

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
W452-434-41-680-0

JULIA NAPPER
WILLIAMS
3833 SW 173 TER
MIRAMAR, FL 33029-1607
DOB: 05-20-1941 SEX: F
ISSUED: 03-05-2013 NOT E
EXPIRES: 05-20-2021

HEAT A
EYES B
HAIR B

SAFE DRIVER
Department of a traffic violation structure created to any sub-fully best reputation by 1914.

JULIA P NAPPER WILLIAMS
SEBRINA R LEDGISTER
POD
PO BOX 820692
PEMBROKE PINES, FL 33082-0692

1784
30-7426/3140

1/18/2021
Date

Pay to the
Order of

Trans America

\$ 68,000.00
Dollars

Sixty Eight Thousand no/100



Look for the deposit signature line and verify funds are from the present depository.



USAA FEDERAL SAVINGS BANK
10750 McDERMOTT FWY
SAN ANTONIO, TEXAS 78288-0544
(210) 455-8000 1-800-832-3724

For Fam CD Closure

Julia Napper Williams

⑆ 314074269⑆

⑆ 57030642⑆ 1784

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

JULIA N WILLIAMS
3533 SW 173RD TER
MIRAMAR, FL 33029

125
63-7790/2631
102

1/18/2021
DATE

PAY TO THE
ORDER OF

Trans America

\$ 115,000.00
DOLLARS

One Hundred Fifteen Thousand + No/100



Miramar, FL 33027

FOR CD closure

Julia N. Williams

⑆ 263177903⑆ 09900000733239⑆ 0125

Richard Clarke

Security
Features
Details on
Back



SUITABILITY NOTIFICATION

Thank you for choosing Transamerica for your clients' retirement needs.

If Transamerica is responsible for performing the suitability review, the following forms may be required with the application:

- Fixed Annuity Suitability Questionnaire - **Required at all times**
- Suitability Comparison Form - Required when replacing an existing contract
- Statement of Understanding - **Required at all times**

To verify if Transamerica performs the suitability review on the behalf of your firm, please contact your back office.

Additional forms that may be required in any instance: Verify all required documents are included, complete and legible.
Examples of Forms and/or documents often forgotten in applicable situations include:

- Internal Transfer Disclosure
- Electronic Submission Questionnaire
- Power of Attorney
- State Replacement Forms
- Transfer Forms
- Trustee or Entity Certification

Please Print Clearly - As a convenience to you, applications are writable online at www.mynnexus.com.

REMINDER: Transamerica requires product specific training prior to solicitation. Please verify you have completed the necessary training in the state you are choosing to solicit business.

NO
2 Alliant
Spec Coast
USAA

TRANSAMERICA SECURE RETIREMENT INDEX® II

Modified Single Premium Individual Annuity Application

TRANSAMERICA LIFE INSURANCE COMPANY (Hereafter referred to as the Company, we, our, or us)
Home Office: Cedar Rapids, IA Mailing Address: 4333 Edgewood Road N.E., Cedar Rapids, IA 52499

Telephone: (800) 553-5957

1. PRIMARY OWNER INFORMATION

Type of Owner:

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

- Individual Trust (Trust Certification Form is Required) Custodial Account
- Corporate Company Qualified Plan (Profit Sharing Plan, Pension Plan, 401(k)) UGMA/UTMA

Complete Legal Name: Julia P Napper Williams
Residential Address: 3533 SW 173rd Ter Miramar FL 33029
(Cannot be a P.O. Box) 11

Mailing Address: _____

SSN/TIN: 265-54-5655 Date of Birth: 5/20/1941 Telephone: 305-775-7624

Gender: Male U.S. Citizen/Entity Non-U.S. Citizen/Entity (Country: _____)
 Female Resident Alien Non-Resident Alien

2. JOINT OWNER INFORMATION

If no Joint Owner is listed, the Company will issue the policy with the Owner listed above.
 Check here if the Joint Owner's Address is the same as the Primary Owner's Address.

Relationship to Owner: _____
Complete Legal Name: _____
Residential Address: _____
(Cannot be a P.O. Box) _____
Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____
Gender: Male U.S. Citizen/Entity Non-U.S. Citizen/Entity (Country: _____)
 Female Resident Alien Non-Resident Alien

3. ANNUITANT INFORMATION

If no Annuitant is listed, the Company will issue the policy with the Primary Owner and Annuitant as the same. If Type of Owner in Section 1 is an Individual, there must be an immediate (spouse, domestic partner, parent, child, grandparent, grandchild or sibling) familial relationship between the Owner(s) and the Annuitant.

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

Relationship to Owner: - _____

Complete Legal Name: _____

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

Mailing Address: _____

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

Gender: Male U.S. Citizen Non-U.S. Citizen (Country: _____)
 Female Resident Alien Non-Resident Alien

4. BENEFICIARY DESIGNATION

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

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

Primary Allocation Percentage: 100 %

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

Complete Legal Name: Sebins Napier Ledger

Relationship to Annuitant: Daughter

Mailing Address: 18749 SW 28th Street Miami FL 33029

SSN/TIN: 265-89-2171 Date of Birth: 8/02/1971 Telephone: 954-213-5911

Gender: Male Female
 Entity Trust
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien

4. BENEFICIARY DESIGNATION - (continued)

Primary Contingent Allocation Percentage: 100 %

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

Complete Legal Name: Julia P Williams IRR Trust

Relationship to Annuitant: Trust 173rd Ter Miramar, FL 33029

Mailing Address: 3533 Sw

SSN/TIN: 456312302 Date of Birth: _____ Telephone: _____

Gender: Male Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)

Female Resident Alien Non-Resident Alien
 Entity Trust

Primary Contingent Allocation Percentage: _____ %

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

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

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

Gender: Male Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)

Female Resident Alien Non-Resident Alien
 Entity Trust

Primary Contingent Allocation Percentage: _____ %

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

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

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

Gender: Male Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)

Female Resident Alien Non-Resident Alien
 Entity Trust

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

5. PURCHASE PAYMENT INFORMATION

Type of Annuity Applying for (select only one):

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

- Non-Qualified Traditional IRA Roth IRA SEP IRA Simple IRA
- Profit Sharing Plan Pension Plan 401(k) Other: _____

