

ELLEN S WISSEMANN TRUST UAD DTD 11/2  
ELLEN S WISSEMANN TRUSTEE  
11049 VIA AMALFI  
BOYNTON BEACH, FL 33437

89-215/691

2350

Pay to the  
order of

*Attorney General of FL*  
*Five hundred Thousand dollars* \$500,000.00  
Dollars

Date

*12/7/2020*

Heat  
Reactive  
Ink



ACH FT 061000104

Member *Community*

*Ellen Wissemann*

⑆063102152⑆1000064195562⑆ 2350

LOOK FOR FRAUD-DETECTING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK DETAILS ON BACK

Florida

DRIVER LICENSE



W255-217-41-550-0 CLASS E



1 WISSEMANN  
2 ELLEN SARA  
3 7960 RIVER ROCK RD  
4 DELRAY BEACH, FL 33446-2189

5 DOB 02/10/1941 15 SEX F  
6 EXP 02/10/2026 16 HGT 5'-02"  
12 REST A 9a END NONE

SAFE DRIVER  
4a ISS 01/09/2018  
5DD X632011060486

REPLACED 11/06/2020

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



SEAL OF THE STATE OF FLORIDA

ELLEN S WISSEMAN

Date \_\_\_\_\_

Pay to the order of

*Ward* \$

Dollars  Security Features  
www.suntrust.com



ACH RT 061000104

Memo \_\_\_\_\_

AP

⑆063102152⑆1000064195562⑆ 2225

FIRST AMENDMENT TO RESTATED AND AMENDED TRUST AGREEMENT

Grantor, ELLEN S. WISSEMANN, hereby amends the Restated and Amended Declaration of the ELLEN S. WISSEMANN Trust dated April 24, 2014, pursuant to Article III thereof, as follows:

ITEM I

Article VII is hereby deleted in its entirety and replaced with the following language:

Upon the death of the Grantor, the Successor Trustee shall distribute the rest, residue and remainder of the Trust Estate as follows:

1. A Specific Bequest of the Grantor's house, located at 11049 Via Amalfi, Boynton Beach, Florida 33437, shall be distributed to BRANDY MICHELE GOLDSTEIN, if living.

2. The rest, residue and remainder shall be distributed as follows:

A. One-Sixth (1/6) to the MAKE-A-WISH FOUNDATION OF AMERICA, located in Phoenix, Arizona, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

B. One-Sixth (1/6) to YAD VASHEM, THE HOLOCAUST MARTYRS' AND HEROES' REMEMBRANCE AUTHORITY, located in Jerusalem, Israel, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

C. One-Sixth (1/6) to RONALD MCDONALD HOUSE CHARITIES, INC., located in Chicago, Illinois, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN.



In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

D. One-Sixth (1/6) to the UNLIMITED FOUNDATION, located in Jupiter, Florida, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

E. One-Sixth (1/6) to SPECIAL COMPASS, INC., located in Cooper City, Florida, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

F. One-Sixth (1/6) to the KINGS ACADEMY, INC., located in West Palm Beach, Florida, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

3. The Grantor has made no provisions for the Grantor's children, SCOTT PETER WISSEMAN, LANA GAYLE WISSEMAN and DAVID MARC WISSEMAN, for reasons best known to the Grantor.

#### ITEM II

Article XI, Paragraph A is hereby deleted in its entirety and replaced with the following language:

A. As Successor Trustee of all Trusts created hereunder, the Grantor names her friend, EDWARD R. LEVITT, to act. In the event that the Grantor's friend, EDWARD R. LEVITT, is



unable or unwilling to act, the Grantor names her friend, RAYE FESETTE, to act as Successor Trustee.

All Successor Trustees shall be qualified to act without qualification or any other affirmative action whatsoever. Whenever the context requires, wherever the word Trustee appears, the singular shall include the plural. All Successor Trustees shall have all of the powers given the original Trustees. No Successor Trustee shall be liable for any act or omission of any predecessor and may accept the property received, without a prior accounting, without incurring any liability for doing so.

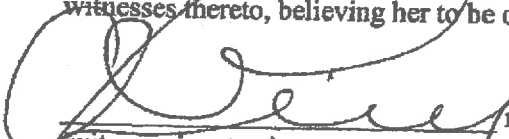
ITEM III

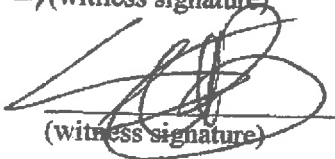
In all other respects Grantor confirms the Restated and Amended Declaration of Trust dated April 24, 2014, except as modified by this First Amendment, reserving the right to further amend or revoke the same and this First Amendment thereto.

IN WITNESS WHEREOF, Grantor has signed this First Amendment this 17<sup>th</sup> day of July, 2019.

