# TRANSAMERICA SECURE RETIREMENT INDEX® II

Modified Flexible Premium Individual Annuity Application

**TRANSAMERICA LIFE INSURANCE COMPANY** (Hereafter referred to as the Company, we, our, or us)

**Home Office:** Cedar Rapids, IA **Mailing Address:** 4333 Edgewood Road N.E., Cedar Rapids, IA 52499

**Telephone:** (800) 553-5957

## 1. PRIMARY OWNER INFORMATION

**Type of Owner:**

If the Type of Owner is an Individual, there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Owner(s) and the Annuitant.

☐ Individual ☒ Trust (Trust Certification Form is Required) ☐ Custodial Account

☐ Corporate ☐ Company Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k)) ☐ UGMA/UTMA

Complete Legal Name: Carol P. Hankins Share of Phillips Family Trust

Residential Address: 9301 Hunters Creek Dr.
(Cannot be a P.O. Box) Blue Ash, OH 45242

Mailing Address: same

SSN/TIN: 82-6776125 Date of Birth: ______ Telephone: 513-532-5001

Gender: ☐ Male ☐ Female

Citizenship: ☒ U.S. Citizen/Entity ☐ Non-U.S.Citizen/Entity (Country: ______) ☐ Resident Alien ☐ Non-Resident Alien

## 2. JOINT OWNER INFORMATION

If no Joint Owner is listed, the Company will issue the policy with the Owner listed above.

☐ Check here if the Joint Owner's Address is the same as the Primary Owner's Address.

Relationship to Owner: ______

Complete Legal Name: ______

Residential Address: ______
(Cannot be a P.O. Box)

Mailing Address: ______

SSN/TIN: ______ Date of Birth: ______ Telephone: ______

Gender: ☐ Male ☐ Female

Citizenship: ☐ U.S. Citizen/Entity ☐ Non-U.S.Citizen/Entity (Country: ______) ☐ Resident Alien ☐ Non-Resident Alien

## 3. ANNUITANT INFORMATION

If no Annuitant is listed, the Company will issue the policy with the Primary Owner and Annuitant as the same.

If Type of Owner in Section 1 is an Individual, there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Owner(s) and the Annuitant.

☒ Check here if the Annuitant's Address is the same as the Primary Owner's Address.

Relationship to Owner: Carol P. Hankins, trustee + beneficiary; Scott H. Hankins, spouse of beneficiary

Complete Legal Name: Carol P. Hankins and Scott H. Hankins

Residential Address: (Cannot be a P.O. Box)

Mailing Address:

SSN/TIN: CPH 440-56-0740 SHH 563-92-5566 Date of Birth: CPH 8-8-55 SHH 9-12-55 Telephone: 513-532-5001

Gender: ☒ Male - SHH ☒ Female - CPH

Citizenship: ☒ U.S. Citizen ☐ Non-U.S.Citizen (Country: __________ ) ☐ Resident Alien ☐ Non-Resident Alien

## 4. BENEFICIARY DESIGNATION

The percentages assigned must be whole percentages and total 100% for each beneficiary type (primary and/or contingent). If the percentages do not total 100%, we will consider this designation incomplete until sufficient beneficiary information is received. If a designation is incomplete or there are no surviving beneficiaries at the time a claim is processed, proceeds will be payable per the terms of the policy.

- If the Beneficiary is to be restricted, the Beneficiary Designation with Restricted Payout Form must be received.
- If an Entity or Trust is named as Beneficiary, submit the Entity Certification or Trustee Certification Form.
- If the policy is a Custodial Account and a Joint Rider is selected in Section 6C, submit the Spousal Information for Custodial Accounts Form and return with the application.