- BENE IRA - Deceased Name: _____ Date of Death: _____
- Non-Qualified Stretch - Deceased Name: _____ Date of Death: _____
- 10-Year Delay - Deceased Name: _____ Date of Death: _____

Funding Options:

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

Source of Funds:

- New Money / Contribution Money \$ 183,000.00 if Qualified Plan - Tax Year: _____
- Non-Qualified 1035 Exchange - Anticipated Premium Amount \$ 32,000.00
- CD/Mutual Fund Redemption - Anticipated Premium Amount \$ _____
- Direct Transfer - Anticipated Premium Amount \$ _____
- Rollover - Anticipated Premium Amount \$ _____

6A. PRODUCT SURRENDER CHARGE PERIOD

You must select one option:

- 5 Year Surrender Charge Period

6B. PREMIUM ALLOCATION

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

Fixed Account:

_____ % Fixed Account (031)

5 Year Surrender Charge Period:

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

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

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

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

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

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

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

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

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

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

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

6C. OPTIONAL BENEFIT

Transamerica Income Plus® Single Joint

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

7A. OWNER ACKNOWLEDGEMENTS - DISCLOSURES

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

7B. OWNER ACKNOWLEDGEMENTS - ELECTRONIC DOCUMENT DELIVERY

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

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

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

Email Address: _____

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

7C. OWNER ACKNOWLEDGEMENTS - TELEPHONE/ELECTRONIC AUTHORIZATION

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

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

No By checking "No", I am not authorizing and directing the Company to act on telephone or electronic instructions from my Agent of record, Servicing Representative(s) or their Support Staff.

8. OWNER & AGENT - REPLACEMENT INFORMATION

Both the Owner Response and the Agent Response columns must be completed.

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

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

Replacement Questions	Owner Response	Agent Response
Did the Agent present and leave only insurer-approved sales material with the Owner?	Not Applicable	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Does the Owner have any existing life insurance policies or annuity contracts?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will this annuity replace or change any existing life insurance policies or annuity contracts? If yes - Company: <u>Allianz</u> Policy #: <u>70782304</u> Company: <u>Allianz</u> Policy #: <u>70895945</u> Company: _____ Policy #: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

9. OWNER & ANNUITANT SIGNATURES

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.

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

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

Signed at: Duca Raton City Florida State

Date: 1/20/2021 Linking Number: _____

Owner(s) Signature: Julia B. Keffler Williams
I am signing as Power of Attorney Guardian Conservator Trustee

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

Annuitant Signature (if not Owner): X

10. AGENT ACKNOWLEDGEMENTS & SIGNATURES

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant. If this is a replacement transaction, I confirm that I have reviewed the Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

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

Primary Registered Agent

Print Full Name: Eric Holtz
Florida Agent License Number: A308313 - ANX003596 Commission Split: ⁽¹⁾ 100 %
Email Address (Optional): _____ Phone Number: 900-325-8907
Firm Name: Seeman Holtz
Firm Address: 301 Xenatis Road Suite 2222 Boca Raton, FL 33431

Signature: X 

For Agent Use Only - Contact your home office for program information.
Commission options below are based on the surrender charge period selected.

- Option A Option B Option C Option D
- (Once selected, program cannot be changed)**

Additional Agent(s)

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

Print Full Name: _____ Commission Split: ⁽¹⁾ _____ %
Florida Agent License Number: _____ Commission Split: ⁽¹⁾ _____ %
Print Full Name: _____ Commission Split: ⁽¹⁾ _____ %
Florida Agent License Number: _____ Commission Split: ⁽¹⁾ _____ %
Print Full Name: _____ Commission Split: ⁽¹⁾ _____ %
Florida Agent License Number: _____ Commission Split: ⁽¹⁾ _____ %

Check here if there are more than four (4) Agents. If there are more than four (4) Agents, please complete the Additional Insurance Producer Form.

⁽¹⁾ **Must be in whole percentages. Total Commission Split in Section 10 and Additional Insurance Producer Form must equal 100%.**

Transamerica Secure Retirement Index® II Annuity Acknowledgement and Confirmation

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

By initialing and signing below, I acknowledge that:

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

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

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

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

Applicant Signature *Julea M. Haffner Williams* Date 1/20/21

Joint Applicant Signature _____ Date _____

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

Agent/Registered Financial Professional *[Signature]* Date 1/20/21

ICC19 FIASOU0819



TRANSAMERICA®

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

Fixed Annuity Suitability Questionnaire

The following Transamerica Companies utilize this form:

Transamerica Life Insurance Company Transamerica Financial Life Insurance Company

✉ 4333 Edgewood Rd NE, Cedar Rapids, IA 52499



Fax: (877) 355-4385



Website: www.transamerica.com

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

Personal Information

OWNER/APPLICANT FULL NAME: Julia P Napper Williams

Employment Status: Employed Unemployed Retired Other

Social Security Number: 265-54-5655

Current Occupation: Retired

Marital Status: Single Married Divorced Widowed

Number of Dependents and Ages: 1 49 years old

JOINT OWNER/APPLICANT FULL NAME: _____

Employment Status: Employed Unemployed Retired Other

Social Security Number: _____

Current Occupation: _____

Marital Status: Single Married Divorced Widowed

Number of Dependents and Ages: _____

Recommended Product

Annuity Type (select one):

Fixed Index Annuity

Financial Situation and Needs

Primary Purpose of Annuity: Capital Preservation Accumulate for Beneficiaries/Wealth Transfer

Asset Accumulation

Tax Deferred Growth Avoid Cost or Delay of Probate

Reduced Estate Tax Liability Immediate Income Future Retirement Income

Guaranteed Interest Rate Other _____

Financial Situation and Needs (continued)

Source of Funds (Check all that apply)

- CD / Savings / Checking
- Rollover/Transfer from a Tax Qualified Account
- Loans
- Qualified Plan Distribution
- Cash Value from Annuity or Life Insurance ⁽¹⁾
- Inheritance
- Death Benefit Proceeds
- Liquidation of Investments
- Current Income
- Other _____

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

Financial Experience: Limited Moderate Extensive None

Fees, Charges or Penalties (on Source of Funds): None Yes, in the amount of \$ _____