  
ELLEN S. WISSEMANN

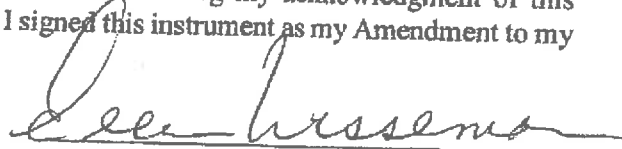
WE HEREBY CERTIFY that the above instrument was on the date thereof signed, sealed and declared by ELLEN S. WISSEMANN as her Amendment to her Trust in our presence, and that we, at her request and in her presence and in the presence of each other, have signed our names as witnesses thereto, believing her to be of sound mind and memory at the time of signing.

  
(witness signature) residing in Palm Beach County, Florida

  
(witness signature) residing in Palm Beach County, Florida

State of Florida  
County of Palm Beach

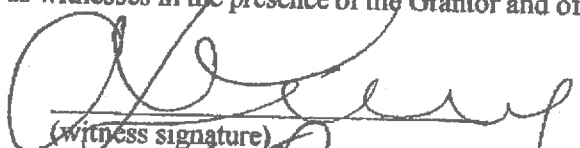
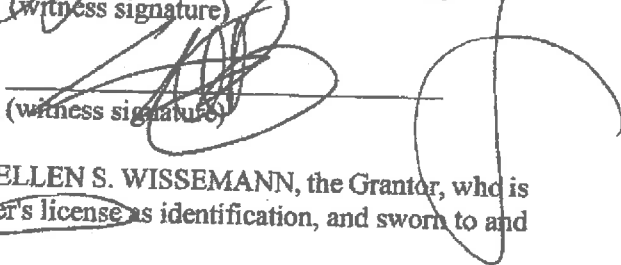
I, ELLEN S. WISSEMANN, declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my Amendment to my Trust.

  
ELLEN S. WISSEMANN, Grantor

WE, Ashley Lilly, and  
(witness print name)

Samantha Bodle  
(witness print name)

have been sworn by the officer signing below, and declare to that officer on our oaths that the Grantor declared the instrument to be the Grantor's Amendment to her Trust and signed it in our presence and that we each signed the instrument as witnesses in the presence of the Grantor and of each other.

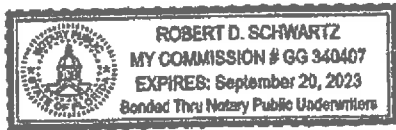
  
(witness signature)  
  
(witness signature)

Acknowledged and subscribed before me by ELLEN S. WISSEMANN, the Grantor, who is personally known to me or who has produced a driver's license as identification, and sworn to and subscribed before me by

Ashley Lilly, and  
(witness print name)

Samantha Bodle  
(witness print name)

the witnesses, who are personally known to me or have produced driver's licenses as identification, and subscribed by me in the presence of the Grantor and the subscribing witnesses, all on July 17, 2019.



  
Notary Public  
My commission expires:

This document prepared by:  
ROBERT D. SCHWARTZ, P.A.  
1901 S. Congress Avenue, Suite 215  
Boynton Beach, Florida 33426  
(561) 736-3440  
Toll Free 1-888-615-8641



**Life Insurance and Annuity**

Atlantic Coast Life Insurance Company  
 PO Box 27248  
 Salt Lake City, UT 84127-0248  
**Toll Free:** 844-442-3847  
**Fax:** 888-433-4795

**Calculator Input Summary**

<b>Initial Purchase Payment:</b>	\$500,000
<b>Solved For:</b>	Guaranteed Lifetime Income
<b>Withdrawal Frequency:</b>	Annually
<b>Coverage Type:</b>	Single
<b>Issue Age of Owner:</b>	79
<b>Income End of Year:</b>	0
<b>State of Application:</b>	Florida

**Results Summary**

<b>Purchase Premium Payment:</b>	<b>\$500,000.00</b>
<b>Initial Bonus:</b>	<b>+ \$25,000.00</b>
<b>Day 1 Income Account Benefit Base (age 79)</b>	<b>\$525,000.00</b>
<b>Guaranteed Lifetime Withdrawal Benefit</b>	<b>\$36,750.00</b>

Your Guaranteed Lifetime Withdrawal Benefit based on the Input criteria you entered is \$36,750.00. This amount is payable for the Owner's lifetime. Please refer to the Income Navigator Annuity<sup>SM</sup> product brochure for additional details.

This product calculator explains how the Roll-up feature works for the Income Navigator Annuity<sup>SM</sup> Guaranteed Lifetime Withdrawal Benefit Income Rider. The amount shown above represents the Minimum Guaranteed Lifetime Income provided under the rider. The additional pages of this illustration calculator further explain the benefits of the Guaranteed Lifetime Withdrawal Benefit Rider. Please review this summary carefully, including all Disclosure pages.