☒ Primary Allocation Percentage: 100 %

Is this an Irrevocable Beneficiary? ☐ Yes ☒ No Is this a Restricted Beneficiary? ☐ Yes ☒ No

Complete Legal Name: Carol P. Hankins Share of Phillips Family Trust

Relationship to Annuitant: Carol P. Hankins is trustee + beneficiary; Scott H Hankins is spouse of beneficiary

Mailing Address: 9301 Hunters Creek Dr.
Blue Ash, OH 45242

SSN/TIN: 82-6776125 Date of Birth: __________ Telephone: 513-532-5001

Gender: ☐ Male ☐ Female ☐ Entity ☒ Trust

Citizenship: ☒ U.S. Citizen ☐ Non-U.S.Citizen (Country: __________ ) ☐ Resident Alien ☐ Non-Resident Alien

## 4. BENEFICIARY DESIGNATION - (continued)

☐ Primary ☐ Contingent Allocation Percentage: ____________%

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No Is this a Restricted Beneficiary? ☐ Yes ☐ No

Complete Legal Name: ______________________________

Relationship to Annuitant: ______________________________

Mailing Address: ______________________________

______________________________

SSN/TIN: ______________ Date of Birth: ______________ Telephone: ______________

Gender: ☐ Male ☐ Female ☐ Entity ☐ Trust

Citizenship: ☐ U.S. Citizen ☐ Non-U.S.Citizen (Country: ______________ ) ☐ Resident Alien ☐ Non-Resident Alien

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☐ Primary ☐ Contingent Allocation Percentage: ____________%

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No Is this a Restricted Beneficiary? ☐ Yes ☐ No

Complete Legal Name: ______________________________

Relationship to Annuitant: ______________________________

Mailing Address: ______________________________

______________________________

SSN/TIN: ______________ Date of Birth: ______________ Telephone: ______________

Gender: ☐ Male ☐ Female ☐ Entity ☐ Trust

Citizenship: ☐ U.S. Citizen ☐ Non-U.S.Citizen (Country: ______________ ) ☐ Resident Alien ☐ Non-Resident Alien

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☐ Primary ☐ Contingent Allocation Percentage: ____________%

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No Is this a Restricted Beneficiary? ☐ Yes ☐ No

Complete Legal Name: ______________________________

Relationship to Annuitant: ______________________________

Mailing Address: ______________________________

______________________________

SSN/TIN: ______________ Date of Birth: ______________ Telephone: ______________

Gender: ☐ Male ☐ Female ☐ Entity ☐ Trust

Citizenship: ☐ U.S. Citizen ☐ Non-U.S.Citizen (Country: ______________ ) ☐ Resident Alien ☐ Non-Resident Alien

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☐ Check here if there are more Beneficiaries. If more Beneficiaries are needed, please complete the Additional Beneficiary Form and return with the application.

## 5. PURCHASE PAYMENT INFORMATION

**Type of Annuity Applying for** (select only one):

If applying for a Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k), or other), the Qualified Plan Certification and Acknowledgement Form and Plan Investment and Services Agreement is required.

☒ Non-Qualified ☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐ Simple IRA

☐ Profit Sharing Plan ☐ Pension Plan ☐ 401(k) ☐ Other: ____________

☐ BENE IRA- Deceased Name:____________ Date of Death: ____________

☐ Non-Qualified Stretch - Deceased Name:____________ Date of Death: ____________

☐ 10-Year Delay - Deceased Name:____________ Date of Death: ____________

**Funding Options:**

☒ Check Enclosed

☐ Wire

☐ The Company to request release of funds. The 1035 Exchange, Rollover or Transfer Request Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

☐ Financial Professional/Client to request release of funds

**Source of Funds:**

☒ New Money / Contribution Money $300,000 if Qualified Plan - Tax Year: ____________

☐ Non-Qualified 1035 Exchange - Anticipated Premium Amount $____________

☐ CD/Mutual Fund Redemption - Anticipated Premium Amount $____________

☐ Direct Transfer - Anticipated Premium Amount $____________

☐ Rollover - Anticipated Premium Amount $____________

## 6A. PRODUCT SURRENDER CHARGE PERIOD

You must select one option:

☒ 5 Year Surrender Charge Period

## 6B. PREMIUM ALLOCATION

The percentages assigned must be whole percentages and the Fixed Account plus the subtotals under one of the Surrender Charge Periods must equal 100%.