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

Risk Tolerance for these assets: Conservative Moderate Aggressive

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

- Less than 2 years
- 2 to 5 years
- 6 to 10 years
- 11 + years

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

- Yes
- No

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

Liquidity Needs:

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

- Yes
- No

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

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

- Yes
- No

If no, please explain: _____

Financial Information

Annual Household Gross Income:

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

Source of Income: (Check all that apply) Current Wages Investments Social Security

Retirement Plan Other _____

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

Amount of this Annuity: \$ 215,000.00

Current Assets

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

Checking or Savings: \$ 230,000.00 Other Fixed Annuities: \$ 428,000.00
Money Market Accounts: \$ _____ Other Variable Annuities: \$ _____
Stocks and Bonds: \$ _____ 401k Plan: \$ _____
Certificates of Deposit: \$ _____ Pension Plan: \$ 6,000.00 Monthly
Mutual Funds: \$ _____ Life Insurance: \$ _____
Other: (provide description) Private Note \$ 52,000.00

Is there a Reverse Mortgage? Yes No

Monthly Household Income: \$ 11,833.00

Monthly Expenses: \$ 3,000.00

Total Liquid Net Worth: \$ 230,000.00

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

Additional Information Considered

Illustration Notice

If an illustration was used, please provide a copy.

Tax Notice

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



TRANSAMERICA
LIFE INSURANCE COMPANY

ANNUITY SUITABILITY QUESTIONNAIRE

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

✉ 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

☎ Fax: (877) 355-4385

🌐 Website: www.transamerica.com

Owner: Last Williams First Julia Middle P

Date of Birth: 05/20/1941 Age: 79 Sex: Female

Entity: _____

Tax Status: Married Jointly Relationship to Annuitant(s): Self

Form of Ownership: Self Owned

Supporting documents: (list) _____

Annual Income:		141,876.00
Source of Income:		Pension - Annuities Social Security + Investment
Annual Household Income:		141,876.00
Existing Assets:		
Stocks and Bonds:	\$ _____	Checking or Savings: \$ 230,000.00
Other Fixed Annuities:	\$ 426,000.00	Other Variable Annuities: \$ _____
Money Market Accounts:	\$ _____	401k Plan: \$ _____
Certificates of Deposit:	\$ _____	Pension Plan: \$ 6k Monthly
Mutual Funds:	\$ _____	
Other: (provide description)	_____ \$ _____	
Existing Liquid Net Worth:		230,000.00
Monthly Discretionary Income:		8,823.00
Is there a Reverse Mortgage?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you currently own any annuities? Please List:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Alliance 70782309 68,465.89 Alliance 70710849 7,882.83 Alliance 70782304 14,937.14 Alliance 70895945 12,084.26 Athene A40024450 21,000.00 Guggenheim 0205362208 276,000.00 North American 800018329 23,274.00		
Do you currently own life insurance? Please List:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
North American Whole life DB 205,626.00		

Signature of Owner/Applicant Julia P. Williams Date Signed 1/20/21

Does your income cover all 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: _____

Describe your risk tolerance:

- Conservative Moderately conservative Moderate Moderately aggressive
- Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: 50+ years Stocks, bonds, CD and private investments, 15 years with annuities

What is the source of the funds for the purchase of the proposed annuity? Cash

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

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

Additional Information:

Julia P. Fisher Williams _____ 1/20/21 _____
 Signature of Owner/Applicant 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:

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

Signature of Agent

Date Signed

1/20/2021

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.

ACKNOWLEDGEMENTS 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 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.

Signature of Owner/Applicant

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 a "single" or "married filing jointly"; if "Exempt" so state.

"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 a 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 no 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.


Signature of Owner/Applicant _____ Date Signed 1/20/21



TRANSAMERICA®

**Transamerica Secure Retirement Index® II Annuity
Suitability Comparison Form**

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

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

Owner/Applicant Name: Julia P Nupper Williams

Social Security Number: 265-54-5655

Financial Professional Name: Eric Holtz

Comparison (All boxes must be complete. Indicate N/A if not applicable.)

	Existing Contract	Proposed Contract
Company:	Allianz	Transamerica
Product Type:	<input type="checkbox"/> Fixed Annuity <input checked="" type="checkbox"/> Fixed Index Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other _____	Fixed Index Annuity
Contract Number:	70782304	N/A
Contract Issue Date:	12/31/2005	N/A
Living Benefit Option:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Benefit Value:	27,041.61	N/A
Living Benefit Fees:	0%	1.15%

If there is a living benefit on the existing contract, please explain why the proposed contract is suitable for the customer:

The living benefit is for income only which client has no need or desire to ever utilize.

Proposed Contract (CHECK ALL BOXES THAT APPLY)

5 Year - Surrender Charge Schedule: 7/7/6/5/4

Available Index Account Options	Current Cap	Current Participation Rate	Current Spread
<input type="checkbox"/> 1-Year Term - S&P PRISM Factor Index (Strategy A)	Uncapped	100%	2.75%
<input type="checkbox"/> 1-Year Term - S&P PRISM Factor Index (Strategy B)	Uncapped	55%	0.00%
<input type="checkbox"/> 2.5-Year Term - S&P PRISM Factor Index (Strategy A)	Uncapped	100%	1.25%
<input type="checkbox"/> 2.5-Year Term - S&P PRISM Factor Index (Strategy B)	Uncapped	85%	0.00%
<input checked="" type="checkbox"/> 5-Year Term - S&P PRISM Factor Index	Uncapped	100%	0.00%
<input type="checkbox"/> 1-Year Term - NYSE® Expanded Opportunities™ Index (Strategy A)	Uncapped	100%	2.50%
<input type="checkbox"/> 1-Year Term - NYSE® Expanded Opportunities™ Index (Strategy B)	Uncapped	55%	0.00%
<input type="checkbox"/> 2.5-Year Term - NYSE® Expanded Opportunities™ Index (Strategy A)	Uncapped	100%	0.75%
<input type="checkbox"/> 2.5-Year Term - NYSE® Expanded Opportunities™ Index (Strategy B)	Uncapped	90%	0.00%
<input checked="" type="checkbox"/> 5-Year Term - NYSE® Expanded Opportunities™ Index	Uncapped	100%	0.00%

