

Florida *FLORIDA STATE*
DRIVER LICENSE CLASS E
W452-434-41-680-0



JULIA NAPPER

WILLIAMS

3533 SW 173 TER

MIRAMAR, FL 33029-1607

DOB 05-20-1941 SEX F

ISSUED: 03-09-2013 HGT: 5-08

EXPIRES: 05-20-2021

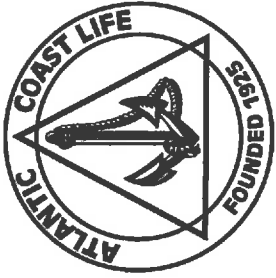
REST: A

ENDORSE:

0-A-0 W-00



SALE CHANCE
Expiration of a license without restrictions, subject to age eligibility test required by law.



Atlantic Coast Life Insurance Company

Safe Harbor & Safe Haven Bonus Guarantee Annuities

Annuities:

- 5 Year Annuity*
- 6 Year Annuity*
- 7 Year Annuity*
- 10 Year Annuity*
- 20 Year Annuity*

Included Feature:

- *Death Benefit Feature*

Optional Riders: *(available on annuities)*

- *Preferred 10% Free Withdrawal*
 - *Accumulated Interest Withdrawal*
-

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

Agent checklist for completing the Atlantic Coast Life Insurance Company Annuity Application

This packet contains the following forms for an Atlantic Coast Life Insurance Company Annuity application. Please review the information carefully and complete all applicable forms:

- Annuity Application** (ACLAMAP-FL 3/1/17) – Complete all applicable sections and sign where indicated.
- Annuity Suitability Questionnaire** (ACLAN-SQ-FL 12/2018) – This form is required with all applications. It must be completed by the agent and signed by the agent and owner(s). Return this form to the Home Office with the application. Note: Always complete the information for the owner, and joint owner if applicable. All pages of this Suitability Questionnaire need to be signed or initialed by the owner(s), and page 3 of 4 must be signed by the agent.
- Client Suitability Letter** (ACLAN-SLTR-OT 12/2018) – This form is required only if the owner(s) check “**REFUSE** to provide this information at this time” or “I have chosen to provide **LIMITED** information at this time” on the Annuity Suitability Questionnaire and has an issue age of 80 or older. This form must be completed and signed by the owner(s). Return this form to the Home Office with the application.
- Policy Owner Identification Verification** (ACLAN-PIV-OT 12/2018) – This form is required with all applications and must be completed and signed by the agent. Return this form to the Home Office with the application.
- Community Property States Spousal Existence/Beneficiary Designation Consent Form** (ACLAN-COMMPROPST-OT 12/2018) Spousal consent and signature on this form is required with the application if the client’s spouse is not the sole primary beneficiary and the owner resides in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI).
- Required Minimum Distribution Disclosure** (ACLAN-RMDDISC-OT 02/2020) – This form is required only if the owner reached age 70 1/2 before January 1, 2020 or will reach age 72 during the guarantee period and has not elected to add the Required Minimum Distribution Rider. It must be signed by the owner and returned to the Home Office with the application.
- IRA Rollover Certification Form** (ACLAN-RO-OT 12/2018) – Complete this form if the annuity will be rolled over from another tax qualified retirement plan. This form must be signed by the owner and returned to the Home Office with the application.
- 1035 Exchange Request Form/Direct Custodial Transfer Request** (ACLAN1035-OT Rev 02/2020) – Complete the applicable section of this form if the annuity will be funded with a transfer or 1035 Exchange. The 1035 Exchange section is used for non-qualified funds that are currently in an annuity or life insurance policy. The Direct Custodial Transfer side is used for all other transfers including all qualified transfers and non-qualified funds coming from a policy that is not an annuity or life insurance. This form must be signed by the owner(s) and returned to the Home Office with the application. If the application is faxed the original signed Transfer Request form must be mailed to the Home Office separately.
- Important Notice: Replacement of Life Insurance or Annuities** (FL ACLREP Rev 02/17) – If there is a replacement involved with the application, both copies of the Replacement Notice must be signed by the owner(s) and agent. One copy should be left with the applicant and the other returned to the Home Office with the application.
- Disclosure and Comparison of Annuity Contracts** (ACLAN-DISCCOMP-FL 12/2018) – If there is a replacement involved with the application, this form is required. It must be completed by the agent, have the appropriate signatures on all four pages, and be returned to the Home Office with the application.
- Non-Resident Verification Form** (ACLAN-NRV-OT 10/02/2019) – This form is required only if the application is signed in a state other than the owner(s) Resident State. This form must be completed by the owner(s) and signed by the owner(s) and agent. Return this form to the Home Office with the application.
- Trustee Certification of Trust** (ACLAN-CERTTRUST-OT 12/2018) – This form is required only if the contract owner will be a trust. This form must be completed and signed by all trustees and returned to the Home Office with the application.
- Trust and Other Non-Natural Owner 72(u) Tax Deferred Treatment Certification Form** (ACLAN-72(u) 12/2018) – This form is required only if the owner(s) is a non-natural owner and entitled to the tax-deferral exception, as defined on the form. It must be signed by the trustee(s) or corporate officer(s), whichever is applicable, and returned to the Home Office with the application in order to qualify for tax deferred status.
- Inherited IRA** (ACLANIIE 02202020) – If the owner is an inherited IRA this form will be required to be completed and returned the home office. This form is to be signed by the client who has inherited the IRA
- Applicants Statement Qualified Retirement Plans** (ACLAN-APP-STMT-OT 12/2018) – This form is required if the annuity contract will be issued in connection with a retirement plan. It must be signed by the trustee(s) and agent and returned to the Home Office.
- Accumulated Interest Withdrawal Form** (ACLAN-INTDIST-OT 10/14/15) – This form is required in order to begin Accumulated Interest Withdrawal distributions with the Accumulated Interest Withdrawal Rider. This form must be completed and signed by the owner. Return this form to the Home Office.
- IRA 72 Required Minimum Distribution Election** (ACLAN-RMD-OT 02/2020)– This form is required in order to begin Required Minimum Distribution (RMD) payments with the Required Minimum Distribution Rider or the Preferred 10% Free Withdrawal Rider. RMD payments may begin in year one with the Required Minimum Distribution Rider and year two with the 10% Free Withdrawal Rider. *This form must be completed and signed by owner. Return this form to the Home Office.*
- Annuity Disclosure Statement** (ACLAN-DISC-FL Rev 060917) – The information in the Disclosure statement must be covered with the owner(s) by the agent and a copy must be left with the owner(s).