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End Of Contract Year	Age	Income Account Value	Lifetime Payout Factor	Guaranteed Lifetime Withdrawal Benefits
0	79	\$525,000.00	7.00%	\$36,750.00
1	80	\$559,125.00	7.10%	\$39,697.88
2	81	\$595,468.13	7.20%	\$42,873.71
3	82	\$634,173.56	7.30%	\$46,294.67
4	83	\$675,394.84	7.40%	\$49,979.22
5	84	\$719,295.50	7.40%	\$53,227.87
6	85	\$719,295.50	7.40%	\$53,227.87
7	86	\$719,295.50	7.40%	\$53,227.87
8	87	\$719,295.50	7.40%	\$53,227.87
9	88	\$719,295.50	7.40%	\$53,227.87
10	89	\$719,295.50	7.40%	\$53,227.87

The table demonstrates the amount of the Income Account Value using the Roll-up at specific ages. Additional information regarding the Roll-up feature is located in the Disclosure section of this Summary. The age specified on the Input screen is highlighted. The Income Account Value is not the Accumulation Value of the annuity and the Income Account Value is not available for withdrawal or upon death. The Lifetime Payout factor is established once you elect to begin receiving Lifetime Income. The actual amount you may receive depends upon Purchase Premium Payment amount, your Income Account Value, withdrawals and the date you elect to begin receiving Lifetime Income.



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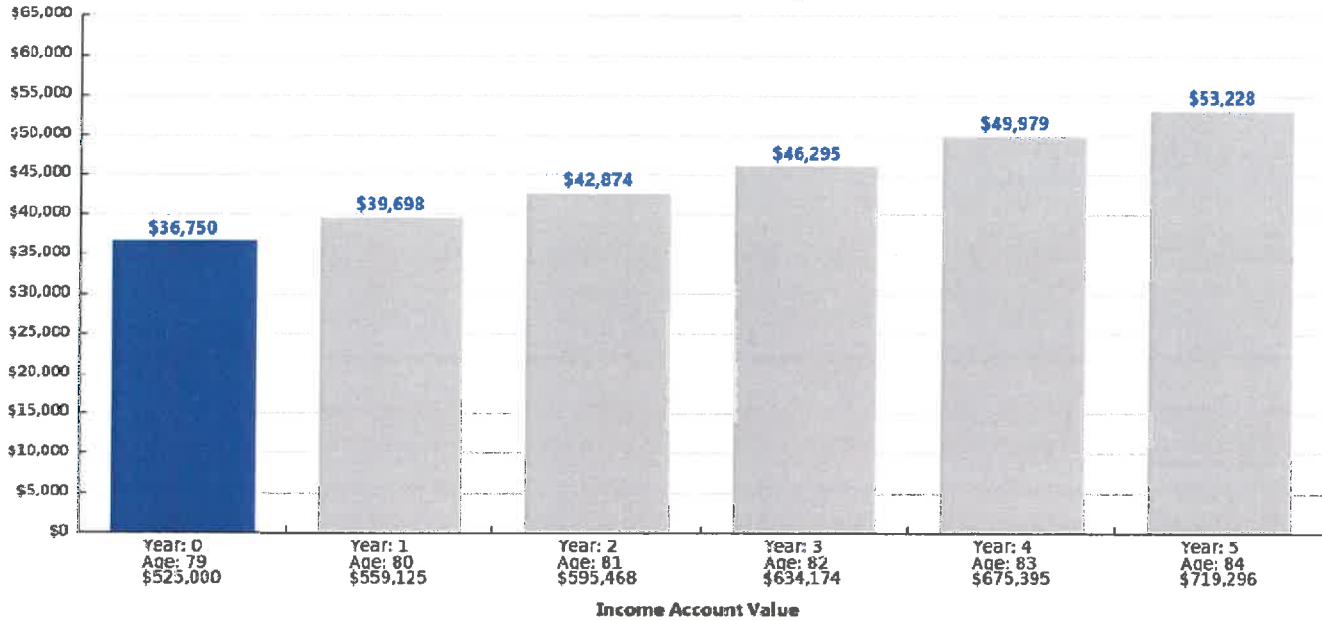
Salt Lake City, UT 84127-0248

**Toll Free:** 844-442-3847

**Fax:** 888-433-4795

**Guaranteed Lifetime Withdrawal Benefits**

Displaying Years 0 to 5





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Salt Lake City, UT 84127-0248