10 Year - Surrender Charge Schedule: 9/9/8/7/6/5/4/3/2/1

Index Account Options	Current Cap	Current Participation Rate	Current Spread
<input type="checkbox"/> 2-Year Term - S&P PRISM Factor Index (Strategy A)	Uncapped	100%	2.00%
<input type="checkbox"/> 2-Year Term - S&P PRISM Factor Index (Strategy B)	Uncapped	75%	0.00%
<input type="checkbox"/> 2-Year Term - NYSE® Expanded Opportunities™ Index (Strategy A)	Uncapped	100%	1.75%
<input type="checkbox"/> 2-Year Term - NYSE® Expanded Opportunities™ Index (Strategy B)	Uncapped	75%	0.00%

Existing Contract

Please provide ALL Available Index Account Options	Current Cap	Current Participation Rate	Current Spread
S&P 500 Annual Point to point	2.45		
Blended index Point to point	3.2		
S&P 500 Monthly Sum	1.7		

Surrender Charge Schedule:	Surrender Period Years Remaining:	Cash Surrender Value:	Minimum Guaranteed Interest Rate:
10/10/10/10/7.5/6.5/5/4.5/3.5/2.5/1.75	0	19,937.14	1.06%

Is there a Surrender Charge incurred?

Yes No If yes, please explain why the proposed contract is suitable for the customer:

Is there a reduction in Minimum Guaranteed Interest rate as a result of the exchange?

Yes No If yes, please explain why the proposed contract is suitable for the customer:

Existing Contract		Proposed Contract
Death Benefit	Is there an enhanced death benefit, other than policy value or return of premium? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Policy Value or Minimum Required Cash Value
Death Benefit Amount:	21,041.60 over 10 years	\$ 19,937.14 <small>(Initial premium amount)</small>
Premium Enhancement Percentage:	20%	0%
Mortality Expense & Administration Fees:	N/A	N/A
Other Costs, if any:	N/A	N/A
Other Benefits, if any:	N/A	N/A
Other Riders for Consideration if any:	Enhanced withdrawal benefit	N/A

If there will be a reduction of the death benefit as a result of this exchange, please explain why the proposed contract is suitable for the customer:

Client desires better growth possibility that has no income feature

Is there an increase in other costs or decrease in other benefits?

Yes No If yes, please explain why the proposed contract is suitable for the customer:

Have you had another annuity exchange or replacement within the preceding 36 months (60 months in CA or MN)?

Yes No If yes, please explain:

I hereby represent that to the best of my knowledge, the information on this form is accurate and representative of the provisions of the existing annuity contract.

Julie P. Apple William _____ Date 1/20/21
Signature of Owner/Applicant

[Signature] _____ Date 1/20/2021
Signature of Joint Owner/Applicant (if applicable)

[Signature] _____ Date _____
Signature of Financial Professional



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

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

PROPOSED ANNUITY CONTRACT

Annuitant(s) Julia P Napper Williams
 Insurer Allianz
 Contract # 70782304

Annuitant(s): Julia P Napper Williams
 Insurer: TransAmerica
 Application #: Pending

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Contract Issue Date	Mo 12 Day 31 Yr 2009	Mo 02 Day 20 Yr 21 (Est)
Generic Contract Type	FIA	
Marketing Name	Endurance plus	
Initial Premium	47,400.31	
Source of Initial Premium	Annuity Transfer	N/A
Qualified Contract?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date	10/28/2019	
Death Benefit Amount	21,041.60	
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years	10	
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	<input 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 3.2% cap	
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riders, Features/Cost (Describe)	Enhanced withdrawal Benefit 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)	Enhanced withdrawal Benefit	
Minimum Guaranteed Interest Rate	1.06 %	%
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 P. Apple William

Owner's Signature

1/20/21

Date Signed

DISCLOSURE OF SURRENDER CHARGES IF
EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NO. 70782304

Annuity Total Value \$ 19,937.14 Annuity Surrender Value \$ 19,937.14

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

ACKNOWLEDGEMENTS AND SIGNATURES

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

Eric Holtz
Agent's Name (please print)

A308313
Florida License No.

[Signature]
Agent's Signature

1/20/2021
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.

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

[Signature]
Owner's Signature

1/20/21
Date Signed

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 Service.

“**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 of 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

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE
EXHIBIT A

Transamerica Life Insurance Company
Administrative Office: 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499, (319) 355-8511

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 P. Napier Applicant Signature 1/20/21 Date
WZ Agent Signature 1/20/21 Date
Eric Holtz Agent Name (Printed or Typed) 301 Yamato Rd Suite 2222 Boca Raton FL Agent Address (Printed or Typed) 33431
Seeman Holtz Agent Company (Printed or Typed)

Information on Policies which may be replaced:

<u>Company Name</u>	<u>Policy Number</u>	<u>Name of Insured</u>
<u>Allianz</u>	<u>70782304</u>	<u>Julia P Napier Williams</u>
<u>Allianz</u>	<u>70895945</u>	<u>Julia P Napier Williams</u>

**POLICY DISCLOSURE FORM AND INSTRUCTIONS
COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY.
ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE COMPLETED.
ONE COPY IS DELIVERED TO THE POLICYOWNER AND ONE COPY MAINTAINED BY THE
INSURER.**

Any and all information applicable to the transaction shall be fully and completely disclosed on Form OIR-DO-1180. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

PART A

The information to be disclosed in Part A of Form OIR-DO-1180 shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

PART B

The information to be disclosed in Part B of Form OIR-DO-1180 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, "proposed premium amount" is defined as any recurring payment, which is planned to be paid, or which is required to be paid under the proposed policy.

PART C

The information to be disclosed in Part C of Form OIR-DO-1180 shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

PART D

The information to be disclosed in Part D of Form OIR-DO-1180 shall apply to the current, in-force policy and the proposed additional policy, respectively.

SIGNATURES

In order to evidence that the required disclosure has been made, Form OIR-DO-1180 shall be signed and dated by the soliciting agent or by a Corporate Officer, as well as by the policyowner. For identification purposes, the agent or Corporate Officer shall enter his or her Florida License Number of Corporate title, respectively, in the space provided.