Mailing Address

Administrative Office
PO Box 27248
Salt Lake City, UT 84127-0248

Original check and transfer form must be mailed.

Physical Address

Administrative Office
1405 W 2200 S
Salt Lake City, UT 84119

Phone/Business Fax/Alternate Fax

Main Telephone: 844-442-3847
Business Fax: 888-433-4795

APPLICATION SINGLE PREMIUM DEFERRED ANNUITY
Print - Use Black Ink



ATLANTIC COAST LIFE INSURANCE COMPANY

Administrative Office
1405 West 2200 South, Salt Lake City, UT 84119

Home Office Use Only

Guarantee Period:

5 Year 6 Year 7 Year 10 Year 20 Year

Purchase Premium Payment \$ 76,348.72

Annuitant

Last Name Williams First Name Julia Middle Name Napper
 Street Address 3533 SW 173 Terrace City Miramar State FL Zip 33029
 Date of Birth (MM/DD/YYYY) 05/20/1941 Age 79 Sex Male Female
 SSN 265-54-5655 Telephone 305-775-7624 Email Address _____

Joint Annuitant (if applicable)

Last Name _____ First Name _____ Middle Name _____
 Street Address _____ City _____ State _____ Zip _____

Owner (if other than annuitant)

Date of Birth (MM/DD/YYYY) _____ Age _____ Sex Male Female
 Telephone _____ Email Address _____

Joint Owner (if other than joint annuitant)

Last Name _____ First Name _____ Middle Name _____
 Street Address _____ City _____ State _____ Zip _____

Date of Birth (MM/DD/YYYY) _____ Age _____ Sex Male Female
 Telephone _____ Email Address _____

Beneficiary(s) (Attach signed & dated sheet if multiple)

Last Name _____ First Name _____ Middle Name _____
 Street Address _____ City _____ State _____ Zip _____
 Date of Birth (MM/DD/YYYY) _____ Age _____ Sex Male Female
 Telephone _____ Email Address _____

Beneficiary(s) (Attach signed & dated sheet if multiple)

Primary/Contingent Beneficiary (circle one) Sebrina Napper Ledyster % Share 100 Date of Birth 8/20/1971 SSN 265-89-2171 Relationship to Owner Daughter
 Address 18744 SW 28th Street Miramar FL 33029 Telephone 954-213-5911
 Primary/Contingent Beneficiary (circle one) _____ % Share _____ Date of Birth _____ SSN _____ Relationship to Owner _____
 Address _____ Telephone _____

OPTIONAL RIDERS – ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTIONS

The annuity you are purchasing allows you the flexibility to choose certain beneficial features that will meet your financial objectives. Please carefully review each of the optional riders below to determine which, if any, you would like to add.
PLEASE CHOOSE CAREFULLY: Your rider choices will become a permanent part of your contract.

You may indicate your choice to select each optional rider by checking the appropriate box next to that rider. You may choose to decline all optional riders by checking the box immediately below marked "NONE."

NONE. I have read and understand each of the optional riders below, and I wish to decline all optional riders.

I select the following riders:

Penalty-Free Withdrawal Option Riders (available for Compound Interest only)

Preferred 10% Free Withdrawal Rider

Beginning in the second contract year, this rider allows you to withdraw in a contract year, without Surrender Charge or Market Value Adjustment applied to your first withdrawal, up to 10% of your Contract Value (on a non-cumulative basis) or your Required Minimum Distribution. You will not be entitled to a 10% free withdrawal on full surrenders.

Accumulated Interest Withdrawal Rider

Beginning in the first contract year, this rider allows you, during the Surrender Charge Period, to withdraw accumulated interest without Surrender Charge or Market Value Adjustment applied.

INTEREST – ALL APPLICANTS MUST COMPLETE THIS SECTION

I select the following **Atlantic Coast Life Insurance Company Product:**

Safe Harbor Bonus Guarantee (Simple Interest)

I understand that interest will be calculated daily on the Initial Purchase Premium, less withdrawals that exceed the cumulative amount of interest credited. For subsequent guarantee periods interest will be calculated daily on the Contract Value at the date of renewal, less future withdrawals that exceed the cumulative amount of interest credited.