**Fixed Account:**

_____% Fixed Account (031)

**5 Year Surrender Charge Period:**

_____% S&P PRISM Factor Index - 1 Year Crediting Period Strategy A (680)

_____% S&P PRISM Factor Index - 1 Year Crediting Period Strategy B (681)

_____% S&P PRISM Factor Index - 2.5 Year Crediting Period Strategy A (685)

_____% S&P PRISM Factor Index - 2.5 Year Crediting Period Strategy B (686)

50 % S&P PRISM Factor Index - 5 Year Crediting Period (687)

_____% NYSE® Expanded Opportunities ™ Index - 1 Year Crediting Period Strategy A (651)

_____% NYSE® Expanded Opportunities ™ Index - 1 Year Crediting Period Strategy B (661)

_____% NYSE® Expanded Opportunities ™ Index - 2.5 Year Crediting Period Strategy A (653)

_____% NYSE® Expanded Opportunities ™ Index - 2.5 Year Crediting Period Strategy B (654)

50 % NYSE® Expanded Opportunities ™ Index - 5 Year Crediting Period (665)

0 **=100% (Sum of Fixed Account Option and Index Account Options must total 100%)**

## 6C. OPTIONAL BENEFIT

Transamerica Income Plus ® ☐ Single ☐ Joint

(If Joint is selected, the Joint Owner or Sole Beneficiary must be a spouse. Complete the appropriate sections, if applicable.)

## 7A. OWNER ACKNOWLEDGEMENTS - DISCLOSURES

- Unless I have notified the Company of a community or marital property interest in this contract, the Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- This application is subject to acceptance by the Company. If this application is rejected for any reason, the Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer.
- I understand this policy is a Fixed Annuity Policy and have been reasonably informed of various features of the annuity. While values of the policy may be affected by an external index, the policy does not directly participate in any stock equity investment.
- All statements in this application made by or under the authority of the applicant are representations and not warranties.

## 7B. OWNER ACKNOWLEDGEMENTS - ELECTRONIC DOCUMENT DELIVERY

**Skip to Section 7C if you are not initiating the process of Electronic Document Delivery.**

By providing an email address in this section, I consent to initiate the process of receiving electronic documents and notices applicable to the Eligible Policy/Policies accessed through the Company website. These include, but are not limited to quarterly statements and immediate confirmations, privacy notices and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I have access to the Internet for the purpose of accepting electronic delivery of documents. I consent to receive in electronic format any documents added in the future.

Please call (800) 553-5957 or visit the Company website if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

Email Address: shankins.cin@gmail.com

**Electronic Delivery Document notifications will be provided to only one email address. Any email provided above will override any existing email address, if applicable.**

## 7C. OWNER ACKNOWLEDGEMENTS - TELEPHONE/ELECTRONIC AUTHORIZATION

As the Owner, you will receive this privilege automatically. If a policy has Joint Owners, each Owner may individually make telephone and/or electronic requests. If no option is selected, the authorization will default to Owner only.

- ☐ Yes By checking "Yes," I am authorizing and directing the Company to act on telephone or electronic instructions from my Financial Professional(s), Servicing Representative(s) or their Support Staff. This may include fund transfers, allocation changes and any other changes approved by the Company. The Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, the Company and its affiliates and their Directors, Officers, Employees, Financial Professionals will be held harmless for any claim, liability, loss or cost.

- ☒ No By checking "No", I am <u>not</u> authorizing and directing the Company to act on telephone or electronic instructions from my Financial Professional of record, Servicing Representative(s) or their Support Staff.

## 8. OWNER & FINANCIAL PROFESSIONAL - REPLACEMENT INFORMATION

**Both the Owner Response and the Financial Professional Response columns must be completed.**

Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

☐ Check here if there are more than three (3) replacement policies. For more than three (3) policies, please complete the Additional Replacement Policy Form and return with the application.

| Replacement Questions | Owner Response | Financial Professional Response |
|---|---|---|
| Did the Financial Professional present and leave only insurer-approved sales material with the Owner? | Not Applicable | ☐ No ☒ Yes |
| Does the Owner have any existing life insurance policies or annuity contracts? | ☐ No ☒ Yes | ☐ No ☒ Yes |
| Will this annuity replace or change any existing life insurance policies or annuity contracts?<br>If yes - Company: ______<br>Policy #: ______<br>Company: ______<br>Policy #: ______<br>Company: ______<br>Policy #: ______ | ☒ No ☐ Yes | ☒ No ☐ Yes |

## 9. OWNER & ANNUITANT SIGNATURES

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

If the individuals signing below are signing as a POA, Guardian, Conservator, or Trustee, additional information is required.

