

Washington National Life Insurance Company

ANNUITY SUITABILITY ACKNOWLEDGEMENT

(The state of issue requires that Washington National Life Insurance Company obtain the following information for **each Consumer age 65 or older**)

Owner/Applicant Name (please print) _____

Joint Owner/Applicant Name (please print) _____

The following questions are designed to help you determine if purchasing an Washington National Life Insurance Company annuity is suitable for your individual financial situation. You have the right not to answer the questions.

1. The source of premium to purchase this annuity is _____
2. My financial objectives for this annuity are best described as:
 Safety of Premium Tax-deferral Income now Growth followed by income
 Growth, possible/emergency income Other (explain) _____
3. I have sufficient cash or other liquid assets for living expenses and any emergencies that may arise, in excess of the premium I am paying for this annuity: Yes No If no, please explain: _____

4. I understand that the annuity has surrender charges for early termination. I intend to keep the annuity at least through the policy's surrender charge period. Yes No

Applicant Acknowledgement - Please check one box and sign below:

I confirm the information given is accurate and I believe that the annuity is appropriate for my insurance needs and financial objectives, considering my tax bracket, investments and financial status.

OR

I decline to answer the questions but I feel that the annuity is appropriate for my financial situation.

Owner/Applicant Signature _____ Date _____

Joint Owner/Applicant Signature _____ Date _____

Agent Acknowledgement

I have reasonable grounds for believing that the recommendation for the Consumer to purchase/exchange an annuity is suitable, on the basis of facts disclosed by them regarding investments, tax bracket, other insurance products, financial situation and needs.

Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any needs analysis forms, and other information used as the basis for this insurance recommendation for at least 5 years after the insurer completes the recommended transaction.

Producer Name (please print) _____ Telephone # _____

Producer Signature _____ Producer # _____