



# **Diamond Head**

## **Multi-Year Guaranteed Annuity Application Packet**

# **HAWAII**

For Agent Use Only. Product Availability May Vary by State.

Pacific Guardian Life Insurance Company  
1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814 • [www.pacificguardian.com](http://www.pacificguardian.com) • (800) 367-5354

## Agent Checklist for Completing Diamond Head MYGA Application

This packet contains the following forms for a Diamond Head Multi-Year Guaranteed Annuity (MYGA) issued by Pacific Guardian Life Insurance Company, Limited. Please review the information carefully and complete **all** applicable forms.

- First, please verify that the application was signed by the Owner(s) in **HAWAII**.

### Required Forms

- Annuity Disclosure (ICC22-MYGA22-ANNDSC)**
  - Must be provided to the applicant.
- Annuity Application (ICC22-MYGA22-APP)**
  - Complete all applicable sections of the application and sign where indicated. The Agent's Field Guide provides helpful information for completing the application.
- Annuity Suitability Questionnaire (PGL-ASQ-010123)**
- Producer Disclosure (PGL-PDA-010123)**
- Replacement Notice (PGL-RPN-010123)**
  - Required when the Owner has current Life Insurance or Annuity Coverage.
- Owner Identification Verification (PGL-OIV-010123)**

### Additional Forms

The following forms are required to be submitted with the application, under the conditions noted:

- Supplemental Beneficiary Form (PGL-SBF-010123)**
  - Use if you need to add more beneficiaries than you have room for in the application.
- Policy Transfer or Exchange (PGL-PTE-070124)**
  - Required if the owner is transferring funds from another company to purchase the annuity.
- Certification of Trust (PGL-COT-110121)**
  - Required when the Owner is a trust.
- Non-Natural Owner/72U Form (PGL-NNO-010123)**
  - Required when the Owner is not a natural person (trusts, estates or other entities).
- Non-Resident Verification Form (PGL-NRV-071023)**
  - Required when the application is signed outside the Owner's resident state.
- Systematic Withdrawals (PGL-SWD-070124)**
  - Required when the Owner requests regular withdrawals, including interest only.
- Military Sales Disclosure (PGL-MSD-010123)**
  - Required if an owner or annuitant is an active duty service member of the Armed Forces, a dependent of an active duty service member or the sale occurs on Federal Land or Military Base.
- ACH/Wire Transfer Form (PGL-ACH-010123)** – for your information only.



This document is designed to review some important things to think about before buying an annuity. This is a single premium annuity, which means you purchase the annuity with one payment. It is a fixed annuity, which means it earns a specific interest rate during the guarantee period.

A deferred annuity is a **long-term** financial product which may not be appropriate for short-term goals. This annuity grows by earning **tax-deferred** interest at a **guaranteed** rate for a **guaranteed** period. You can use an annuity to save money for retirement and then receive a retirement income for life.

This contract includes the following features:

- The guarantee period of this annuity is selected by **you** when you apply for the annuity. This period can be from 3 (three) to 10 (ten) years.
- There are no front-end sales charges or annual administrative fees. Some states charge a premium tax. Pacific Guardian Life deducts premium taxes if it is required to pay them.
- Withdrawals are subject to surrender charges varying from 0% to 10% of accumulated value. The contract does offer opportunities each year to withdraw some or all of the accumulated value without charge.
- During a given contract year, you may withdraw up to 10% of your contract's value without incurring a surrender charge. With the addition of our "Life Events" rider, beginning in the second policy year, you may even take an **additional** withdrawal of up to 10% without incurring a surrender charge, at any time you choose, and for any reason. This option may be exercised once over the life of your contract, and there is no charge for this rider.
- Upon death of the Owner, the accumulated value is payable to the designated beneficiary. Surrender charges will not apply.
- When you receive your annuity contract, you are given a 30-day **free look period**. If during this period you decide that you do not want this annuity, you may return it to us, and we will return your premium to you (less any withdrawals you have made).