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

**Signed at:** Blue Ash (City) OH (State)

**Date:** 1/28/2021 **Linking Number:** ______

☞ **Owner(s) Signature:** X Carol P Hankins
I am signing as ☐ Power of Attorney ☐ Guardian ☐ Conservator ☒ Trustee

☞ **Joint Owner(s) Signature:** X ______
I am signing as ☐ Power of Attorney ☐ Guardian ☐ Conservator ☐ Trustee

☞ **Annuitant Signature (if not Owner):** X Carol P Hankins [signature]

## 10. FINANCIAL PROFESSIONAL ACKNOWLEDGEMENTS & SIGNATURES

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

If this is a replacement transaction, I confirm that I have reviewed the Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

I HAVE MADE REASONABLE EFFORTS TO OBTAIN INFORMATION CONCERNING THE CONSUMER'S FINANCIAL STATUS, TAX STATUS, INVESTMENT OBJECTIVES AND SUCH OTHER INFORMATION USED OR CONSIDERED TO BE REASONABLE IN MAKING THE ANNUITY RECOMMENDATION AND FIND THE ANNUITY BEING APPLIED FOR APPROPRIATE FOR HIS/HER NEEDS.

**Primary Registered Financial Professional**

Print Full Name: Eric Holtz

Financial Professional ID Number: ANX003596

Email Address (Optional): ____________ Phone Number: 800-325-8907

Firm Name: Seenan Holtz

Firm Address: 301 Yamato RD Suite 2222 Boca Raton FL 33431

Commission Split:[1] 100 %

Signature: X

**For Financial Professional Use Only - Contact your home office for program information.**

**Commission options below are based on the surrender charge period selected.**

■ Option A ☐ Option B ☐ Option C ☐ Option D

**(Once selected, program cannot be changed)**

**Additional Financial Professionals**

The following Servicing Financial Professional(s) must also meet all licensing, appointment and training required to solicit this policy. As a Servicing Financial Professional, the individual(s) listed below will have the same independent rights to access policy information and submit instructions as are granted to the Primary Financial Professional of Record.

Print Full Name: ____________

Financial Professional ID Number: ____________ Commission Split:[1] ____ %

Print Full Name: ____________

Financial Professional ID Number: ____________ Commission Split:[1] ____ %

Print Full Name: ____________

Financial Professional ID Number: ____________ Commission Split:[1] ____ %

☐ Check here if there are more than four (4) Financial Professionals. If there are more than four (4) Financial Professionals, please complete the Additional Financial Professional Form.

[1] **Must be in whole percentages. Total Commission Split in Section 10 and Additional Financial Professional Form must equal 100%.**

## Transamerica Secure Retirement Index® II Annuity
## Acknowledgement and Confirmation

This form must be detached and returned to Transamerica Life Insurance Company, 4333 Edgewood Road NE, Cedar Rapids, IA 52499.

By initialing and signing below, I acknowledge that:

- I have received and read the Transamerica Secure Retirement Index® II Annuity Statement of Understanding, and I understand the descriptions of the annuity and the Guaranteed Lifetime Withdrawal Benefit.
- I have reviewed my financial needs and objectives with my financial professional, and I have determined that the Transamerica Secure Retirement Index® II Annuity and Transamerica Income Plus® (if applicable) are appropriate for my financial needs and objectives.
- No statements made by my financial professional differ from the information contained in the Statement of Understanding.
- Other than the Minimum Required Cash Value, which is equal to 87.5% of premiums, less prior requested withdrawals, less a $50 deduction at the beginning of each Policy Year, all accumulated at the minimum non-forfeiture interest rate shown in my policy, no promises or assurances have been made about the future values of the annuity.
- This annuity is intended for funds that I do not need for current expenses, as withdrawals may be subject to surrender charges and a 10% IRS penalty.
- For allocations to an Index Account, the Index Interest Rate used to determine the interest credited will be less than the actual percentage increase in the index, because of the applicable Cap, Participation Rate and Spread.
- Transamerica Secure Retirement Index® II Annuity policies are issued on the 1st, 8th, 15th, and 22nd of each month. Initial premium payments received are held by the company until the policy is issued. Premium payments received after the policy issue date will also be held by the company until the next following 1st, 8th, 15th, and 22nd of the month. Interest will not be credited to premium payments while they are held by the company awaiting issue of or allocation to a policy.
- If I allocate any portion of my policy value to one or more Index Account options and take a withdrawal I may forfeit all interest associated with the amount of the withdrawal that would have otherwise been credited to the Index Account at the end of the crediting period.
- Withdrawals that are in excess of the Benefit Withdrawal Amount or that are made prior to the minimum benefit age will reduce the Transamerica Income Plus® guarantees.
- Withdrawals taken during the surrender charge period may be subject to a surrender charge and premium enhancement recapture (deduction), if applicable.
- The Index Account Cap, Participation Rate, Spread and the Fixed Account initial guaranteed effective annual interest rate will be determined on the date my policy is issued and at the time I allocate any subsequent premiums or allocations to the Index Account.

**REPLACEMENTS ONLY:** To replace includes to surrender, reduce, withdraw or borrow from an existing policy to pay the initial premium on the new policy. If I intend to replace another policy, I should consider the impact of surrender charges and the loss of product features on my prior policies, as well as any tax consequences of the exchange and have determined the replacement is appropriate for my needs and objectives.

**TAX-QUALIFIED RETIREMENT PLANS ONLY:** If this annuity is being purchased as part of a qualified retirement plan/arrangement, including an IRA. I understand this annuity will not provide any additional tax-deferred treatment of interest beyond what is provided by the qualified retirement plan. I have consulted with my tax advisor concerning the benefits provided under this annuity under current tax laws applicable to qualified retirement plan/arrangement.

I acknowledge receipt of the following documents:

- Transamerica Secure Retirement Index® II Annuity Statement of Understanding
- Buyer's Guide

Carol P Harbin, Ttee 1-28-2021 — Jt. annuitant 1-28-2021

Applicant Signature Date Joint Applicant Signature Date

I have reviewed the Transamerica Secure Retirement Index® II Annuity Statement of Understanding with the applicant and did not describe the Transamerica Secure Retirement Index® II Annuity or Transamerica Income Plus® in a manner that is inconsistent with the Statement of Understanding.

1/28/21

Agent/Registered Financial Professional Date

# Fixed Annuity Suitability Questionnaire

TRANSAMERICA®
(Hereinafter referred to as the Company, we, our, or us)

The following Transamerica Companies utilize this form:
Transamerica Life Insurance Company    Transamerica Financial Life Insurance Company

4333 Edgewood Rd NE, Cedar Rapids, IA 52499    Fax: (877) 355-4385    Website: www.transamerica.com

**A copy of this form should be provided to the applicant and the original submitted with the completed application.**

**Personal Information**

OWNER/APPLICANT FULL NAME: Carol P. Hankins, trustee and beneficiary of Owner/Applicant

Employment Status: ☐ Employed ☐ Unemployed ☒ Retired ☐ Other

Social Security Number: 440-56-0740

Current Occupation:

Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

Number of Dependents and Ages: None

JOINT OWNER/APPLICANT FULL NAME: Scott H. Hankins, spouse of benefiary

Employment Status: ☐ Employed ☐ Unemployed ☒ Retired ☐ Other

Social Security Number: 563-92-5566

Current Occupation:

Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

Number of Dependents and Ages: None

**Recommended Product**

Annuity Type (select one):

☑ Fixed Index Annuity

**Financial Situation and Needs**

**Primary Purpose of Annuity:** ☒ Capital Preservation ☐ Accumulate for Beneficiaries/Wealth Transfer
☐ Asset Accumulation ☐ Tax Deferred Growth ☐ Avoid Cost or Delay of Probate
☐ Reduced Estate Tax Liability ☐ Immediate Income ☒ Future Retirement Income
☐ Guaranteed Interest Rate ☐ Other

