

SENIOR SUITABILITY ACKNOWLEDGEMENT BY A TRUSTED INDIVIDUAL

(Complete either Box 1 or Box 2)

I,		(Name of Acknowledging Individual),	
am the		(Relationship to Annuity Applicant)	
of		(Name of Annuity Applicant).	
SELECT ONE: I was present during the annuity sales presentation provided by			
Signature of Acknowledging Individual	Date	Printed Name	
OR			
ANNUITY APPLICANT'S WAIVER OF TRUSTED INDIVIDUAL'S ACKNOWLEDGMENT Although American Savings Life Insurance Company recommends the beneficiary, an immediate family member, or a trusted friend acknowledges my purchase of this annuity, I decline to have anyone additionally present during the annuity sales presentation or to acknowledge my financial understanding and the suitability of this annuity product. I hereby state that I am of sound mind, and I am capable of making financial decisions without requiring the assistance of anyone else.			
Owner's Signature		Joint Owner's Signature (if applicable	e)
Owner's Printed Name	Date	Joint Owner's Printed Name	Date

AGENT ACKNOWLEDGMENT

I acknowledge that I was physically present during the annuity sales presentation and also witnessed the completion of this Senior Suitability form by the acknowledging individual or the Alternative Waiver.