The initial guarantee period interest rate will be clearly stated on the second page of your policy. It is guaranteed by Pacific Guardian Life for the duration of your entire initial guarantee period.

At the end of the initial guarantee period, you are given a 30-day window during which you can withdraw part or all of the accumulated value of your annuity, free of surrender charges. If you choose to continue your annuity, then Pacific Guardian Life will declare a new guaranteed interest rate for the next guarantee period. This rate will never be less than the nonforfeiture rate shown on the second page of your policy. This nonforfeiture rate may vary by state, but once the policy is issued, it will never change and it becomes the minimum credited rate for your policy through to maturity.

When you take payouts, surrender, or withdraw from your annuity, you pay ordinary income taxes on the interest earned. You may also pay a 10% federal income tax penalty on earnings withdrawn prior to age 59 ½.

Withdrawals in excess of 10% of the annuity value in a given policy year are subject to the following schedule of surrender charges:

<b>Year of Guarantee Period</b>	1	2	3	4	5	6	7	8	9	10
<b>Surrender Charge Percentage</b>	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

Surrender charges reset when the guarantee period resets.

Pacific Guardian Life will waive all surrender charges beginning on the policy anniversary following your 95<sup>th</sup> birthday.

Once payouts from your annuity begin, you may not make any withdrawals from it.

We may make changes to your annuity contract from time to time in order to conform to federal or state laws. If we do, we will advise you about the changes in writing.

If you have any questions regarding this annuity, please feel free to contact Client Relations at [clientrelations@pacificguardian.com](mailto:clientrelations@pacificguardian.com), or call us toll-free at (800) 367-5354. Our website can be found at [www.pacificguardian.com](http://www.pacificguardian.com).



# PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LIMITED  
1440 Kapiolani Boulevard, Suite 1700 • Honolulu, Hawaii 96814-3698 • (808) 955-2236

POLICY NUMBER

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## APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY

### PRODUCT APPLIED FOR

Multi-Year Guarantee Annuity  
Guarantee Period:  3 years  4 years  5 years  6 years  7 years  8 years  9 years  10 years  
**The length of the surrender charge period will be the same as the guarantee period chosen.**  
 Optional Rider – “Life Events” Additional Free Partial Withdrawal Rider (no charge)

### TYPE OF APPLICATION

Qualified (must be individual owner)  Individual Owner  Joint Owner  Non-Natural Owner (Trust/Business/Charity)

OWNER	ANNUITANT (IF OTHER THAN OWNER) Owner must be Annuitant on qualified plans.
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
MAILING ADDRESS (If different from physical address)			MAILING ADDRESS (If different from physical address)		
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN/TAXPAYER ID	PHONE		SSN/TAXPAYER ID	PHONE	
DRIVER'S LICENSE NO. & STATE	EMAIL ADDRESS		DRIVER'S LICENSE NO. & STATE	EMAIL ADDRESS	

JOINT OWNER	JOINT ANNUITANT (IF OTHER THAN JOINT OWNER)
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
MAILING ADDRESS (If different from physical address)			MAILING ADDRESS (If different from physical address)		
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN/TAXPAYER ID	PHONE		SSN/TAXPAYER ID	PHONE	
DRIVER'S LICENSE NO. & STATE	EMAIL ADDRESS		DRIVER'S LICENSE NO. & STATE	EMAIL ADDRESS	

**PREMIUM AND TAX QUALIFICATION STATUS**

**Tax Status** (select Non-Qualified or one of the Qualified options):  Non-Qualified , **or**

**Qualified** (select one):  IRA Transfer  IRA Rollover  Roth IRA  SEP IRA  Other: \_\_\_\_\_

**Premium Amount:**

Amount paid with application ( Check or  ACH).....\$ \_\_\_\_\_

Estimated amount of transfer to be requested by Pacific Guardian Life .....\$ \_\_\_\_\_

Estimated amount of transfer to be requested by Owner .....\$ \_\_\_\_\_

**Estimated Total Premium** .....\$ \_\_\_\_\_

**EXISTING COVERAGE AND REPLACEMENT**

Do you have any existing life insurance or annuity policies?  Yes  No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity policy?  Yes  No

**BENEFICIARIES**

Percentages for each beneficiary class (primary and contingent) must total 100%. Two decimal places are allowed (e.g. 33.34%). Multiple beneficiaries of the same class will share the death benefit equally unless percentages are listed.