Safe Haven Bonus Guarantee (Compound Interest)

I understand that interest will be calculated daily on the prior days Contract Value for the initial and subsequent guarantee issue periods. grw Initial

I have read and understand the provisions of each of the optional riders described above prior to signing this application. I understand that this is only a brief description of each rider.

Julia Nyffer Walker Date 1/20/21
Annuitant / Owner Signature

Joint Annuitant / Owner Signature (if applicable) _____ Date _____

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.

Producer Notes

List producer notes here

Owners 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 further understand that if an RMD is taken from this contract and the Preferred 10% Free Withdrawal is not selected at the time of issue, withdrawal charges will apply.

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 understand that there are no free withdrawals with the base contract purchase unless a free withdrawal rider is selected at the time of application.

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 amounts payable under the contract may be subject to a market value adjustment.

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 in the third degree.

Applicant / Owners Signature <i>Eileen Elyse Williams</i>	Joint Annuitant / Joint Owner Signature (if applicable)	Date
Signed At (City) Boca Raton	(State) Florida	1/20/21
	(Zip) 33431	

Producer Signature - (All appropriate boxes must be checked or application will be deemed incomplete)

Advertising:

Did you use any sales materials? Yes No

If yes, did you use any Company approved sales materials? Yes No N/A

If yes, did you leave a copy with the client? Yes No N/A

Replacement:

Does the proposed client have any existing life insurance or annuity contracts? Yes No

Will the proposed contract replace any existing life insurance or annuity contract? Yes No N/A

(If yes, please complete and sign the appropriate replacement form for your state.)

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 Name (Printed) Erika Wrobel	Producer Number ACLR102506	FL License ID Number WS47240
Telephone 954-842-0800	Email Ewrobel@Seemanholtz.com	Agency Name (if applicable) Seeman Holtz
Producer Signature <i>E Wrobel</i>		Date 1/20/21
IF JOINT CASE		
Producer Name (Printed)	Producer Number	FL License ID Number
Telephone	Email	Agency Name (if applicable)
Producer Signature		Split %
		Date



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

ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last Williams First Julia Middle Napper
 Date of Birth 05 / 20 / 1941 Age 79 Sex F

Entity: _____
 Tax Status: Joint Relationship to Annuitant(s): Self

Form of Ownership: Self Owned - Individual

Supporting documents (list): _____

Annual Income:	<u>141,876.00</u>
Source of Income:	<u>Pension / Annuities, SS + Investments</u>
Annual Household Income:	<u>141,876.00</u>
Existing Assets:	<u>750,000.00</u>
Existing Liquid Net Worth:	<u>230,000.00</u>
Do you currently own any annuities? Please list: <u>Athene - 21K North American - 23K</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Alliantz - 68K, 7K, 19K, 12K Guggenheim - 276K</u>	
Do you currently own life insurance? Please list: <u>North American UL 205,626.00</u>	<input checked="" type="checkbox"/> Yes <input 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? Accumulation for beneficiary and Capital preservation

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: _____

Julia Napper Williams _____
 Owner Signature

 Date Signed 1/20/21

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: Safe accumulation for my beneficiary and Capital preservation

Disadvantages of purchasing the proposed annuity: Surrender period and charges

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):
Safe accumulation and capital preservation

Eurobel. Agent Signature
1/20/21 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.

Julia Agnes Walker Owner Signature
1/20/21 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.

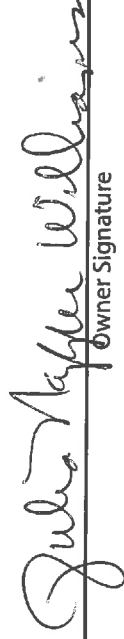
"Existing Assets" are financial assets including life insurance and annuities.

"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

1 | 20 | 21

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

Name *(Proposed owner or Non-natural Owner)* Julia Napper Williams

A. Drivers License (DL) Florida State of Issue W452-434-41-680-0 DL Number 5/20/21 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 Boca Raton on the 20th day of January, 2021

City/State

E. Woods
Agent's Signature



REQUIRED MINIMUM DISTRIBUTION DISCLOSURE

I understand that if I reached age 70 1/2 before January 1, 2020 or once I reach age 72, I am required by the Internal Revenue Service to take a Required Minimum Distribution ("RMD") on an annual basis from qualified funds. I have, at this time, elected not to take my RMD from my Atlantic Coast Life Insurance Company Contract and will, instead, take my RMD from other qualified funds. However, I fully understand that if I subsequently choose to take an RMD from this Contract, Atlantic Coast Life Insurance Company would be entitled to assess Surrender Charges and Market Value Adjustments (MVA), if applicable.

I understand that by adding the Preferred 10% Free Withdrawal rider to my Atlantic Coast Life Insurance Company Contract, I could take my RMD from my Atlantic Coast Life Insurance Company Contract without incurring any Surrender Charges and MVA's on those withdrawals. By not electing to take the Preferred 10% Free Withdrawal rider at this time, I understand I will not be able to add the Preferred 10% Free Withdrawal rider to the contract until the beginning of another guarantee period.