TRANSAMERICA®

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

1035 Exchange, Rollover or Transfer Request Form

The following Transamerica Companies utilize this form:
Transamerica Life Insurance Company Transamerica Financial Life Insurance Company
4333 Edgewood Rd NE, Cedar Rapids, IA 52499 Fax: (877) 355-4385 Website: www.transamerica.com

Complete all applicable sections in their entirety to meet surrendering company requirements.

Use this form to request a **Full or Partial Exchange** of policies pursuant to Section 1035 of the Internal Revenue Code (IRC), a **Transfer of Funds** or a **Direct Rollover** of qualified funds, or a **Redemption** of Mutual Funds or Certificate of Deposit.

SURRENDERING ACCOUNT INFORMATION

Complete one form for each surrendering company and contract (make additional copies as necessary).

19,937.14

Anticipated Premium

Alliantz

Insurance Company/Financial Institution Name

800-950-1962

Insurance Company/Financial Institution Telephone Number

Po Box 59060 Minneapolis MN 55459-0060

Insurance Company/Financial Institution Physical Address

70782304 Julia P Napper Williams

City, State Zip

Policy/Account Owner Name

265-54-5655

Policy Owner Social Security Number/Taxpayer Identification Number (SSN/TIN)

70782304

Policy/Account Number to be Exchanged

Joint Owner Name (if applicable)

Joint Owner SSN/TIN

Annuitant Name (Joint Annuitant - if applicable)

Annuitant SSN/TIN

ROLLOVER, TRANSFER, AND 1035 EXCHANGE INSTRUCTIONS

If a Systematic Payout Option (SPO) is currently being taken from your annuity, the payment may stop and a new SPO payment form may be completed and submitted to the Company to continue receiving SPO payments. If the SPO was a series of substantially equal periodic payments which qualified as an exception to the 10% premature distribution penalty tax, it may be considered a modification of the series of payments and will result in the imposition of the 10% penalty tax on all previous payments.

Qualified Funds Rollover or Transfer

Required Minimum Distribution Information (for participants who have attained their Required Beginning Date): The Company will make the assumption that Required Minimum Distributions for this and previous tax years have been taken before the account is transferred.

The undersigned owner(s)/participant(s) hereby authorize(s) the direct rollover/transfer of the funds into a qualified annuity (new or existing) with the Company.

1035 Exchange Information

The undersigned owner(s) hereby request(s) a partial withdrawal or full surrender of their existing policy in exchange for an annuity (new or existing) with the Company. It is intended that this transfer will qualify as a tax-free exchange under Section 1035 of the IRC. The annuity issued by the Company will have the same owner/annuitant (insured) designations as the existing policy, unless otherwise agreed by the Company, in its sole and absolute discretion. The undersigned understands that the owner(s) will be subject to a new surrender charge period, if applicable.

For a withdrawal from a non-qualified annuity that is/was involved in a partial 1035 exchange occurring on/or after October 24, 2011: if a withdrawal is taken from either the original or the new contract within 180 days after the partial exchange, the partial exchange may not qualify as a non-taxable transaction under Section 1035 of the IRC. You may wish to consult your tax advisor with any questions about these transactions.

LIQUIDATION / TRANSFER OPTIONS:

Liquidate and Transfer:

(Check ONE option)

- Full amount
- Partial withdrawal of \$ _____
- Partial withdrawal of _____ % of account value

Liquidate and Transfer:

(Check ONE option)

- Immediately
- After Date of: _____
- Before Date of: _____

Please send surrender value to the Company at the following address:

4333 Edgewood Rd NE
Cedar Rapids, IA 52499

Indicate the check is for the benefit of:

Julia P Napper williams

Pending

Policy/Account Owner(s)

New Policy Number (if known) to Reference on Check

ROLLOVER / TRANSFER / 1035 EXCHANGE OR REDEMPTION FUNDING

Rollover or Transfer From:

(check ONE option)

Non-Qualified Funds

- Non-Qualified Annuity
- Non-Qualified Stretch Annuity
- Non-Qualified Certificate of Deposit
- Non-Qualified Mutual Fund
- Life Insurance
- Other: _____

Rollover or Transfer To:

(check ONE option)

Non-Qualified Funds

- Non-Qualified Annuity
- Non-Qualified Stretch Annuity
- Other: _____

Qualified Funds

- Traditional IRA
- Roth IRA: Original contribution date - _____
(Can only be transferred to another Roth IRA)
- SEP IRA
- SIMPLE IRA
- Inherited IRA
- Profit Sharing Plan
- Pension Plan
- 401(k)
- 403(b) Tax Sheltered Annuity (complete 403(b) Liquidation information below)
- 10 Year Delay
- Other: _____

Qualified Funds

- Traditional IRA
- Roth IRA
- SEP IRA
- SIMPLE IRA
- Inherited IRA
- 10 Year Delay
- Other: _____

COMPLETE FOR 403(b) LIQUIDATIONS ONLY

On behalf of the employer, I acknowledge that the request from the named Owner is in compliance with the terms of the Employer's Section 403(b) Plan.

By checking this box, I certify the consent of the Policy Owner's spouse is necessary.

Employer Name

Name/Title of Authorized Employer Representative

Authorized Employer Representative Signature

Date

ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER

For Receiving Company Use Only

1035 Exchanges: By signature of an authorized officer below, the receiving company accepts the assignment of all or a portion of the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under Section 1035 of the IRC. Please remit the funds on behalf of the owner to the receiving company. The receiving company must know the owner's cost basis, the receiving company requests you forward the cost basis information along with the remitted funds to the address provided. **PLEASE NOTE:** Any income on the exchange should be reported to the owner, not the receiving company.

Qualified Transfers/Direct Rollovers: As the designated Company/Financial Institution, we will accept this money as a tax-free transfer or direct rollover under sections 401, 402, 408, or 408A of the IRC. Please remit the funds on behalf of the owner and/or participant to the receiving company.