**Toll Free:** 844-442-3847

**Fax:** 888-433-4795

## Atlantic Coast Life Insurance Company

### Guaranteed Lifetime Withdrawal Benefit Rider (Income Rider) Proposal Summary and Illustration Disclosure

#### IMPORTANT INFORMATION - PLEASE READ CAREFULLY

##### General Information and Disclosures

- The Roll-up feature of the Income Rider works by providing you with Guaranteed Lifetime Withdrawal Benefits.
- The Income Rider Roll-up feature increases the Income Account Value each year. Therefore, a longer deferral period will increase the Income Account Value more than a shorter deferral period.
- The Income Account Value and the Income Rider are calculated based on the following assumptions: (i) no additional Purchase Premium Payments are made, (ii) no withdrawals prior to when Guaranteed Lifetime Withdrawal Benefits begin; (iii) after Guaranteed Lifetime Withdrawal Benefits begin, no withdrawal in excess of the Guaranteed Lifetime Withdrawal Benefit; and (iv) you select to continue the Roll-up after the initial Roll-up Term.
- Taking withdrawals will decrease the Accumulation Value, Income Account Value, and the Guaranteed Lifetime Withdrawal Benefits.
- The Income Account Value is only used to calculate the Guaranteed Lifetime Withdrawal Benefit, and the Income Rider charge. The Income Account Value is not an amount available for withdrawal or to be paid on death of the Owner or Annuitant.
- The Income Rider charge is calculated using the Income Account Value and deducted from the Accumulation Value.

##### Income Account Charges

- The current annual charge is equal to 1.05% of the Income Account Value.
- The annual charge is deducted from the Accumulation Value on each contract anniversary and upon a payment due to death, surrender, or annuitization.
- On the beginning of the 11th contract year, if you elect the Roll-up Renew, the Roll-up charge may be increased but will never exceed 1.50%.

##### Roll-up of the Income Account Value

- For the first 10 contract years, as long as the oldest owner has not attained age 85 and has not begun taking Guaranteed Lifetime Withdrawal Benefits, the Income Account Value is increased by the Roll-up rate on each policy anniversary.
- On the 10th contract anniversary, you can elect to renew the Roll-up. If the Roll-up is renewed, the Roll-up Rate may be changed for the Roll-up Renewal period but it will never be less than 3%. The Roll-up Renewal rate will apply for an additional 10 years and the Renewal Roll-up will apply on each policy anniversary before the oldest owner attains age 85, or you begin taking Lifetime Annual Income Benefits, whichever comes first.
- On each policy anniversary after you have elected to begin taking Lifetime Annual Income Benefits, the Income Account Value will equal the higher of: The prior Income Account Value adjusted for any withdrawals, or the Accumulation Value.

##### Withdrawals

- Withdrawals taken prior to beginning the Guaranteed Lifetime Withdrawal Benefits will decrease your Income Account Value.
- Once you begin receiving Lifetime Annual Income Benefits, withdrawals that exceed your Lifetime Annual Income will reduce your Income Account Value, which will decrease your Guaranteed Lifetime Withdrawal Benefits. The reduction will be more than the dollar amount of the withdrawal or excess withdrawal. See the Statement of Understanding for details on how withdrawals impact the guarantees under the Income Rider.



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PO Box 27248

Salt Lake City, UT 84127-0248

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**Fax: 888-433-4795**

### Your actual Guaranteed Lifetime Withdrawal Benefit is based on these 4 elements:

1. Initial Purchase Premium Payment.
2. Income Account Value: The significance of your Income Account Value is subject to change if you make excess withdrawals.
3. Single Coverage vs. Joint Coverage: If single coverage is selected, coverage will be based on your life alone. If joint coverage is selected, coverage will be based on the life of you and your spouse.
4. Age determines the Income Rider Payout Factor: Your age, or if joint coverage is selected, the younger of you and your spouse, is used to determine the Payout Factor. When you elect to start Guaranteed Lifetime Withdrawal Benefits, the Income Rider Payout Factor locks in place for as long as the Base Policy and Rider are in-force.

The Income Navigator Annuity<sup>SM</sup> (Form ACLIANPOL-XX and ICC18-ACLIANPOL-OT) is a fixed index single premium annuity contract issued by Atlantic Coast Life Insurance Company. The Guaranteed Lifetime Withdrawal Benefit Rider (Form ICC18-ACLIANGLWB), an optional rider available for purchase with the Income Navigator Annuity<sup>SM</sup>, is also issued by Atlantic Coast Life Insurance Company. Product features, limitations and availability may vary by state. Not available in all states. Not a deposit. Not insured by any federal agency. Guarantees provided by annuities are subject to the financial strength of the issuing insurance company. Neither Atlantic Coast Life Insurance Company, nor its representatives offer legal or tax advice. Please consult an independent tax, accounting, or legal professional for advice based on your particular circumstances.

ACL Marketing

PO Box 27248

Salt Lake City, UT 84127-0248

<https://aclco.com/>

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# **Atlantic Coast Life Insurance Company**

*Income Navigator Annuity<sup>SM</sup>*

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ATLANTIC COAST LIFE INSURANCE COMPANY  
PO BOX 27248 SALT LAKE CITY, UTAH 84127-0248  
STATE OF DOMICILE: SOUTH CAROLINA