For policies with Joint Owners, the surviving Owner will always be the Primary Beneficiary. For Joint Owner policies, complete only the Contingent Beneficiaries section or, if completed, the Primary Beneficiaries listed will be Contingent Beneficiaries.

**Primary Beneficiaries** *(for Joint Owner policies, skip to Contingent Beneficiaries section)*

Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent

**Contingent Beneficiaries**

Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent

**Marital Status and Consent of Spouse** (Complete if the Owner is a resident of a community property state)

**Owner Marital Status** (Select One)

Single       Married       Widowed       Divorced

Consent of spouse must be signed if the following conditions are present:

**Community property state:** You live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico), your spouse is living, and you are NOT designating your spouse as the sole primary beneficiary.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Printed Name \_\_\_\_\_

**FRAUD NOTICE**

Any person who knowingly presents false statements in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**POLICY DELIVERY CONSENT**

**Select to whom the policy pages will be delivered and the method of delivery.**

**Client:**       Mail       Email (address: \_\_\_\_\_)

**Producer:**       Mail       Email (address: \_\_\_\_\_)

If You request delivery via email, You acknowledge that You have access to the internet for accepting electronic delivery of the documents.

**OWNER'S STATEMENT AND SIGNATURE**

**I certify and attest to Pacific Guardian Life Insurance Company that:**

- All statements and answers in this application are correct to the best of my knowledge and belief, and will be made a part of the annuity policy.
- I acknowledge that I received a product disclosure prior to applying for this annuity.
- If this application is declined, Pacific Guardian Life will not have any liability except to return the premium it received.
- Under penalty of perjury, I certify that my correct taxpayer identification number is shown on this form, and I am a U.S. citizen or other U.S. person (including a U.S. resident alien).
- If I am purchasing this annuity with qualified funds, and I am required to take a required minimum distribution ("RMD") this year, I understand that I must withdraw my RMD before transferring the qualified funds into this policy.
- I have reviewed my financial situation and needs with my agent (producer). I believe this annuity policy will meet my financial objectives. I have also considered my liquidity needs and time horizon when selecting this annuity product and determining the amount of premium I will pay.

**The annuity applied for includes a 30-day examination right. A surrender of the policy after this 30-day period may result in a loss of principal and earnings due to a surrender charge.**

Signed at City \_\_\_\_\_ State \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS, REQUESTS, ADDITIONAL INFORMATION**

**PRODUCER'S REPORT AND SIGNATURE**

Do you have reason to believe that the applicant has any existing life insurance or annuity policies?

Yes  No

**If yes, a replacement form is always required in states that have adopted the NAIC model replacement regulation, even if this annuity will not actually replace any existing coverage.**

Do you have reason to believe that the purchase of this annuity will result in the replacement, termination or change in value of any existing life insurance or annuity policy?

Yes  No

**If yes, all requested information about any replaced policy must be provided on the replacement form.**

Are your responses consistent with the Owner's responses in the preceding "Existing Coverage and Replacement" section above?

