the applicant/Owner the required Producer disclosure form and obtained the applicant/Owner's signature on the form. On the Producer disclosure form, I provided the applicant/Owner notice of the applicant/Owner's right to request additional information about my compensation and provided any such information if it was requested. Prior to or at the time of recommendation, I informed the consumer of the various features of the annuity being recommended, such as features related to surrenders, tax penalties, fees, charges, interest crediting, contract changes, and any market risk.

Key Action Taken: Prior to making my recommendation, I provided the applicant/Owner the required Producer disclosure form and obtained the applicant/Owner's signature on the form.

- 3 Conflict of Interest Obligation** - I have identified and avoided, or reasonably managed and disclosed, any financial or ownership interest I have in connection with the sale of the recommended annuity that could influence the impartiality of my recommendation.

Key Action Taken: Prior to making my recommendation, I considered any potential conflicts of interest that could influence the impartiality of my recommendation and either identified and avoided them or managed and disclosed them to the applicant/Owner.

- 4 Documentation Obligation** - I have documented, in writing, any recommendation I made to the applicant/Owner and the basis for that recommendation, regardless of whether my recommendation resulted in a purchase, an exchange, or a replacement of an annuity. I understand that I am required to maintain, and make available upon request, records of the information I collected from the applicant/Owner, disclosures I made to the applicant/Owner (including summaries of oral disclosures as well as the required Producer disclosure form) and any other information I used in making the recommendation.

Key Action Taken: I documented, in writing, any and all recommendations I made to the applicant/Owner as well as the basis/bases for my recommendation(s). I retained a copy of the Producer disclosure form signed by the applicant/Owner for my files.

- 5 Additional Producer Involvement** - To my knowledge, no other producer exercised material control or influence in the making of my recommendation to applicant/Owner; or, if another producer did exercise material control or influence in the making of my recommendation, such producer has also complied with all required best interest requirements and has also signed and submitted his or her own Producer best interest attestation form to the Company.

As producer, by signing below, I acknowledge that I understand and have complied with the laws and regulations of the jurisdiction(s) in which I am licensed, including any laws and regulations applicable to the recommendation of an annuity. I understand that the requirements set forth above are my own obligations, but may be reviewed by the Company.

Producer name	Producer's signature	Date signed (mm/dd/yyyy)
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As applicant/Owner, by signing below, I acknowledge that my producer walked through this Form with me and answered all of my questions to my satisfaction. Considering the whole transaction, I believe the proposed annuity (replacement or otherwise) provides a substantial financial benefit and will effectively address my financial situation, insurance needs and financial objectives over the life of the annuity.

Applicant/Owner name	Applicant/Owner's signature	Date signed (mm/dd/yyyy)
Joint Owner name	Joint Owner's signature	Date signed (mm/dd/yyyy)