**APPLICATION  
SINGLE PREMIUM  
DEFERRED INDEX  
ANNUITY**  
Print - Use Black Ink



**ATLANTIC COAST LIFE INSURANCE COMPANY**

PO Box 27248  
Salt Lake City, Utah 84127-0248  
Phone: 1-844-442-3847

Home Office Use Only

<b>Annuity Applied For</b>	<b>Atlantic Coast Life Product:</b> <input checked="" type="checkbox"/> 10 Year Indexed Annuity					
	<b>Premium Allocation:</b> <i>Must equal 100%</i>					
	S&P 500® Annual Point-to-Point <u>100</u> %	S&P 500® Monthly Sum _____ %	S&P 500® Monthly Average _____ %	S&P 500® Daily Average _____ %	Fixed Account _____ %	
	<b>Guaranteed Lifetime Withdrawal Benefit Rider</b> <input checked="" type="checkbox"/> Yes (The Annuitant and Owner must be the same person. Joint Ownership is only allowed if the Joint Owners are spouses. If the Owner is not a Natural Person, the Annuitant will be treated as the Owner.) <input type="checkbox"/> No ( <i>I understand this rider can only be added at contract issue and I will not be able to add it at a later date.</i> )					
Purchase Premium Payment \$ _____						
<b>Annuitant</b>	Last Name <u>WISSEMANN</u>		First Name <u>Ellen</u>		Middle Name <u>Sara</u>	
	Street Address <u>7960 River Rock RD</u>		City <u>Delray Beach</u>	State <u>FL</u>	Zip <u>33446</u>	
	Date of Birth (MM/DD/YYYY) <u>02/10/1941</u>	Age <u>79</u>	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
	SSN <u>096-32-1373</u>	Telephone <u>516-697-0108</u>	Email Address <u>ellen.sara.zew@gmail.com</u>			
<b>Owner (if other than annuitant)</b>	Last Name		First Name		Middle Name	
	Street Address		City	State	Zip	
	Date of Birth (MM/DD/YYYY)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
	SSN	Telephone	Email Address			
<b>Joint Owner</b>	Last Name		First Name		Middle Name	
	Street Address		City	State	Zip	
	Date of Birth (MM/DD/YYYY)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
	SSN	Telephone	Email Address			
<b>Beneficiaries (attach dated and signed sheet if multiple)</b>	<input checked="" type="checkbox"/> Primary / Contingent Beneficiary (circle one)	% Share	Date of Birth	SSN	Relationship to Owner	
	<u>Ellen S. Wissemann Trust 2014</u>		<u>100</u>		<u>096-32-1373</u>	<u>Self owned Trust</u>
	Address <u>7960 River Rock RD Delray Beach FL 33446</u>				Telephone <u>516-697-0108</u>	
	<input type="checkbox"/> Primary / Contingent Beneficiary (circle one)	% Share	Date of Birth	SSN	Relationship to Owner	
	Address				Telephone	
<input type="checkbox"/> Primary / Contingent Beneficiary (circle one)	% Share	Date of Birth	SSN	Relationship to Owner		
Address				Telephone		



**INITIAL PURCHASE PREMIUM PAYMENT INFORMATION**

Please indicate below whether the Initial Purchase Premium Payment will be from a single source or from multiple sources. You must check one of the options below.

- The entire Initial Purchase Premium Payment is being received from a single deposit.
- The Initial Purchase Premium Payment is being received from multiple sources.

If you indicated that the Initial Purchase is being received from multiple sources, please list the sources below. Since the payments may be received by Atlantic Coast Life at different times, I understand the contract will be issued only after the entire amount listed as the Purchase Premium Payment is received by Atlantic Coast Life.

**Check One:**

- Non-Qualified       \*Tax Qualified Plan
- \*If Tax Qualified Plan, this section must be completed.

**Check One:**

- IRA     Roth IRA     SEP IRA     Simple IRA     Other

**Source of Funds:**

- New Money
- 1035 Exchange
- Qualified/Non-Qualified Transfer
- Rollover

If other than New Money, complete applicable form.

**CHECKS MUST BE MADE PAYABLE TO ATLANTIC COAST LIFE INSURANCE COMPANY**

**Owner Signature – (All appropriate boxes must be checked or application will be deemed incomplete.)**

- Do you have any existing life insurance or annuity contracts?       Yes     No
- Will this proposed contract replace any existing life insurance or annuity contract?       Yes     No
- (If yes, please complete and sign the appropriate replacement form for your state.)*

**By signing below:**

I acknowledge and understand that annuities purchased with qualified funds are subject to the Required Minimum Distribution ("RMD") Rules. If I turn 70 ½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds.

I believe this to be a suitable purchase for my financial status. Any applicable surrender, withdrawal and market value adjustment provisions have been explained to me.


I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.

I understand that I am applying for a fixed index deferred annuity and realize that while the values of the contract may be affected by an external index, the contract does not directly participate in any equity, bond, other security, or commodities investments. I further understand that index interest credits will not be credited to any amount withdrawn or applied to an annuity option before the end of the index term. I also understand that only the guaranteed minimum values are guaranteed and no other amounts are guaranteed.