**Financial Situation and Needs (continued)**

**Source of Funds (Check all that apply)**

☒ CD / Savings / Checking ☐ Rollover/Transfer from a Tax Qualified Account ☐ Loans

☐ Qualified Plan Distribution ☐ Cash Value from Annuity or Life Insurance [1] ☐ Inheritance

☐ Death Benefit Proceeds ☐ Liquidation of Investments ☐ Current Income

☐ Other ____________________

[1] **If the proposed annuity is intended to replace an existing annuity or life insurance policy, additional replacement and policy comparison forms must be completed.**

Financial Experience: ☐ Limited ☒ Moderate ☐ Extensive ☐ None

Fees, Charges or Penalties (on Source of Funds): ☒ None ☐ Yes, in the amount of $__________

Investment Objective for these assets: ☒ Income ☐ Growth & Income ☐ Growth ☐ Aggressive Growth

Risk Tolerance for these assets: ☒ Conservative ☐ Moderate ☐ Aggressive

Time Horizon for accessing these assets (not including Rider Withdrawals):

☐ Less than 2 years ☐ 2 to 5 years ☒ 6 to 10 years ☐ 11 + years

Does the consumer intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?

☐ Yes ☒ No

For recommendations in Massachusetts, any existing policies or contracts previously sold by the same producer to the same consumer? ____________________

**Liquidity Needs:**

Is there a foreseeable need to access earnings or principal during the surrender charge period?

☐ Yes ☒ No

If yes, describe when, how much and for what purpose:

____________________

____________________

Does the customer expect to have sufficient other liquid assets to cover living expenses and any emergencies that may arise during the Time Horizon noted above?

☒ Yes ☐ No

If no, please explain:

____________________

____________________

## Financial Information

**Annual Household Gross Income:**

- ☐ $0 - $29,999 ☐ $30,000 - $49,999 ☐ $50,000 - $74,999 ☐ $75,000 - $99,999
- ☐ $100,000 - $149,999 ☒ $150,000 - $249,999 ☐ $250,000 - $399,999 ☐ $400,000 and over

**Source of Income: (Check all that apply)** ☐ Current Wages ☒ Investments ☒ Social Security ☒ Retirement Plan ☐ Other ____________

**Estimated Federal Income Tax Bracket (Check one)** ☐ 10% ☐ 15% ☒ 25% ☐ 28% ☐ 33% ☐ 35%

Amount of this Annuity: $ 300,000.00

**Current Assets**

Please list the amount for each asset class noted below. This should exclude personal property, home, automobiles or assets that you intend to liquidate to purchase this annuity:

| | | | |
|---|---|---|---|
| Checking or Savings: | $ 1,500,000 | Other Fixed Annuities: | $ 625,000 |
| Money Market Accounts: | $ 3,500,000 | Other Variable Annuities: | $ 235,000 |
| Stocks and Bonds: | $ 6,000,000 | 401k Plan: | $ |
| Certificates of Deposit: | $ 350,000 | Pension Plan: | $ |
| Mutual Funds: | $ 5,000,000 | Life Insurance: | $ |

Other: (provide description) ____________ $ ____________

Is there a Reverse Mortgage? ☐ Yes ☒ No

Monthly Household Income: $ 14,000

Monthly Expenses: $ 5,000

Total Liquid Net Worth: $ 15-16M (net of deferred tax)

**Total Liquid Net Worth should include all assets which are readily convertible to cash, less any unsecured debt (this should exclude personal property, home, and automobiles). For example, checking accounts, savings accounts, CDs and mutual funds are often times readily convertible to cash. Credit card debt is an example of unsecured debt.**

## Additional Information Considered

Totals above include some 401(k)/IRA assets. Totals above do not include annuity premium, which will be paid from HH accounts.

## Illustration Notice

If an illustration was used, please provide a copy.

## Tax Notice

The purchase or exchange of an annuity may have tax consequences. Contact your tax advisor for information regarding how this transaction may impact your specific tax situation.

