## **INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES**



## Mail or fax completed form to:

**Athene Annuity and Life Company** 

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922 Customer Contact Center - Tel: 888-266-8489

7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

## <u>Appendix A</u> <u>Insurance Agent (Producer) Disclosure for Annuities</u> Do Not Sign Unless You Have Read and Understand the Information in this Form

Date	
1. INSURANCE AGENT (PRODUCER) INFORMATION ("Me", "I", "My")	
First Name:	Last Name:
Business/Agency Name:	Website:
Business Mailing Address:	
Business Telephone Number:	Email Address:
National Producer Number (indicate State(s)):	
2. CUSTOMER INFORMATION ("You", "Your")	
Owner First Name:	Owner Last Name:
Joint Owner First Name:	Joint Owner Last Name:
3. What Types of Products Can I Sell You?	
	with state law. If I recommend that You buy an annuity, it means I insurance needs, and financial objectives. Other financial products, ds, also may meet Your needs.
I offer the following products:	
☐ Fixed or Fixed Indexed Annuities	
☐ Variable Annuities	
☐ Life Insurance	
I need a separate license to provide advice about or t non-insurance financial products that I am licensed an	o sell non-insurance financial products. I have checked below any ad authorized to provide advice about or to sell.
☐ Mutual Funds	
☐ Stocks/Bonds	
☐ Certificates of Deposits	

4. Whose Annuities Can I Sell You?	
I am authorized to sell:	
☐ Annuities from Only One (1) Insurer	
☐ Annuities from Two or More Insurers	
lacksquare Annuities from Two or More Insurers although	I primarily sell annuities from:
5. How I'm Paid for My Work:	
	work. Depending on the particular annuity You purchase, I may ly paid to Me by the insurance company while fees are generally t how I'm paid, please ask Me.
Depending on the particular annuity You buy, I will or ma	y be paid cash compensation as follows:
☐ Commission, which is usually paid by the ins	surance company or other sources. If other sources, describe:
☐ Fees (such as a fixed amount, an hourly rate, o by the customer	r a percentage of your payment), which are usually paid directly
Other (Describe):	
If you have questions about the above compensation	n I will be paid for this transaction, please ask me.
	from this transaction (sometimes called "non-cash" compensand support, or other incentives from the insurance company or
the producer only receives commission or only receives a particular situation. This form is intended to provide an	ne particular business model of the producer. As an example, if a fee from the consumer, the disclosure may be refined to fit that example of how to communicate producer compensation, but th more precise disclosure, including a written consulting, advis-
<b>Drafting Note:</b> The acknowledgement and signature sh	ould be in immediate proximity to the disclosure language.
6. OWNER(S)' CONFIRMATION	
By signing below, you acknowledge that you have read ar	nd understand the information provided to you in this document.
Owner's Signature	Date (MM/DD/YYYY)
Joint Owner's Signature	Date (MM/DD/YYYY)
7. PRODUCER'S CONFIRMATION	

Date (MM/DD/YYYY)

Agent (Producer) Signature