Julia Ayler Williams
Signature of Owner

1/20/21
Date



QUALIFIED/NON-QUALIFIED TRANSFER 1035 EXCHANGE FORM

OWNER INFORMATION

(If the Owner is a Trust, please provide a copy of the Title and Signature pages)

Name: Julia Napper Williams
(First) (Middle) (Last)
Social Security/Tax ID: 265-54-5655 Date of Birth: 5/20/1941
Owner's Address: 3533 SW 173rd Terrace Miramar, FL 33024

JOINT OWNER INFORMATION

Name: _____ (First) _____ (Middle) _____ (Last)
Social Security/Tax ID: _____ Date of Birth: _____
Owner's Address: _____

ANNUITANT / INSURED INFORMATION

(If other than the Owner information)

Name: _____ (First) _____ (Middle) _____ (Last)
Social Security/Tax ID: _____ Date of Birth: _____
Owner's Address: _____

JOINT ANNUITANT / INSURED INFORMATION

(If other than the Joint Owner information)

Name: _____ (First) _____ (Middle) _____ (Last)
Social Security/Tax ID: _____ Date of Birth: _____
Owner's Address: _____

CURRENT CONTRACT / POLICY / ACCOUNT INFORMATION

Company: Alliant Company Phone: 800-950-1968
Street Address: Po Box 59060
City: Minneapolis State: MN Zip Code: 55459
Contract / Policy / Account Number(s): 70782309

NON-QUALIFIED TRANSFER TO LIFE OR ANNUITY CONTRACT

I wish to liquidate and transfer the: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: _____ / _____ / _____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: CD Mutual Fund Checking Savings Other: _____

Atlantic Coast Life Insurance Company will apply all such funds received to a life or annuity contract issued to me.

QUALIFIED TRANSFER / ACCOUNT ROLLOVER TO ANNUITY CONTRACT

I wish to liquidate and transfer the: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: _____ / _____ / _____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: IRA Roth IRA SEP IRA Simple IRA Other: _____

To: IRA Roth IRA SEP IRA Simple IRA Other: _____

This amount represents all or part of my eligible rollover distribution to an eligible plan as defined under applicable tax laws.

I intend that this transfer be accomplished as trustee-to-trustee, in a non-taxable manner, in accordance with IRS rulings, and not constitute receipt by me for federal income tax purposes. I understand that I am purchasing this annuity in an IRA or other tax-qualified plan. Since IRAs and other tax-qualified plans are already afforded tax-deferred status, there is no additional tax deferral benefit in this annuity. I am purchasing this annuity because I value other features, such as income payments, principal protection, or death benefit protection, and I am willing to pay any additional cost associated with such features.

Prior Distribution Information (Participants age 70 and over only): I understand that if I reached age 70 1/2 before January 1, 2020 or once I reach age 72 the IRS requires annual minimum distribution from your qualified account(s). If you are requesting a qualified transfer, the IRS allows you to transfer your entire IRA balance, including the minimum distribution, without incurring the 50% excess accumulation penalty. However, the full Required Minimum Distribution amount must be taken by December 31st of the current calendar year.

This is a transfer and my Required Minimum Distribution (RMD) amount for this tax year should be handled as follows:

- My RMD has already been taken for the current year.
 - Distribute my RMD to me before transferring my funds to Atlantic Coast Life Insurance Company.
 - Proceed with the transfer; I will take responsibility for taking my RMD before December 31st of the current year.
- I understand that if I take the RMD for the current year from the Atlantic Coast Life Insurance Company contract, surrender charges may be deducted.**

1035 EXCHANGE / ABSOLUTE ASSIGNMENT OF LIFE OR ANNUITY CONTRACT

1035 Exchange: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: _____ / _____ / _____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: CD Mutual Fund Checking Savings Other: _____

I, the undersigned, hereby state that I am the owner of the above life insurance, endowment, or annuity contract ("Contract"). I hereby assign and transfer the specified portion of my right, title, and interest in the Contract to Atlantic Coast Life Insurance Company. I irrevocably waive all rights, claims, and demands under the Contract. I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment, or other lien and that no proceeding in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

The purpose of this transfer is to affect a direct nontaxable exchange of the Contract pursuant to Section 1035 of the Internal Revenue Code. I understand and agree that the cost basis in the contract issued by Atlantic Coast Life Insurance Company shall be determined based upon the cost basis information provided by the above-referenced surrendering company. I further understand and agree that Atlantic Coast Life Insurance Company assumes no responsibility in determining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if Atlantic Coast Life Insurance Company does not receive cost basis information acceptable to it, the cost basis of the contract issued by Atlantic Coast Life Insurance Company will be zero.

I understand and agree that Atlantic Coast Life Insurance Company will request that the surrendering company totally or partially surrender the original Contract immediately upon receipt of this request, and that Atlantic Coast Life Insurance Company assumes no liability for any action by the surrendering company that results in a delay in paying the surrender proceeds or for any changes in the payment amount. I understand and agree that Atlantic Coast Life Insurance Company makes no representations concerning the tax treatment of this matter under Internal Revenue Code Section 1035 or otherwise, and that Atlantic Coast Life Insurance Company has no responsibility or liability for the validity of this assignment. I understand that Atlantic Coast Life Insurance Company will apply the transfer funds it receives as premium on the contract it issues, and that the contract values and terms of the above identified surrendered Contract may differ substantially from those in the contract issued by Atlantic Coast Life Insurance Company.