## Owner's Acknowledgement and Signature

To the best of my knowledge the information provided in this questionnaire is accurate. 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 surrender charge schedule with me. I believe that the purchase of this annuity product is suitable for my financial needs and objectives.

Carol P Hankins | 1-28-2021

Owner/Applicant Signature | Date

[signature] | 1-28-2021

Joint Owner/Applicant Signature | Date

## Financial Professional's Acknowledgement and Signature

I certify that I have truly and accurately recorded the information that was provided to me by the applicant.

If this is a replacement transaction, I confirm that I have reviewed the Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

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.

Eric Holtz

Financial Professional Name (please print)

[signature] | 1/28/2021

Financial Professional Signature | Date

TRANSAMERICA®

(Hereafter referred to as the Company, we, our or us)

4333 Edgewood Rd NE, Cedar Rapids, IA 52499

# Trustee Certification of Trust Document and Trustee Powers

The following Transamerica Companies utilize this form:
Transamerica Life Insurance Company   Transamerica Financial Life Insurance Company
Transamerica Premier Life Insurance Company

Fax: (877) 355-4385   Website: www.transamerica.com

**Refer to the definitions in Section 4 to help you determine the information we are requesting.**

## 1. POLICY INFORMATION

Carol P. Hankins Share of Phillips Family Trust — Policy # pending
Policy Owner/Trust Name(s)   Policy Number(s) (if known)

Carol P. Hankins and Scott H. Hankins
Annuitant Name

Relationship of Annuitant to Trust: ☐ Trustor/Grantor/Settlor ☒ Beneficiary of the Trust ☒ Trustee

## 2. INFORMATION FROM YOUR TRUST

**The information provided on this form must match the application or any subsequent form(s) submitted by the Owner(s) or Claimant. Complete every line; if not applicable indicate with N/A.**

Please answer all of the following questions. If any of the responses to questions 1-5 are marked "No", approval is needed from our Annuity Anti-Money Laundering (AML) Compliance Unit. This approval may require additional paperwork.

We recommend you seek the advice of your tax and/or legal counsel with any questions you may have concerning your trust. The Company reserves the right to request, when deemed necessary, a copy of the Trust Document in addition to this executed form.

Carol P. Hankins Share of Phillips Family Trust   10/7/80
Full Title or Name of the Trust   Date of the Trust

82-6116125   4/20/09
Taxpayer Identification Number (TIN)/Social Security Number (SSN) used for the Trust   Date of the latest Trust Amendment

Carol P. Hankins   440-56-   8/8/55
Beneficial/Taxable Owner of the Trust   Social Security Number   Date of Birth

1. Is the Trust established under U.S. law? ☒ Yes ☐ No   Country/U.S. Territory Established: ______
2. Does the Trust have a bank account? ☒ Yes ☐ No   If yes, Country bank account is located: ______
3. Are all Trustee(s) U.S. Citizen(s)? ☒ Yes ☐ No
4. Is the Trustor/Grantor/Settlor a U.S. Citizen or legal entity established under U.S. law? ☒ Yes ☐ No
5. Are all Beneficial Owner(s) a U.S. Citizen(s) or legal entity established under U.S. law? ☒ Yes ☐ No
6. The Trust is: ☐ Revocable ☒ Irrevocable
7. The Trustee(s) may act: ☒ Singly ☐ Jointly
8. Are any of the following components of the Trust a non-natural entity (i.e., Corporation, Charity, etc.): Trustor(s), Grantor(s), Settlor(s), or Beneficiary(ies)?

   ☐ Yes - If this box is not checked, we will assume these trust components are for a natural person.

   It is important to note if any component of the Trust is a non-natural entity. If so, the annuity will not retain tax deferred status. We recommend you seek the advice of your tax and/or legal counsel prior to purchasing an annuity or requesting any ownership change.

## 3. TRUSTEES / REQUIRED SIGNATURES

**You must attach a copy of the first page (title page) and the signature page of the Trust Document.**

If the Trustee is an entity, please provide corporate resolution indicating authorized signees.

The Company is authorized to accept instructions, including policy changes and distribution privileges, from the Trustee(s) listed below.