Receiving Insurance Company/Financial Institution

Name/Title of Authorized Officer

Signature of Authorized Officer

Date

REQUIRED SIGNATURES & CERTIFICATIONS

I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in Section 1 to the receiving company. I agree I am responsible for determining whether a transfer made using this form meets federal tax laws and Internal Revenue Service requirements relating to non-taxable rollover and transfers. I assume responsibility for any consequence that may result from the requested transfer. I agree the Company is not responsible for any consequences that may arise from such transaction.

I understand that special rules apply to SIMPLE IRA to Non-SIMPLE IRA plan transfers.

I have read and understand the Special Federal Income Tax Notice Regarding Plan Distributions (known as the 402(f) Notice) for transfers involving funds from a policy/account issued in connection with IRC Sections 401(a), including 401(k), 403(a), 403(b) and eligible governmental 457(b) plans.

Changes in tax regulations/laws may result in different tax consequences and restrictions concerning distributions from qualified plans, qualified annuities, and non-qualified annuities than in previous years. The Company does not provide tax or legal advice concerning these distributions.

I understand and agree all distributions and transfers are subject to any applicable policy penalties. I have reviewed my financial objectives and insurance needs, including any existing annuity coverage, and find the annuity being applied for appropriate for my needs.

I understand and acknowledge:

- The named Individual/Entity/Trust will be the owner of the policy.
- To the extent there is a gain over the cost basis, redemption from the account in Sections 1 – 4 which is not transferred pursuant to the provisions of IRC Sections 401(a)(31), 1035, Revenue Ruling 78-406, etc., will be a taxable event.
- The Registered Representative/Insurance Producer may receive a commission on this annuity purchase.

I understand the Company may add information to this form which I have included on other forms, including but not limited to the application or state replacement forms, to facilitate this transaction.

Unless the Company has been notified of a community or marital property interest in this policy, the Company will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry. The Company will also rely upon the certification of the employer regarding the necessity of the owner's spouse's consent.

The undersigned owner(s) hereby agree(s) to cooperate with, indemnify, and hold the Company harmless from any and all liability, loss expense, or damages the Company may suffer as a result of claims, demands, costs, or judgments against it, its parents, subsidiaries, affiliates, officers, directors, employees, agents, successors, and assigns arising from actions requested herein. I have been directed to consult with my tax or legal advisor before proceeding.

Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it.

REQUIRED SIGNATURES & CERTIFICATIONS (continued)

Signature(s) of Owner(s), Authorized Representative(s), and/or Annuitant(s) are required. Attach an extra page if necessary. By signing this document, I authorize the Company or any of its employees or contractors to receive information regarding the transfer, rollover, or exchange of funds mentioned within this document.

Signature Guarantees (if required)

Julia S. Vesper Williams
Signature of Policy Owner/Authorized Representative

1/20/21
Date

305-775-7624
Policy Owner Telephone Number

Policy Owner Email Address

Notary Signature: _____

Medallion Signature Guarantee for variable annuities
or Notary Public Stamp for fixed annuities

Signature of Joint Owner (if applicable)

Date

Joint Owner Telephone Number

Joint Owner Email Address

Notary Signature: _____

Medallion Signature Guarantee for variable annuities
or Notary Public Stamp for fixed annuities

Signature of Annuitant (if applicable)

Date

Annuitant Telephone Number

Annuitant Email Address

Notary Signature: _____

Medallion Signature Guarantee for variable annuities
or Notary Public Stamp for fixed annuities

Signature of Spouse (if applicable)

Date

Spouse Social Security Number

Spouse Telephone Number

Spouse Email Address

Notary Signature: _____

Medallion Signature Guarantee for variable annuities
or Notary Public Stamp for fixed annuities



Transamerica Secure Retirement Index® II Annuity Suitability Comparison Form

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

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

Owner/Applicant Name: Julia P Napper Williams
 Social Security Number: 265-54-5655
 Financial Professional Name: Eric Holtz

Comparison (All boxes must be complete. Indicate N/A if not applicable.)

	Existing Contract	Proposed Contract
Company:	Alliantz	Transamerica
Product Type:	<input type="checkbox"/> Fixed Annuity <input checked="" type="checkbox"/> Fixed Index Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other _____	Fixed Index Annuity
Contract Number:	70895945	N/A
Contract Issue Date:	4/04/2011	N/A
Living Benefit Option:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Benefit Value:	15,153.34	N/A
Living Benefit Fees:	0%	1.15%

If there is a living benefit on the existing contract, please explain why the proposed contract is suitable for the customer:

The living benefit is for income only which client has no need or desire to ever utilize.

Existing Contract		Proposed Contract
Death Benefit	Is there an enhanced death benefit, other than policy value or return of premium? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Value or Minimum Required Cash Value
Death Benefit Amount:	15,153.34 over 5 year	\$ 12,084.00 (Initial premium amount)
Premium Enhancement Percentage:	20%	0
Mortality Expense & Administration Fees:	0	N/A
Other Costs, if any:	N/A	N/A
Other Benefits, if any:	N/A	
Other Riders for Consideration if any:	Enhanced Income Rider	N/A

If there will be a reduction of the death benefit as a result of this exchange, please explain why the proposed contract is suitable for the customer:

Client desires better growth possibility that has no income feature

Is there an increase in other costs or decrease in other benefits?

Yes No If yes, please explain why the proposed contract is suitable for the customer:

Have you had another annuity exchange or replacement within the preceding 36 months (60 months in CA or MN)?

Yes No If yes, please explain:

I hereby represent that to the best of my knowledge, the information on this form is accurate and representative of the provisions of the existing annuity contract.