IF FUNDS ARE COMING FROM A SURRENDERED LIFE OR ANNUITY CONTRACT

Attach original contract or Initial here: None
I / (We) certify that the original contract is lost or destroyed and cannot be found after a careful search.

IMPORTANT ACKNOWLEDGMENTS

I understand that by signing this form, I hereby authorize the Company listed under Current Contract/Policy/Account Information Section to immediately surrender and transfer my policy/contract to Atlantic Coast Life Insurance Company.

I understand that if I return the Atlantic Coast Life Insurance Company contract under the "free look" provision, the exchanged/transferred contract may not be eligible for reinstatement because it has already been surrendered or partially surrendered. Also, if I return the contract under the "free look" provision, Atlantic Coast Life Insurance Company has no liability beyond the return of the cash surrender or the partial surrender value of an exchanged/transferred contract.

I understand that if the new contract is for life insurance, coverage does not go into effect and no liability exists for Atlantic Coast Life Insurance Company until: (1) Atlantic Coast Life Insurance Company receives the cash surrender or partial surrender value of the exchanged/transferred contract; (2) there has been no change in the health of the Proposed Insured(s) that would change the answers in the application; and (3) the premium is fully paid, and the contract is delivered to and accepted by me. For transfers to an Atlantic Coast Life Insurance Company annuity, I understand and agree that the date that the proceeds are received from the surrendering insurance company will be the date on which coverage first becomes effective under the Atlantic Coast Life Insurance Company contract.

I understand that the proposed transfer may have important tax consequences and/or surrender/withdrawal penalties. I acknowledge that Atlantic Coast Life Insurance Company assumes no responsibility or liability for any penalty or for any tax treatment of this matter under the Internal Revenue Code or otherwise, and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. Further, I certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against me.

OWNER(S) SIGNATURE:

Signed At: Boon Raton FL 33431 Dated: 1/20/21

Owner Signature: Julia Napier Williams Printed Name: Julia Napier Williams

Signed At: _____ Dated: _____

Joint Owner Signature: _____ Printed Name: _____

Signed At: _____ Dated: _____

Policy Owner's Spouse Signature: _____ Printed Name: _____
(if community property state)

ATLANTIC COAST LIFE INSURANCE COMPANY AGREES TO ACCEPT THE TRANSFER FOR THE PLAN ESTABLISHED ON BEHALF OF THE NAMED OWNER. WE ACCEPT APPOINTMENT AS SUCCESSOR CUSTODIAN OF THE ABOVE ACCOUNT AND REQUEST THE LIQUIDATION AND TRANSFER OF FUNDS AS INDICATED ABOVE.

Signature Guarantee
(If required by Surrendering Company)

Accepted By (Signature & Title of Authorizing Officer of Atlantic Coast Life Insurance Company)

CHECKS SHOULD BE MADE PAYABLE TO:
Atlantic Coast Life Insurance Company
FBO _____

MAILING ADDRESS:
Administrative Office
PO Box 27248
Salt Lake City, UT. 84127-0248
P: 844-442-3847
F: (888) 433-4795

OVERNIGHT/PHYSICAL ADDRESS:
Administrative Office
1405 W 2200 S
Salt Lake City, UT. 84119

FOR PRODUCER EXPLANATION, REMARKS AND / OR REQUESTS PLEASE ATTACH ADDITIONAL PAGES

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 Company, 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.

Julia Pupper Williams
APPLICANT'S SIGNATURE

1/20/21
DATE

1/20/21
DATE

Erika Wrobel
AGENT'S SIGNATURE

AGENT'S NAME (PRINTED OR TYPED)

301 Yamato RD Boca Raton FL 33431
AGENT'S ADDRESS (PRINTED OR TYPED)

Seeman Heltz
AGENT'S COMPANY (PRINTED OR TYPED)

Information on Policies which may be replaced:

Company Name	Policy Number	Name of Insured
<u>Allianz</u>	<u>707 82309</u>	<u>Julia P Pupper Williams</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

Annuitant(s): Julia P Napper Williams
 Insurer: Allianz
 Contract #: 70782309

PROPOSED ANNUITY CONTRACT

Annuitant(s): Julia P Napper Williams
 Insurer: Atlantic Coast Life
 Application #: Pending

	EXISTING ANNUITY CONTRACT			REPLACEMENT ANNUITY		
Contract Issue Date	Mo	Day	Yr	Mo	Day	Yr (Est)
Generic Contract Type	FIA					
Marketing Name	Endurance					
Initial Premium	151,171.93					
Source of Initial Premium	Rollover from Annuity					
Qualified Contract?	<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuity Maturity Date	01/07/2020					
Death Benefit Amount	99,354.11 over 5 years					
Change of Annuitant Upon Death Available?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		
Surrender Charge Period in Years	10 years					
First Year Surrender Charge Percentage Rate	10 %					
Surrender Charge Schedule for Remaining Years	0					
Free Withdrawals Available?	<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No		
Annual Free Withdrawal Percentage Rate	10 %					
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)	0					
Investment/Insurance components (Describe)	Blended Index Point to Point					
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		
Riders, Features/Cost (Describe)	3.2% Cap Enhanced benefit withdrawal 0% fee					
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)	No income Rider Chosen on new Contract as it is not needed or desired					

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Living Benefits (Describe)	Enhance Withdrawal Benefit	
Minimum Guaranteed Interest Rate	1.5 %	%
Limitations on interest returns (Describe)	3.2% Annual Cap	
Interest Rate Cap / Term	3.2 / Annual	/
Participation Rate / Term	/	/
Indexing Method / Term	/	/
Other Fees (Describe)	N/A	
Initial Bonus Percentage or Amount	20%	
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)	N/A	

Comments and continuation from above:

Julia Niffer Williams
 Owner's Signature

1/20/21
 Date Signed

DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NO. 70782309

Annuity Total Value \$ 68,465.89

Annuity Surrender Value \$ 68,465.89

Surrender Charges Applicable at exchange \$ 0 ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of 02/01/2021.