I understand that any amount allocated to the annuity contract for which I am applying may be subject to a market value adjustment, which may cause the values to increase or decrease in dollar amount if withdrawn or surrendered prior to a specified date or dates as stated in the contract and/or a rider or endorsement attached to the contract.

I understand that (1) bonus annuities may include changes to the elements used to determine the index interest credits or changes to the interest rate that are not included in similar annuities without a bonus, (2) such changes may include lower current interest rates, higher surrender charges, longer surrender charge periods, lower participation rates or caps, higher spreads, or other changes and (3) the amount of charges or reduction of interest credits may exceed the amount of the bonus.

I understand that withdrawals from the contract may be subject to a surrender charge during the surrender charge period.


Annuitant / Owner Signature 	Joint Owner Signature (If applicable)	Date 12/8/20
Signed At (City) Delray Beach	(State) Florida	(Zip) 33446

Producer Notes	List producer notes here
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**PRODUCER SIGNATURE - (ALL APPROPRIATE BOXES MUST BE CHECKED OR APPLICATION WILL BE DEEMED INCOMPLETE)**

<b>Advertising:</b> Did you use any sales materials? If yes, did you use any Company approved sales materials? If yes, did you leave a copy with the client?  <b>Replacement:</b> Does the proposed client have any existing life insurance or annuity contracts? Will the proposed contract replace any existing life insurance or annuity contract? (If yes, please complete and sign the appropriate replacement form for your state.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> N/A

By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable surrender charges, withdrawal and market value adjustment provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

Producer's Name (Printed) <i>Erika Wrabel</i>	Producer Number <i>ACLR102506</i>	FL License ID Number <i>W547240</i>
Telephone <i>954-842-0800</i>	Agency Name (if applicable)	
Producer's Signature 		Date <i>12/8/20</i>

<b>If Joint Case</b>			
Producer's Name (Printed)	Producer Number	FL License ID Number	
Telephone	Agency Name (if applicable)		Split %
Producer's Signature		Date	

**Fraud Notice:** Any person, who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.





**DEPARTMENT OF FINANCIAL SERVICES**  
 Division of Agent & Agency Services - Bureau of Investigation

**ANNUITY SUITABILITY QUESTIONNAIRE**

Owner: Last Wissemann First Ellen Middle Sara  
 Date of Birth 02 / 10 / 1941 Age 79 Sex Female  
 Entity: N/A  
 Tax Status Single Relationship to Annuitant(s): Self  
 Form of Ownership: Self Owned  
 Supporting documents (list): \_\_\_\_\_

Annual Income:	145,000.00
Source of Income:	Investment; Annuity + Social Security
Annual Household Income:	145,000.00
Existing Assets:	2,600,000.00
Existing Liquid Net Worth:	1,429,000.00
Do you currently own any annuities? Please list: <u>Nationwide New Heights 9 IRA</u> <u>1,200,000.00</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does your income cover all of your living expenses including medical?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? Safety of Principal and Income

What are your financial objectives for this purchase? (Check all that apply)

- Income  Growth (long term)  Safety of Principal and Income  
 Safety of Principal and Growth  Pass assets to a beneficiary or beneficiaries at death  
 Other: \_\_\_\_\_

Ellen Wissemann  
 Owner Signature

12/8/20  
 Date Signed

\_\_\_\_\_  
 Joint-Owner Signature

\_\_\_\_\_  
 Date Signed

Describe your risk tolerance: (Check all that apply)

Conservative  Moderately Conservative  Moderate  Moderately Aggressive

Aggressive  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Describe your investment experience by type and length of time: 55 year stocks and bonds, 30 years annuities.

What is the source of the funds for the purchase of the proposed annuity? Savings Account

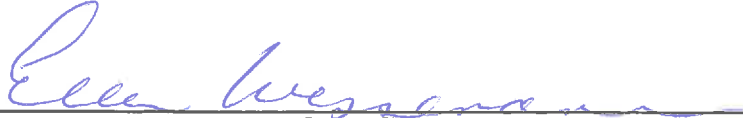
How many years from today will you need access to your funds without a penalty? 10+

Will the proposed annuity replace any product?  Yes  No

If yes, will you pay a penalty or other charge to obtain these funds?  Yes  No N/A

If yes, the amount of the charge or penalty \$ \_\_\_\_\_

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
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Owner Signature

12/8/20  
Date Signed

\_\_\_\_\_  
Joint-Owner Signature

\_\_\_\_\_  
Date Signed

Note: The following three sections to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."

Advantages of purchasing the proposed annuity: Safety of Principal and Income

Disadvantages of purchasing the proposed annuity: Surrender Period and Fees

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):  
Safety of Principal and Income

E Wrobel  
Agent's Signature

12/08/20  
Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

**ACKNOWLEDGMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

**APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

Lee Wrobel  
Owner Signature

12/8/20  
Date Signed

\_\_\_\_\_  
Joint-Owner Signature

\_\_\_\_\_  
Date Signed

## EXPLANATION OF TERMS

**"Age"** is the natural person's attained age on the day the form is completed.

**"Tax Status"** is the owner's Federal Income Tax filing status such as "single" or "married filing jointly"; if "Exempt", state so.