Signature of Owner/Applicant Julia S. Naffer Williams 1/20/21 Date

Signature of Joint Owner/Applicant (if applicable)

Signature of Financial Professional [Signature] 1/20/2021 Date



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

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

PROPOSED ANNUITY CONTRACT

Annuitant(s) Julia P Napper Williams
 Insurer Alliantz
 Contract # 70895945

Annuitant(s): Julia P Napper Williams
 Insurer: TransAmerica
 Application #: Pending

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Contract Issue Date	Mo 04 Day 04 Yr 2011	Mo Day Yr (Est)
Generic Contract Type	FIA	
Marketing Name	Endurance Plus	
Initial Premium	10,000.00	
Source of Initial Premium	Savings	N/A
Qualified Contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date	4/4/2021	
Death Benefit Amount	15,153.34	
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years	10	
First Year Surrender Charge Percentage Rate	10 %	%
Surrender Charge Schedule for Remaining Years	.1%	
Free Withdrawals Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 3.2% Cap	
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riders, Features/Cost (Describe)	Enhanced Withdrawal Benefit 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)	Enhanced w/ third party Benefit	
Minimum Guaranteed Interest Rate	1.06 %	%
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:

Owner's Signature Julia Stappier Williams

Date Signed 1/20/21

DISCLOSURE OF SURRENDER CHARGES IF
EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NO. 70895945

Annuity Total Value \$ 12,372.23 Annuity Surrender Value \$ 12,084.26

Surrender Charges Applicable at exchange \$ 153.23 ~ 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


ACKNOWLEDGEMENTS AND SIGNATURES

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

Eric H. Itz
Agent's Name (please print)

A308313

Florida License No.


Agent's Signature

1/20/21

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.

Julia P Napper Williams

Owner's Name (please print)



Owner's Signature

1/20/21

Date Signed

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 Service.

“**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 of 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

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE
EXHIBIT A

Transamerica Life Insurance Company
Administrative Office: 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499, (319) 355-8511

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.

<u>Applicant Signature</u> <i>Julia P Napper Williams</i>	<u>Date</u> 1/20/21
<u>Agent Signature</u> <i>Eric Holtz</i>	<u>Date</u> 1/20/21
<u>Agent Name (Printed or Typed)</u> Seeman Holtz	<u>Agent Address (Printed or Typed)</u> 301 Yamont, RD Suite 2222 Boca Raton, FL 33431
<u>Agent Company (Printed or Typed)</u>	

Information on Policies which may be replaced:

<u>Company Name</u>	<u>Policy Number</u>	<u>Name of Insured</u>
Allianz	70895945	Julia P Napper Williams
Allianz	70782304	Julia P Napper Williams

**POLICY DISCLOSURE FORM AND INSTRUCTIONS
COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY.
ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE COMPLETED.
ONE COPY IS DELIVERED TO THE POLICYOWNER AND ONE COPY MAINTAINED BY THE
INSURER.**

Any and all information applicable to the transaction shall be fully and completely disclosed on Form OIR-DO-1180. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

PART A

The information to be disclosed in Part A of Form OIR-DO-1180 shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

PART B

The information to be disclosed in Part B of Form OIR-DO-1180 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, "proposed premium amount" is defined as any recurring payment, which is planned to be paid, or which is required to be paid under the proposed policy.

PART C

The information to be disclosed in Part C of Form OIR-DO-1180 shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

PART D

The information to be disclosed in Part D of Form OIR-DO-1180 shall apply to the current, in-force policy and the proposed additional policy, respectively.

SIGNATURES

In order to evidence that the required disclosure has been made, Form OIR-DO-1180 shall be signed and dated by the soliciting agent or by a Corporate Officer, as well as by the policyowner. For identification purposes, the agent or Corporate Officer shall enter his or her Florida License Number of Corporate title, respectively, in the space provided.



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

1035 Exchange, Rollover or Transfer Request Form

The following Transamerica Companies utilize this form:

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

Complete all applicable sections in their entirety to meet surrendering company requirements.

Use this form to request a **Full or Partial Exchange** of policies pursuant to Section 1035 of the Internal Revenue Code (IRC), a **Transfer of Funds** or a **Direct Rollover** of qualified funds, or a **Redemption** of Mutual Funds or Certificate of Deposit.

SURRENDERING ACCOUNT INFORMATION

Complete one form for each surrendering company and contract (make additional copies as necessary).

Anticipated Premium
12,084.26

Alliant

Insurance Company/Financial Institution Name

Po Box 59060

Insurance Company/Financial Institution Physical Address

Julia P Napper Williams

Policy/Account Owner Name

265-54-5655

Policy Owner Social Security Number/Taxpayer Identification Number (SSN/TIN)

70895945

Policy/Account Number to be Exchanged

Joint Owner Name (if applicable)

Joint Owner SSN/TIN

Annuitant Name (Joint Annuitant - if applicable)

Annuitant SSN/TIN

ROLLOVER, TRANSFER, AND 1035 EXCHANGE INSTRUCTIONS

If a Systematic Payout Option (SPO) is currently being taken from your annuity, the payment may stop and a new SPO payment form may be completed and submitted to the Company to continue receiving SPO payments. If the SPO was a series of substantially equal periodic payments which qualified as an exception to the 10% premature distribution penalty tax, it may be considered a modification of the series of payments and will result in the imposition of the 10% penalty tax on all previous payments.

Qualified Funds Rollover or Transfer

Required Minimum Distribution Information (for participants who have attained their Required Beginning Date): The Company will make the assumption that Required Minimum Distributions for this and previous tax years have been taken before the account is transferred.

The undersigned owner(s)/participant(s) hereby authorize(s) the direct rollover/transfer of the funds into a qualified annuity (new or existing) with the Company.

1035 Exchange Information

The undersigned owner(s) hereby request(s) a partial withdrawal or full surrender of their existing policy in exchange for an annuity (new or existing) with the Company. It is intended that this transfer will qualify as a tax-free exchange under Section 1035 of the IRC. The annuity issued by the Company will have the same owner/annuitant (insured) designations as the existing policy, unless otherwise agreed by the Company, in its sole and absolute discretion. The undersigned understands that the owner(s) will be subject to a new surrender charge period, if applicable.

For a withdrawal from a non-qualified annuity that is/was involved in a partial 1035 exchange occurring on/or after October 24, 2011: if a withdrawal is taken from either the original or the new contract within 180 days after the partial exchange, the partial exchange may not qualify as a non-taxable transaction under Section 1035 of the IRC. You may wish to consult your tax advisor with any questions about these transactions.