- I/We certify the proposed transactions are within the powers of the Trust Agreement, and there are no Trustees of the Trust other than the undersigned.
- I/We agree to inform the Company in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the Certifications made.
- I/we the undersigned Trustee(s), certify the information on this form is complete and accurate.
- We, the Trustees, jointly and severally indemnify the Company and hold the Company harmless from any liability for effecting transactions of the types specified, if the Company acts pursuant to instructions given by any of the Authorized Individuals listed below. It is understood and agreed the Company shall not be responsible for the application or disposition of the proceeds by the Trustee and the payment of the proceeds to the Trustee shall fully and finally discharge the Company from all liability under the Policy.
- I/We have received and understand the terms of this document and have not relied on any representation or advice by the Company or its representatives regarding the legal or tax effects of this Certification.
- I/We hereby certify under penalty of perjury the undersigned are all the Trustees. (All Trustees must sign. Attach an extra page if necessary.)

**The following certification does not apply if this form is being used to make claim under the annuity:**

- I/We certify the Trust and applicable Beneficiaries of the Trust have an insurable interest in the Annuitant of the Annuity. The Annuitant of the Annuity is permitted under state laws governing the Trust.

Carol P Hankins 1-28-2021

Signature of Trustee * Date

Carol P. Hankins, trustee

Trustee Name / Title (Please Print)

Signature of Trustee Date

Trustee Name / Title (Please Print)

* Should only one person execute this agreement, it shall constitute a representation that the signatory is the Sole Trustee.

## DEFINITIONS

**Beneficial Owner:** For the purposes of this form, Beneficial Owner shall mean the natural person who ultimately owns or controls a client/entity and or the person on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement. Essentially, the Beneficial Owner is the individual or entity that enjoys the benefits of owning an asset, regardless of whose name the title of the property or security is in.

**Trustee:** The individual or institution named by the Trustor/Grantor/Settlor to act on behalf of the trust according to the terms as outlined in the Trust Document.

**Trustor/Grantor/Settlor:** The individual who creates a trust and who gives (transfers) property to the Trust.

Clear

# TRUST AGREEMENT

## PHILLIPS FAMILY TRUST

This Trust Agreement is entered into on October 7, 1980, between JOHN WOODLEY PHILLIPS and MARJORIE K. PHILLIPS as Trustors, and JOHN WOODLEY PHILLIPS and MARJORIE K. PHILLIPS as Trustees.

The Trustors are husband and wife and have two children, CAROL ANN PHILLIPS (born August 8, 1955) and JOEL WOODLEY PHILLIPS (born July 26, 1958).

The Trustors have transferred and delivered to the Trustees, without any consideration on the Trustees' part, the following property: Community property transferred by both Trustors set forth in Schedule A, separate property of JOHN WOODLEY PHILLIPS set forth in Schedule B, and separate property of MARJORIE K. PHILLIPS set forth in Schedule C.

All property now or hereafter subject to this trust, including any proceeds of insurance as and when received by the Trustees, shall constitute the trust estate and shall be held, managed, and distributed as hereinafter provided.

validity, construction and rights thereunder shall be governed by California laws.

The Trustors and Trustees have executed this Trust Agreement on the day and year first above written.

John Woodley Phillips
JOHN WOODLEY PHILLIPS,
Trustor

John Woodley Phillips
JOHN WOODLEY PHILLIPS,
Trustee

Marjorie K. Phillips
MARJORIE K. PHILLIPS,
Trustor

Marjorie K. Phillips
MARJORIE K. PHILLIPS,
Trustee

STATE OF CALIFORNIA )
) ss.
COUNTY OF SAN DIEGO )

On October 7, 1980, before me, the under-signed, a Notary Public in and for said County and State, personally appeared JOHN WOODLEY PHILLIPS and MARJORIE K. PHILLIPS, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same.

WITNESS my hand and official seal.

OFFICIAL SEAL
VALERIE ANN GONSALVES
NOTARY PUBLIC - CALIFORNIA
Principal Office In San Diego County
My Commission Exp. Mar. 25, 1983

Valerie Ann Gonsalves
Notary Public in and for said
County and State.