**"Form of Ownership"** is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

**"Supporting documents"** are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

**"Annual income"** is income received during a calendar year, whether earned or unearned.

**"Source of annual income"** is the income-generating source, such as pension income, dividends, or earned income etc.

**"Annual household income"** is the combined annual income received by all household members each calendar year.

**"Existing Assets"** are financial assets including life insurance and annuities.

**"Existing Liquid Net Worth"** is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

**"Financial Objectives"** are the owner's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

**"Risk Tolerance"** means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns.)

**"Source of the funds"** to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

  
Owner Signature

12/8/20  
Date Signed

\_\_\_\_\_  
Joint-Owner Signature

\_\_\_\_\_  
Date Signed



# POLICY OWNER IDENTIFICATION VERIFICATION

Agent to complete the following information:

**POLICY OWNER IDENTIFICATION VERIFICATION** – I have personally verified the identity of the owner(s) listed below by reviewing a government issued **photo ID** for each individual and documents that confirm the legal entity status of any non-natural owner, such as a business or trust.

### Owner Verification

Ellen Sara Wissemann

Name (Proposed owner or Non-natural Owner)

A. Drivers License (DL) Florida W255-217-41-550-0 2/10/2026  
State of Issue DL Number Expiration Date

B. Passport \_\_\_\_\_  
Country of Issuance Number Expiration Date

C. Other \_\_\_\_\_/  
State/Country of Issuance Number Expiration Date

An unexpired Government issued photo ID is not available.

### Joint Owner Verification

Name (Proposed owner or Non-natural Owner)

A. Drivers License (DL) \_\_\_\_\_  
State of Issue DL Number Expiration Date

B. Passport \_\_\_\_\_  
Country of Issuance Number Expiration Date

C. Other \_\_\_\_\_/  
State/Country of Issuance Number Expiration Date

An unexpired Government issued photo ID is not available

**AGENT'S CONFIRMATION** – I have verified the identity of the owner(s) and believe the information the owner(s) provided to me regarding his or her identity is true and accurate.

This form dated at Deer Beach Florida on the 8<sup>th</sup> day of December, 2020  
City/State

S. Wundel

Agent's Signature

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

**Atlantic Coast Life Insurance, PO Box 27248, Salt Lake City, UT 84127-0248 Toll Free (844)442-3847**

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes  No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

*[Handwritten Signature]*

12/8/20

APPLICANT'S SIGNATURE

DATE

*[Handwritten Signature]*

12/8/20

AGENT'S SIGNATURE

DATE

Erika Wrobel

AGENT'S NAME (PRINTED OR TYPED)

3631 Turtle Run Blvd Apt 716, Coral Springs FL 33067

AGENT'S ADDRESS (PRINTED OR TYPED)

Self

AGENT'S COMPANY (PRINTED OR TYPED)

Information on Policies which may be replaced:

Company Name	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETURN TO HOME OFFICE

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

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Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes  No *EW*

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

*Been Bessemond* 12/8/20  
APPLICANT'S SIGNATURE DATE  
*E. Wrobel* 12/8/20  
AGENT'S SIGNATURE DATE

Erika Wrobel  
AGENT'S NAME (PRINTED OR TYPED)

3631 Turtle Run Blvd, Apt 716, Coral Springs, FL 33067  
AGENT'S ADDRESS (PRINTED OR TYPED)

self  
AGENT'S COMPANY (PRINTED OR TYPED)

Information on Policies which may be replaced:

Company Name	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEAVE WITH APPLICANT



# GLWB ELECTION FORM

## 1) Owner's Information

All fields are required.

Ellen Sara Wissemann  
Name (please print your full name as it appears on your contract)

7960 River Rock RD  
Mailing Address (including apartment or box number)

Delray Beach Florida 33446  
City State Zip Code

ellensara2.ew@gmail.com  
Email Address (Optional)

Pending  
Policy Number

096-32-1373  
Social Security or Taxpayer ID Number

02/10/1941  
Date of Birth or Trust

516-697-0108  
Daytime Telephone Number

### This form is used to elect to begin receiving Guaranteed Lifetime Withdrawal Benefits (GLWB).

Important information regarding the Guaranteed Lifetime Withdrawal Benefit: If there is one owner, you may elect a Single Life Payout based on the life of the owner, or a joint life payout based on the lives of the owner and the owner's spouse who is the sole beneficiary. If there are joint owners, you may elect a Single Life Payout based on the life of either owner, or a Joint Life Payout based on the lives of the joint owners who are both listed as primary beneficiaries. If a change of beneficiary needs to occur in order to elect a Joint Life Payout, please submit a Change of Beneficiary Form prior to or at the same time as submitting this form.