LIQUIDATION / TRANSFER OPTIONS:

Liquidate and Transfer:

(Check ONE option)

- Full amount
- Partial withdrawal of \$ _____
- Partial withdrawal of _____ % of account value

Liquidate and Transfer:

(Check ONE option)

- Immediately
- After Date of: _____
- Before Date of: _____

Please send surrender value to the Company at the following address:

4333 Edgewood Rd NE
Cedar Rapids, IA 52499

Indicate the check is for the benefit of:

Julia P Napier Williams

Pending

Policy/Account Owner(s)

New Policy Number (if known) to Reference on Check

ROLLOVER / TRANSFER / 1035 EXCHANGE OR REDEMPTION FUNDING

Rollover or Transfer From:

(check ONE option)

Non-Qualified Funds

- Non-Qualified Annuity
- Non-Qualified Stretch Annuity
- Non-Qualified Certificate of Deposit
- Non-Qualified Mutual Fund
- Life Insurance
- Other: _____

Rollover or Transfer To:

(check ONE option)

Non-Qualified Funds

- Non-Qualified Annuity
- Non-Qualified Stretch Annuity
- Other: _____

Qualified Funds

- Traditional IRA
- Roth IRA: Original contribution date - _____
(Can only be transferred to another Roth IRA)
- SEP IRA
- SIMPLE IRA
- Inherited IRA
- Profit Sharing Plan
- Pension Plan
- 401(k)
- 403(b) Tax Sheltered Annuity (complete 403(b) Liquidation information below)
- 10 Year Delay
- Other: _____

Qualified Funds

- Traditional IRA
- Roth IRA
- SEP IRA
- SIMPLE IRA
- Inherited IRA
- 10 Year Delay
- Other: _____

COMPLETE FOR 403(b) LIQUIDATIONS ONLY

On behalf of the employer, I acknowledge that the request from the named Owner is in compliance with the terms of the Employer's Section 403(b) Plan.

By checking this box, I certify the consent of the Policy Owner's spouse is necessary.

Employer Name _____

Name/Title of Authorized Employer Representative _____

Authorized Employer Representative Signature _____

Date _____

ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER

For Receiving Company Use Only

1035 Exchanges: By signature of an authorized officer below, the receiving company accepts the assignment of all or a portion of the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under Section 1035 of the IRC. Please remit the funds on behalf of the owner to the receiving company. The receiving company must know the owner's cost basis, the receiving company requests you forward the cost basis information along with the remitted funds to the address provided. **PLEASE NOTE:** Any income on the exchange should be reported to the owner, not the receiving company.

Qualified Transfers/Direct Rollovers: As the designated Company/Financial Institution, we will accept this money as a tax-free transfer or direct rollover under sections 401, 402, 408, or 408A of the IRC. Please remit the funds on behalf of the owner and/or participant to the receiving company.

Receiving Insurance Company/Financial Institution

Name/Title of Authorized Officer

Signature of Authorized Officer

Date

REQUIRED SIGNATURES & CERTIFICATIONS

I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in Section 1 to the receiving company. I agree I am responsible for determining whether a transfer made using this form meets federal tax laws and Internal Revenue Service requirements relating to non-taxable rollover and transfers. I assume responsibility for any consequence that may result from the requested transfer. I agree the Company is not responsible for any consequences that may arise from such transaction. I understand that special rules apply to SIMPLE IRA to Non-SIMPLE IRA plan transfers.

I have read and understand the Special Federal Income Tax Notice Regarding Plan Distributions (known as the 402(f) Notice) for transfers involving funds from a policy/account issued in connection with IRC Sections 401(a), including 401(k), 403(a), 403(b) and eligible governmental 457(b) plans.

Changes in tax regulations/laws may result in different tax consequences and restrictions concerning distributions from qualified plans, qualified annuities, and non-qualified annuities than in previous years. The Company does not provide tax or legal advice concerning these distributions.

I understand and agree all distributions and transfers are subject to any applicable policy penalties. I have reviewed my financial objectives and insurance needs, including any existing annuity coverage, and find the annuity being applied for appropriate for my needs.

I understand and acknowledge:

- The named Individual/Entity/Trust will be the owner of the policy.
- To the extent there is a gain over the cost basis, redemption from the account in Sections 1 – 4 which is not transferred pursuant to the provisions of IRC Sections 401(a)(31), 1035, Revenue Ruling 78-406, etc., will be a taxable event.
- The Registered Representative/Insurance Producer may receive a commission on this annuity purchase.

I understand the Company may add information to this form which I have included on other forms, including but not limited to the application or state replacement forms, to facilitate this transaction.

Unless the Company has been notified of a community or marital property interest in this policy, the Company will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry. The Company will also rely upon the certification of the employer regarding the necessity of the owner's spouse's consent.

The undersigned owner(s) hereby agree(s) to cooperate with, indemnify, and hold the Company harmless from any and all liability, loss expense, or damages the Company may suffer as a result of claims, demands, costs, or judgments against it, its parents, subsidiaries, affiliates, officers, directors, employees, agents, successors, and assigns arising from actions requested herein. I have been directed to consult with my tax or legal advisor before proceeding.

Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it.

REQUIRED SIGNATURES & CERTIFICATIONS (continued)

Signature(s) of Owner(s), Authorized Representative(s), and/or Annuitant(s) are required. Attach an extra page if necessary. By signing this document, I authorize the Company or any of its employees or contractors to receive information regarding the transfer, rollover, or exchange of funds mentioned within this document.

Signature Guarantees (if required)

Signature of Policy Owner/Authorized Representative
Julia S. Vaffer Wilkin

Date
1/20/21

Policy Owner Telephone Number
305-775-7624

Policy Owner Email Address

Signature of Joint Owner (if applicable)

Date

Joint Owner Telephone Number

Joint Owner Email Address

Signature of Annuitant (if applicable)

Date

Annuitant Telephone Number

Annuitant Email Address

Signature of Spouse (if applicable)

Date

Spouse Social Security Number

Spouse Telephone Number

Spouse Email Address

Medallion Signature Guarantee for variable annuities
or Notary Public Stamp for fixed annuities

Notary Signature: _____

Medallion Signature Guarantee for variable annuities
or Notary Public Stamp for fixed annuities

Notary Signature: _____

Medallion Signature Guarantee for variable annuities
or Notary Public Stamp for fixed annuities

Notary Signature: _____

Medallion Signature Guarantee for variable annuities
or Notary Public Stamp for fixed annuities

Notary Signature: _____