Yes  No

**If no, please explain in the "Comments, Requests, Additional Information" section above.**

**I certify and attest to Pacific Guardian Life Insurance Company that:**

1. I personally reviewed the Applicant(s) identification in order to confirm the identity of the person(s) applying for this annuity;
2. I only used Pacific Guardian Life Insurance Company's approved sales material in connection with this sale, and I left with the Applicant copies of all sales materials used;
3. I will provide a paper copy of any insurer-approved electronically presented sales materials to the Applicant no later than at the time of policy delivery;
4. I provided a product disclosure and, if required by state law, a Buyer's Guide for Deferred Annuities to the Applicant before applying for this policy;
5. To the best of my knowledge and belief, all information recorded on this application is true and correct.

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_

Producer's Printed Name \_\_\_\_\_ Producer's Number (if known) \_\_\_\_\_

If there are Multiple Producers, splits must total 100%:

Producer 1 Split: \_\_\_\_\_% (assumed to be 100% if one Producer)

Signature of Producer 2 \_\_\_\_\_ Date \_\_\_\_\_ Producer 2 Split: \_\_\_\_\_%

Producer 2 Printed Name \_\_\_\_\_ Producer 2 Number (if known) \_\_\_\_\_

Signature of Producer 3 \_\_\_\_\_ Date \_\_\_\_\_ Producer 3 Split: \_\_\_\_\_%

Producer 3 Printed Name \_\_\_\_\_ Producer 3 Number (if known) \_\_\_\_\_



# ANNUITY SUITABILITY QUESTIONNAIRE



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

It is important that the annuity you select is appropriate based on your financial situation, needs, and objectives. Carefully read and answer the questions and/or statements below. You may decline to provide the requested information. However, failure to do so will affect the ability of your agent (producer) to make a suitable recommendation.

**Complete and return this statement with your annuity application.** If you do not wish to provide the requested information, please indicate so below. Without adequate information, the Company will not be able to assess suitability and will decline the policy.

Name of Owner: \_\_\_\_\_ Age of Owner: \_\_\_\_\_

Name of Joint Owner: \_\_\_\_\_ Age of Joint Owner: \_\_\_\_\_

Type of annuity proposed: \_\_\_\_\_ Initial term of annuity proposed: \_\_\_\_\_

Why are you purchasing this annuity? \_\_\_\_\_

## FINANCIAL INFORMATION

Please initial box if you do not want to disclose information. Please note that we may decline policies if insufficient financial information is provided to assess suitability.

Annual Gross Income of Owner(s).....\$ \_\_\_\_\_

Total net worth (assets minus debt, excluding home, home furnishings, and auto).....\$ \_\_\_\_\_

Liquid assets (checking account, savings account, CDs, stocks, bonds, mutual funds, annuities, etc., excluding funds for this annuity) .....\$ \_\_\_\_\_

## FEDERAL INCOME TAX BRACKET

Less than 15%     15% to 28%     Greater than 28%

## FINANCIAL OBJECTIVES – Your financial objective in purchasing this annuity certificate (check all that apply)

- Tax deferred growth                       Accumulation for retirement income     Transfer of funds to beneficiaries
- Guaranteed interest rate                   Protection of principal                       Provide monthly income of interest earnings
- Receive immediate income

## RISK TOLERANCE – Your risk tolerance is (Check one)

- Conservative – you have little tolerance for volatility and/or loss of principal
- Moderate – you have some tolerance for short term volatility and/or loss of principal
- Aggressive – you have tolerance for and expectations of volatility and/or loss of principal

If you checked “Aggressive” or “Moderate”, this annuity may not be suitable for you.

## DECISION TO PURCHASE ANNUITY (Check all that apply)

Other than your agent (producer), who, if anyone, assisted you in your decision to purchase an annuity? (Check all that apply)

Accountant     Attorney     Family member     Financial planner     No one     Other \_\_\_\_\_

## AVAILABLE FUNDS (Check one)

Do you have sufficient cash or other liquid funds for living expenses and emergencies, such as unexpected medical expenses, in addition to the money you plan to use to purchase this annuity?     Yes     No

**If no, please explain:** \_\_\_\_\_

If you checked “No” – This annuity may not be suitable for you.