Have you surrendered or exchanged an annuity contract in the last 36 months? If yes, provide details: Yes No

ACKNOWLEDGMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Erika Wrabel

Agent's Name (please print)

E. Wrabel

Agent's Signature

Florida License No.

12021

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

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

APPLICANT: DO NOT SIGN THIS FORM IF:

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Solia P Napper Williams

Owner's Name (please print)

1/20/21

Date Signed

Solia P Napper Williams

Owner's Signature

EXPLANATION OF TERMS

"**Generic Contract Type**" is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

"**Marketing Name**" is the name adopted by the insurer to identify the contract form.

"**Qualified Contract**" means a product used to fund any type of pension plan approved by the Internal Revenue Services.

"**Annuity Maturity Date**" is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

"**Surrender Charge**" is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

"**Surrender Charge Period**" is the number of annuity contract years a surrender charge may be applicable.

"**Initial Surrender Charge Percentage Rate**" is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

"**Surrender Charge Percentage Schedule for Remaining Years**" the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the "free withdrawal" limit.

"**Minimum Guaranteed Interest Rate**" is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

"**Initial Bonus Percentage or Amount**" is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

"**Potential Loss of Bonus if Exchanged**" refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

"**Interest Rate Cap**" this is the maximum rate of interest the annuity will earn.



Owner's Signature

1/20/21

Date Signed

EXPLANATION OF TERMS
(CONTINUED)

“**Participation Rate**” the participation rate decides how much of the increase in the index will be used to calculate index-linked interest.

“**Indexing Method**” means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated.

“**Market Value Adjustment**” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“**Administrative Fees or Margins**” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“**Asset Fees**” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“**Death Benefit Amount**” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as the contract issue date.

“**Free Withdrawals**” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“**Annual Free Withdrawal Percentage Rate**” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“**Change of Annuitant upon Death**” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“**Waiver of Surrender Charge Benefit or Similar Benefit or Provision**” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.



Owner's Signature

1/20/21

Date Signed



QUALIFIED/NON-QUALIFIED TRANSFER 1035 EXCHANGE FORM

OWNER INFORMATION (If the Owner is a Trust, please provide a copy of the Title and Signature pages)

Name: Julia Napper Williams
(First) (Middle) (Last)
Social Security/Tax ID: 265-54-5655 Date of Birth: 5/20/1941
Owner's Address: 3533 SW 173rd Terrace Miramar, FL 33029

JOINT OWNER INFORMATION

Name: _____
(First) (Middle) (Last)
Social Security/Tax ID: _____ Date of Birth: _____
Owner's Address: _____

ANNUITANT / INSURED INFORMATION (If other than the Owner information)

Name: _____
(First) (Middle) (Last)
Social Security/Tax ID: _____ Date of Birth: _____
Owner's Address: _____

JOINT ANNUITANT / INSURED INFORMATION (If other than the Joint Owner information)

Name: _____
(First) (Middle) (Last)
Social Security/Tax ID: _____ Date of Birth: _____
Owner's Address: _____

CURRENT CONTRACT / POLICY / ACCOUNT INFORMATION

Company Alliant Company Phone: 800-950-1962
Street Address: PO Box 59060
City: Minneapolis State: MN Zip Code: 55459
Contract / Policy / Account Number(s): 70710849

NON-QUALIFIED TRANSFER TO LIFE OR ANNUITY CONTRACT

I wish to liquidate and transfer the: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: ____/____/____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: CD Mutual Fund Checking Savings Other: _____

Atlantic Coast Life Insurance Company will apply all such funds received to a life or annuity contract issued to me.

QUALIFIED TRANSFER / ACCOUNT ROLLOVER TO ANNUITY CONTRACT

I wish to liquidate and transfer the: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: ____/____/____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: IRA Roth IRA SEP IRA Simple IRA Other: _____
To: IRA Roth IRA SEP IRA Simple IRA Other: _____

This amount represents all or part of my eligible rollover distribution to an eligible plan as defined under applicable tax laws.

I intend that this transfer be accomplished as trustee-to-trustee, in a non-taxable manner, in accordance with IRS rulings, and not constitute receipt by me for federal income tax purposes. I understand that I am purchasing this annuity in an IRA or other tax-qualified plan. Since IRAs and other tax-qualified plans are already afforded tax-deferred status, there is no additional tax deferral benefit in this annuity. I am purchasing this annuity because I value other features, such as income payments, principal protection, or death benefit protection, and I am willing to pay any additional cost associated with such features.

Prior Distribution Information (Participants age 70 and over only): I understand that if I reached age 70 1/2 before January 1, 2020 or once I reach age 72 the IRS requires annual minimum distribution from your qualified account(s). If you are requesting a qualified transfer, the IRS allows you to transfer your entire IRA balance, including the minimum distribution, without incurring the 50% excess accumulation penalty. However, the full Required Minimum Distribution amount must be taken by December 31st of the current calendar year.