## 2) Election

- Single Life Payout** - The GLWB factor is based on the owner's age.
- Joint Life Payout** - The GLWB factor is based on the age of the younger of the owner and the owner's spouse.

Ellen Sara Wissemann 2/10/1941  
Owner's Name Date of Birth

\_\_\_\_\_  
Spouse of Joint Owner's Name Date of Birth

## 3) Payment Frequency

Periodic payments according to the start date and frequency below:

Start Date: \_\_\_\_\_  Monthly  Quarterly  Semiannually  Annually

Note: If a frequency is not selected for periodic payments, the default will be annual. Total distributions in a Policy year will equal the annual Guaranteed Lifetime Withdrawal Benefit.

## 4) Payment Method

Note: If a payment method is not selected, your distribution(s) will be paid to you by check until we receive written notice from you requesting a change for future payments.

- Mail check to my address of record currently on file
- Transfer funds electronically (ACH) - A voided check is required  Checking  Savings

SunTrust Bank  
Financial Institution

063102152  
ABA Routing Number

Ellen S Wissemann Trust  
Account Holder's Full Name

1000064195562  
Account Number



5) **Tax Withholding Election:** Form W-4P/OMB No. 1545-0074

**Federal Tax Withholding**

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect **not** to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

**Important Taxpayer Information**

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal.

I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in **CA, NC, OK, OR or GA**. If I reside in **DE, IA, KS, MA, ME, NE, or VT**, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

**Note:** 10% federal income tax automatically withheld if you do not make an election below. Some states also impose mandatory withholding.

**I elect:**

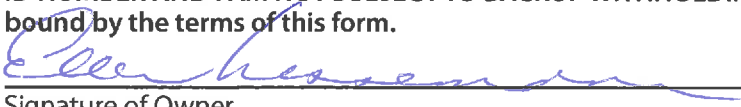
- NOT** to withhold federal income tax.
- NOT** to withhold state income tax.
- to withhold federal income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %  
(Must equal at least 10%)
- to withhold state income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %.

**6) Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:**

**Community Property States**

- If the policy was issued in a community property state, or if the Owner currently lives in a community property state (**AZ, CA, ID, LA, NM, NV, TX, WA, WI**), the Owner's spouse must sign the form.
- If you do not provide us with your spouse's signature, please make notation of your current marital status.
- In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the annuity contract). If there is no mention of the annuity contract in the divorce decree, the former spouse must sign this request. If this is not possible, please contact our Policy Service Department.

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that an Atlantic Coast Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Atlantic Coast Life is hereby authorized and directed to distribute funds from my contract in the manner requested. Atlantic Coast Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Atlantic Coast Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING. I have read and understand and agree to be legally bound by the terms of this form.**

		12/8/20
Signature of Owner	Title (if applicable)	Date
Signature of Joint Owner (if applicable)	Title (if applicable)	Date
Signature of Owner's Spouse (Community Property States)		Date



# Atlantic Coast Life<sup>®</sup>

## Income Navigator Annuity<sup>SM</sup>

### Statement of Understanding

Please send this original, signed signature page to Atlantic Coast Life with the Application, provide the client with a copy of the entire signed Statement of Understanding, and retain a copy for your records.

#### Applicant Statements

##### Acknowledgment:

By signing below, I certify that:

- I have read the above information and it has been explained to me by the Producer.
- I understand the features of the Income Navigator Annuity<sup>SM</sup> described.
- I understand that certain withdrawals, surrenders, and payments made during the surrender charge period will be subject to a market value adjustment, surrender charge, and non-vested bonus.
- I understand the features of the Income Rider described.
- I understand that the timing and amount of the withdrawals made may reduce my Guaranteed Lifetime Withdrawal Benefit.
- I understand that any values shown are for explanatory purposes only and are not guaranteed.
- I understand that I should consult my tax advisor regarding possible tax implications of the purchase, sale, surrender, and annuitization of an annuity and, if it applies, the exchange of an existing annuity or life insurance contract.
- I understand that the Fixed Account Guaranteed Minimum Interest Rate, any applicable Index Account Caps and beginning values for the S&P 500<sup>®</sup> index will not be set until the Policy Date and that they may be different from those when the application was signed.
- I understand that interest begins to accrue on amounts received by Atlantic Coast Life only from the Policy Date; thus money received prior to the Policy Date **will** not earn any interest.

Owner signature *Carla Besserman* Date 12/8/20

Owner Social Security Number/Tax I.D. Number 096-32-1373

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Social Security Number/Tax I.D. Number \_\_\_\_\_

#### Producer Acknowledgment

By signing below, I certify that I have reviewed the above information with the Applicant(s) and provided him or her with a signed copy of this document. I also certify that I have not made any statements that differ from what is stated in this document and that no promises or assurances were given as to the future value of any non-guaranteed elements of the Income Navigator Annuity<sup>SM</sup>.

Producer signature *E. W. Nobel* Date 12/8/20