**SURRENDER CHARGES, WITHDRAWAL FEES OR PENALTIES**

Will you incur surrender charges, withdrawal fees or penalties on any existing product used to fund the purchase of this annuity?  Yes  No

If yes, please provide amount (\$) and why you are comfortable with this charge: \_\_\_\_\_

**SOURCE OF FUNDS**

Will you be funding this annuity purchase with personal funds (rather than a transfer from an existing annuity or retirement account)?  Yes  No

If yes, please identify the source of funds used for the purchase: \_\_\_\_\_

If no, please provide rationale for transfer: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Does the initial term of this annuity align with your financial time horizon?  Yes  No

If no, please explain: \_\_\_\_\_

For California residents only, do you have a reverse mortgage?  Yes  No

If yes, please provide details: \_\_\_\_\_

For California residents only, will you be applying for or have applied for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?  Yes  No

If yes, please provide details: \_\_\_\_\_

**I UNDERSTAND THAT THE PROPOSED ANNUITY CERTIFICATE CONTAINS WITHDRAWAL AND SURRENDER CHARGES.**

**Please check the statement that is applicable:**

I elect not to provide some or all of the information requested above, however, I still wish to apply for the proposed annuity certificate and I believe that the annuity, as applied for, is appropriate and suitable for my needs and financial objectives.

➤ Note to Producer: please ensure that the Owner also signs Page 3 of the Insurance Agent (Producer) Disclosure for Annuities if required in the state of application.

I acknowledge that I have read the annuity suitability statement and that the information I have provided is true and complete to the best of my knowledge and belief and that the annuity, as applied for, is appropriate and suitable for my needs and financial objectives.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION OR COMMENTS**

**PRODUCER (AGENT) STATEMENT**

I certify that I have made a reasonable effort to obtain all relevant information necessary to recommend the purchase of the proposed annuity certificate, which I believe is suitable for the applicant based upon the information provided by the applicant regarding his or her needs and financial objectives.

Signature of Agent (Producer): \_\_\_\_\_ Date: \_\_\_\_\_



# PACIFIC GUARDIAN LIFE

Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Phone Number: (800) 367-5354 • Fax Number: (808) 942-1295

## Insurance Agent (Producer) Disclosure For Annuities

Do Not Sign Unless You Have Read and Understand the Information in this Form

Date: \_\_\_\_\_

### INSURANCE AGENT (PRODUCER) INFORMATION (“Me”, “I”, “My”)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business/Agency Name: \_\_\_\_\_ Website: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Producer Number: \_\_\_\_\_

### CUSTOMER(S) INFORMATION (“You”, “Your”)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### What Types of Products Can I Sell You?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

- Fixed or Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificates of Deposits

### Whose Annuities Can I Sell to You?

I am authorized to sell:

- Annuities from Only One (1) Insurer
- Annuities from Two or More Insurers
- Annuities from Two or More Insurers although I primarily sell annuities from:

\_\_\_\_\_

**How I'm Paid for My Work:**

It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

Commission, which is usually paid by the insurance company or other sources. If other sources, describe:

\_\_\_\_\_

Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.

Other (Describe): \_\_\_\_\_

***If you have questions about the above compensation I will be paid for this transaction, please ask me.***

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

\_\_\_\_\_  
Owner (Customer) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner (Customer) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Date

## Consumer Refusal To Provide Information

This form does not apply to my client. Agent (Producer) Initials: \_\_\_\_\_ (Proceed to next page.)

### **Do Not Sign Unless You Have Read and Understand the Information in this Form.**

#### Why are You being given this form?

You are buying a financial product – an annuity.

To recommend a product that effectively meets Your needs, objectives and situation, the agent, broker, or company needs information about You, Your financial situation, insurance needs and financial objectives.

If You sign this form, it means You have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets Your needs, objectives and situation. You may lose protections under the Insurance Code of \_\_\_\_\_ (issue state) if You sign this form or provide inaccurate information.