This is a transfer and my Required Minimum Distribution (RMD) amount for this tax year should be handled as follows:

My RMD has already been taken for the current year.

Distribute my RMD to me before transferring my funds to Atlantic Coast Life Insurance Company.

Proceed with the transfer; I will take responsibility for taking my RMD before December 31st of the current year.

I understand that if I take the RMD for the current year from the Atlantic Coast Life Insurance Company contract, surrender charges may be deducted.

1035 EXCHANGE / ABSOLUTE ASSIGNMENT OF LIFE OR ANNUITY CONTRACT

1035 Exchange: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: ____/____/____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: CD Mutual Fund Checking Savings Other: _____

I, the undersigned, hereby state that I am the owner of the above life insurance, endowment, or annuity contract ("Contract"). I hereby assign and transfer the specified portion of my right, title, and interest in the Contract to Atlantic Coast Life Insurance Company. I irrevocably waive all rights, claims, and demands under the Contract. I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment, or other lien and that no proceeding in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

The purpose of this transfer is to affect a direct nontaxable exchange of the Contract pursuant to Section 1035 of the Internal Revenue Code. I understand and agree that the cost basis in the contract issued by Atlantic Coast Life Insurance Company shall be determined based upon the cost basis information provided by the above-referenced surrendering company. I further understand and agree that Atlantic Coast Life Insurance Company assumes no responsibility in determining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if Atlantic Coast Life Insurance Company does not receive cost basis information acceptable to it, the cost basis of the contract issued by Atlantic Coast Life Insurance Company will be zero.

I understand and agree that Atlantic Coast Life Insurance Company will request that the surrendering company totally or partially surrender the original Contract immediately upon receipt of this request, and that Atlantic Coast Life Insurance Company assumes no liability for any action by the surrendering company that results in a delay in paying the surrender proceeds or for any changes in the payment amount. I understand and agree that Atlantic Coast Life Insurance Company makes no representations concerning the tax treatment of this matter under Internal Revenue Code Section 1035 or otherwise, and that Atlantic Coast Life Insurance Company has no responsibility or liability for the validity of this assignment. I understand that Atlantic Coast Life Insurance Company will apply the transfer funds it receives as premium on the contract it issues, and that the contract values and terms of the above identified surrendered Contract may differ substantially from those in the contract issued by Atlantic Coast Life Insurance Company.

IF FUNDS ARE COMING FROM A SURRENDERED LIFE OR ANNUITY CONTRACT

Attach original contract or initial here: None
I / (We) certify that the original contract is lost or destroyed and cannot be found after a careful search.

IMPORTANT ACKNOWLEDGMENTS

I understand that by signing this form, I hereby authorize the Company listed under Current Contract/Policy/Account Information Section to immediately surrender and transfer my policy/contract to Atlantic Coast Life Insurance Company.

I understand that if I return the Atlantic Coast Life Insurance Company contract under the "free look" provision, the exchanged/transferred contract may not be eligible for reinstatement because it has already been surrendered or partially surrendered. Also, if I return the contract under the "free look" provision, Atlantic Coast Life Insurance Company has no liability beyond the return of the cash surrender or the partial surrender value of an exchanged/transferred contract.

I understand that if the new contract is for life insurance, coverage does not go into effect and no liability exists for Atlantic Coast Life Insurance Company until: (1) Atlantic Coast Life Insurance Company receives the cash surrender or partial surrender value of the exchanged/transferred contract; (2) there has been no change in the health of the Proposed Insured(s) that would change the answers in the application; and (3) the premium is fully paid, and the contract is delivered to and accepted by me. For transfers to an Atlantic Coast Life Insurance Company annuity, I understand and agree that the date that the proceeds are received from the surrendering insurance company will be the date on which coverage first becomes effective under the Atlantic Coast Life Insurance Company contract.

I understand that the proposed transfer may have important tax consequences and/or surrender/withdrawal penalties. I acknowledge that Atlantic Coast Life Insurance Company assumes no responsibility or liability for any penalty or for any tax treatment of this matter under the Internal Revenue Code or otherwise, and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. Further, I certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against me.

OWNER(S) SIGNATURE:

Signed At: Doca Raton FL 33431 Dated: 1/20/21

Owner Signature: *Julia Napier Williams* Printed Name: Julia Napier Williams

Signed At: _____ Dated: _____

Joint Owner Signature: _____ Printed Name: _____

Signed At: _____ Dated: _____

Policy Owner's Spouse Signature: _____ Printed Name: _____
(if community property state)

ATLANTIC COAST LIFE INSURANCE COMPANY AGREES TO ACCEPT THE TRANSFER FOR THE PLAN ESTABLISHED ON BEHALF OF THE NAMED OWNER. WE ACCEPT APPOINTMENT AS SUCCESSOR CUSTODIAN OF THE ABOVE ACCOUNT AND REQUEST THE LIQUIDATION AND TRANSFER OF FUNDS AS INDICATED ABOVE.

