

Application – Multi-Year Guaranteed Annuity (MYGA)

An Individual Single Premium Fixed Deferred Annuity

AMERICAN SAVINGS LIFE INSURANCE COMPANY

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Multi-Year Guaranteed Annuity
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1. OWNER: (Issue Ages: 1 or 2-years 18-95; 3, 4, or 5-years 18-90) ☐ Male ☐ Female ☐ Living Trust*

(All Owners, Annuitant, and Beneficiaries must be United States Citizens)

Name (if applicable: Jr, Sr, ...): _____

Address: _____

SS# or Trust ID: _____ Date of Birth or Trust: _____ Phone #: _____

Email: _____ *If a Trust, include Certification of Trust Form.

2. JOINT OWNER: (Issue Ages: 1 or 2-years 18-95; 3, 4, or 5-years 18-90) ☐ Male ☐ Female

(Joint Owners only permitted when Owner is a natural person) (Joint Ownership is not allowed for an IRA)

Name (if applicable: Jr, Sr, ...): _____

Address: _____

SS#: _____ Date of Birth: _____ Phone #: _____

3. ANNUITANT: (If not the same as above Owner) (Issue Ages: 1 or 2-years 18-95; 3, 4, or 5-years 18-90) ☐ Male ☐ Female

Name (if applicable: Jr, Sr, ...): _____

Address: _____

SS#: _____ Date of Birth: _____ Phone #: _____

4. BENEFICIARY(IES): If Joint Ownership, both Owners will be the Primary Beneficiaries unless otherwise indicated.

If you DO NOT want both Joint Owners to be the Primary Beneficiaries, check here ☐ and name the Beneficiary(ies) below.

☐ Primary or ☐ Contingent & Percentage: _____% ☐ Primary or ☐ Contingent & Percentage: _____%

Name/Trust _____ Name/Trust _____

Street _____ Street _____

City, State, Zip _____ City, State, Zip _____

DOB/DOT _____ SSN/TIN _____ DOB/DOT _____ SSN/TIN _____

Relationship _____ Phone # _____ Relationship _____ Phone # _____

Use the Additional Beneficiaries Form if necessary. If the beneficiary is a Trust, complete the Certification of Trust Form.

5. SURRENDER CHARGE PERIOD: The MYGA duration will equal the surrender charges duration. All existing surrender charge periods will continue upon death for the beneficiaries. Refer to the surrender charges table. Beneficiaries are not required to surrender the account at death. A Penalty-Free Death Benefit Rider may be available in Section 7. A **Market Value Adjustment (MVA)** may apply to the surrender amount additionally during any surrender charge period: (a) if interest rates rise after the contract effective date the market value adjustment will generally decrease the surrender value; and (b) if interest rates fall after the contract effective date, the market value adjustment will generally increase the surrender value.

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6. MYGA INITIAL GUARANTEE PERIOD / SURRENDER CHARGE DURATION AND PREMIUM AMOUNT

☐ 1-Year ☐ 2-Years ☐ 3-Years ☐ 4-Years ☐ 5-Years Single Premium Payment Amount: \$ _____

7. OPTIONAL RIDERS & COST IN REDUCED INTEREST RATE (Use Form 1594 if requesting interest payouts)

- ☒ Penalty-Free 10% Amount Withdrawal Surrender Charge Waiver (no cost) ☒ Penalty-Free Death Benefit (no cost)
☒ Penalty-Free Chronic Illness, Terminal Illness, and Nursing Home Surrender Charge Waivers (no cost)

8. TYPE OF ANNUITY: ☐ Traditional IRA ☐ Inherited Traditional IRA ☐ Roth IRA ☐ Inherited Roth IRA ☐ Non-Qualified

Are funds coming from either a 1035 Exchange, IRA Transfer, Direct Rollover, or other Transfer? ☐ Yes ☐ No

Comments: _____

9. EXISTING COVERAGE / REPLACEMENT / OWNERSHIP

- Does the owner or annuitant have existing life insurance or annuity contracts with this company or another company?
☐ Yes ☐ No
- Will this annuity replace or change any life insurance or annuity policy in force with this or any other company?
☐ Yes ☐ No (Additionally submit the state specific required Replacement Form with this application)
- Has any owner, annuitant, or beneficiary entered into an agreement to sell or assign this Annuity?
☐ Yes ☐ No (If yes, explain in the comments section)
- Has any owner, annuitant, or beneficiary ever sold, transferred, or assigned a life insurance or annuity policy to a third party?
☐ Yes ☐ No (If yes, explain in the comments section)

Comments: _____

10. APPLICANT'S ACKNOWLEDGMENT AND SIGNATURE

Any person who knowingly presents a false statement in an application for insurance or an annuity may be guilty of a criminal offense and subject to penalties under state law. All statements and answers in this application are true and complete to the best of my knowledge and belief. The application was signed by me/us after all answers and information were recorded herein. I have received *The Buyer's Guide to Deferred Annuities*. I understand that the annuity contract will not be issued until all money has been received and all underwriting requirements have been met. Interest does not accrue until the effective contract issue date.

Application signed at City & State: _____ Date: _____

Signature of Owner: _____

Signature of Joint Owner (if applicable): _____

Signature of Annuitant (if other than owner): _____

11. AGENT/PRODUCER CERTIFICATION & WITNESS OF APPLICANT(S) SIGNATURE(S)

I have delivered a copy of *The Buyer's Guide to Deferred Annuities* to the applicant(s). I have read through the applicable product disclosures with the applicant(s). I have explained and believe the applicant(s) understands the various product features, including: (a) surrenders and withdrawals; (b) surrender charges and surrender charge period including those that may pertain to the beneficiary(ies); (c) early withdrawal tax penalty; and (d) annuitization. I believe that the purchase of this annuity is appropriate for the applicant's individual situation.

- Does the Applicant have existing life insurance or annuity contracts? ☐ Yes ☐ No
- Do you have knowledge or reason to believe that the annuity applied for by this application will replace or change any insurance or annuity currently in force on the life of the proposed Annuitant? ☐ Yes ☐ No

Signature of Agent: _____ Date: _____

Agent name: _____ ASL Agent #: _____

Choose one: ☐ Mail annuity contract to Agent for delivery to owner or ☐ Mail annuity contract directly to Owner.