#### Statement of Purchaser:

- I **REFUSE** to provide this information at this time.
- I have chosen to provide LIMITED information at this time.

\_\_\_\_\_  
Owner (Customer) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner (Customer) Signature

\_\_\_\_\_  
Date

## Consumer Decision to Purchase an Annuity NOT Based on a Recommendation

This form does not apply to my client. Agent (Producer) Initials: \_\_\_\_\_ (Proceed to next form.)

### **Do Not Sign Unless You Have Read and Understand the Information in this Form.**

#### Why are You being given this form?

You are buying a financial product – an annuity.

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company has the responsibility to learn about You, your financial situation, insurance needs and financial objectives.

If You sign this form, it means You know that you're buying an annuity that was not recommended.

#### Statement of Purchaser:

I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it **without a recommendation**, I understand I may lose protections under the Insurance Code of \_\_\_\_\_ (issue state).

\_\_\_\_\_  
Owner (Customer) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner (Customer) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Date

## IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the agent (producer), if there is one,  
and a copy left with the applicant.

Do you own existing, in-force policies or contracts on the same insured or annuitant?  YES  NO  
 If the answer is "No", you may move directly to the certification and signatures on the next page.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions that follow them on this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  YES  NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  YES  NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	Insurer Name	Contract or Policy No.	Insured or Annuitant	Replaced (R) or Financing (F)
1				
2				
3				

Make sure you know the facts. Contact your existing company or its agent (producer) for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent (producer) in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
Applicant (Owner) Printed Name

\_\_\_\_\_  
Applicant (Owner) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Printed Name

\_\_\_\_\_  
Joint-Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Producer) Printed Name

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Date

I do not want this notice read aloud to me. \_\_\_\_\_

(Applicants must initial only if they do not want the notice read aloud.)



## **QUESTIONS TO CONSIDER WHEN REPLACING LIFE INSURANCE OR ANNUITIES**

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### **PREMIUMS:**

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

### **POLICY VALUES:**

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

### **INSURABILITY:**

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

### **IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

### **IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

### **OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

# OWNER IDENTIFICATION VERIFICATION



**Mail, Email or Fax completed form with application:**

Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**

Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

**Agent (Producer) to complete the following information:**

**Policy Owner Identification Verification** – I have personally verified the identity of the owner(s) listed below by reviewing a government issued **photo ID** for each individual. For a non-natural owner, such as a business or trust, I have personally verified the documents that confirm the legal identify of the non-natural owner and have verified the identity of the person signing on behalf of the non-natural owner.

## OWNER VERIFICATION

Name (of proposed owner or individual signing on behalf of a non-natural owner)

**A. Driver's License**

State of Issue \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**B. Passport**

Country of Issue \_\_\_\_\_ Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**C. Other**

State/Country of Issue \_\_\_\_\_ Reference Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

An unexpired Government Issued photo ID is not available.

## JOINT OWNER VERIFICATION

Name (of joint owner)

**A. Driver's License**

State of Issue \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**B. Passport**

Country of Issue \_\_\_\_\_ Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**C. Other**

State/Country of Issue \_\_\_\_\_ Reference Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

An unexpired Government Issued photo ID is not available.

## Agent's Confirmation – I have verified the identity of the owner(s) and believe the information the owner(s) has/have provided to me regarding his/her/their identity is true and accurate. Signed at:

Agent's (Producer's) Name (Please print) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Agent's (Producer's) Signature \_\_\_\_\_ Date \_\_\_\_\_

# SUPPLEMENTAL BENEFICIARY FORM



**Mail, Email or Fax completed form to:**  
 Pacific Guardian Life Insurance Company  
 1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
 Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
 Policyholder Service: (800) 367-5354  
 ClientRelations@pacificguardian.com

**BENEFICIARY DESIGNATION.** Percentages from Supplemental Beneficiary page, and either the application or request to change in beneficiary form, must equal 100%. Please use First, Middle, Last and mm/dd/yyyy formats