**Signature Guarantee
(If required by Surrendering Company)**

**Accepted By (Signature & Title of Authorizing Officer of
Atlantic Coast Life Insurance Company)**

CHECKS SHOULD BE MADE PAYABLE TO:

Atlantic Coast Life Insurance Company

FBO _____

MAILING ADDRESS:

Administrative Office
PO Box 27248
Salt Lake City, UT. 84127-0248
P: 844-442-3847
F: (888) 433-4795

OVERNIGHT/PHYSICAL ADDRESS:

Administrative Office
1405 W 2200 S
Salt Lake City, UT. 84119

FOR PRODUCER EXPLANATION, REMARKS AND / OR REQUESTS PLEASE ATTACH ADDITIONAL PAGES

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 Company, 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.

Julie Naffer Williams
APPLICANT'S SIGNATURE

1/20/21
DATE

1/20/21
DATE

AGENT'S SIGNATURE

Erika Nobel

AGENT'S NAME (PRINTED OR TYPED)

301 Yonata RD Boca Raton FL 33431

AGENT'S ADDRESS (PRINTED OR TYPED)

Seeman Holtz

AGENT'S COMPANY (PRINTED OR TYPED)

Information on Policies which may be replaced:

Company Name	Policy Number	Name of Insured
<u>Allianz</u>	<u>70710849</u>	<u>Julie Naffer Williams</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT
 Annuitant(s): Julia F Napper Williams
 Insurer: Allianz
 Contract #: 70710849

PROPOSED ANNUITY CONTRACT
 Annuitant(s): Julia F Napper Williams
 Insurer: Atlantic Coast Life
 Application #: Pending

	EXISTING ANNUITY CONTRACT			REPLACEMENT ANNUITY		
Contract Issue Date	Mo	Day	Yr	Mo	Day	Yr (Est)
Generic Contract Type						
Marketing Name	FIA					
Initial Premium	MasterDex X					
Source of Initial Premium	35,165.09					
Qualified Contract?	Rollover annuity					
Annuitant Maturity Date	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Death Benefit Amount	4 10 2019					
Change of Annuitant Upon Death Available?	7,882.83					
Surrender Charge Period in Years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
First Year Surrender Charge Percentage Rate	10 years					
Surrender Charge Schedule for Remaining Years	10 %					
Free Withdrawals Available?	0					
Annual Free Withdrawal Percentage Rate	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)	10 %					
Investment/Insurance components (Describe)	0					
Waiver of Surrender Charge Benefit or Similar Benefit?	Monday point point 3.0% up 50P 500 point to point 3 1/2 car					
Riders, Features/Cost (Describe)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)	Taxome Rider 5% Fee					
	No income rider on new contract as it is not needed or desired					

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Living Benefits (Describe)	Income Rider .5 Fee	
Minimum Guaranteed Interest Rate	1 %	%
Limitations on interest returns (Describe)	3% cap on both indexes	
Interest Rate Cap / Term	3% / Annual	/
Participation Rate / Term	/	/
Indexing Method / Term	/	/
Other Fees (Describe)	N/A	
Initial Bonus Percentage or Amount	10%	
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)	N/A	

Comments and continuation from above:

Julia Maffer Williams
 Owner's Signature

1/20/21

Date Signed

DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NO. 70710 849

Annuity Total Value \$ 7,882.83 Annuity Surrender Value \$ 7,882.83

Surrender Charges Applicable at exchange \$ 0 ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of 02 / 01 / 2021.

Have you surrendered or exchanged an annuity contract in the last 36 months? If yes, provide details: Yes No

ACKNOWLEDGMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Erika Wrobel Florida License No. WS47240
Agent's Name (please print)
E Wrobel Date Signed 1/20/21
Agent's Signature

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

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

APPLICANT: DO NOT SIGN THIS FORM IF:

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Julia P Napper Williams Date Signed
Owner's Name (please print)

Julia Napper Williams
Owner's Signature

EXPLANATION OF TERMS

“**Generic Contract Type**” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“**Marketing Name**” is the name adopted by the insurer to identify the contract form.

“**Qualified Contract**” means a product used to fund any type of pension plan approved by the Internal Revenue Services.

“**Annuity Maturity Date**” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“**Surrender Charge**” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“**Surrender Charge Period**” is the number of annuity contract years a surrender charge may be applicable.

“**Initial Surrender Charge Percentage Rate**” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“**Surrender Charge Percentage Schedule for Remaining Years**” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“**Minimum Guaranteed Interest Rate**” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“**Initial Bonus Percentage or Amount**” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“**Potential Loss of Bonus if Exchanged**” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“**Interest Rate Cap**” this is the maximum rate of interest the annuity will earn.



Owner's Signature

1/20/21

Date Signed

EXPLANATION OF TERMS
(CONTINUED)

"Participation Rate" the participation rate decides how much of the increase in the index will be used to calculate index-linked interest.

"Indexing Method" means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated.

"Market Value Adjustment" is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

"Administrative Fees or Margins" are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

"Asset Fees" are the fees the insurer charges that are a percentage of the value of the annuity contract.

"Death Benefit Amount" is the net amount that would be paid to the annuitant's designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as the contract issue date.

"Free Withdrawals" are the withdrawals that may be taken from an annuity's values that are not subject to surrender or other charges and are a provision of the annuity contract.

"Annual Free Withdrawal Percentage Rate" is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

"Change of Annuitant upon Death" is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

"Waiver of Surrender Charge Benefit or Similar Benefit or Provision" is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.


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