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Name		Address	
Date of Birth	SSN/Taxpayer ID	Relationship	Percent

Owner Signature: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_

# POLICY TRANSFER OR EXCHANGE



**Mail, Email or Fax completed form to:**  
 Pacific Guardian Life Insurance Company  
 1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
 Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
 Policyholder Service: (800) 367-5354  
 ClientRelations@pacificguardian.com

<b>Current Trustee/Insurance Company/Financial Institution ("FI")</b>	<b>Policy/Account Owner Name</b>
Street Address of Current Trustee/ Ins. Co./FI	Owner Social Security Number(s) or Tax I.D. Number(s)
City, State, ZIP of Current Trustee/ Ins. Co./FI	<b>Joint Policy/Account Owner Name (if applicable)</b>
Telephone Number of Current Trustee/ Ins. Co./FI	Joint Owner Social Security Number(s) or Tax I.D. Number(s)
Fax Number of Current Trustee/ Ins. Co./FI	Annuitant/Insured Name(s) (if other than owner)
Policy/Account Number(s) at Current Trustee/Ins. Co/FI	Joint Annuitant/Insured Name(s) (if other than joint owner)

<p><b>TRANSFER INSTRUCTIONS:</b>                  Please transfer the policy/account values indicated below:  <input type="checkbox"/> <b>Partial:</b> Transfer policy/account/certificate value totaling \$ _____  <input type="checkbox"/> <b>Complete:</b> Transfer all policy/account/certificate values. Surrender if an annuity policy.  <b>Approximate Transfer Amount: \$</b> _____                  (Please estimate amount of transfer if a complete transfer)                  Requested Date of Transfer (if not immediate): _____</p>	<p><b>QUALIFIED TYPE OF TRANSFER:</b></p> <p><b>From:</b>  <input type="checkbox"/> IRA  <input type="checkbox"/> SEP  <input type="checkbox"/> Tax-Sheltered Annuity {403(b)}  <input type="checkbox"/> 401(k) Qualified Savings Plan  <input type="checkbox"/> Roth IRA  <input type="checkbox"/> Other _____</p> <p><b>To:</b>  <input type="checkbox"/> IRA  <input type="checkbox"/> SEP  <input type="checkbox"/> Roth IRA*                  * <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year _____</p> <p><b>Type of Qualified Transfer or Rollover:</b>  <input type="checkbox"/> Direct Transfer  <input type="checkbox"/> Non-Direct Rollover  <input type="checkbox"/> Direct Rollover</p> <p><i>Fill-in estimated transfer amount for Complete Transfers and exact transfer amount for Partial Transfers.</i></p>
--	---

FULL 1035 EXCHANGES: I, the owner, assign and transfer to Pacific Guardian Life all (or such portion as indicated above) rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.

**NON-QUALIFIED TYPE OF TRANSFER:**

Non-Qualified Policy/Account Values, 1035 Exchange  
 Non-Qualified Funds, Non-1035 Exchange from:  
 Mutual Fund  Bank CD  Other Non-Qualified Asset

**Retirement Plan to an IRA:**

**REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED (Non ROTH) PLANS ONLY:**

A) Have you reached age 73 or older in this calendar year?  Yes  No (If the answer to A is YES, you are certifying that B is true.)  
 B) I certify that my RMD has been made or will be made prior to transfer.

**FOR ALL TRANSFERS:** As the owner(s) of the policy/account/certificate indicated above, I (we) request the above transfer to Pacific Guardian Life Insurance Company (PGL). I (we) represent and warrant that said policy/account/certificate has not been assigned or pledged as collateral or for any other reason and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I (we) am (are) responsible for continuing any premium payment for my (our) current policy/account/ certificate (if necessary to keep the policy/account/certificate in force) until the surrendering company mails the policy/account/certificate proceeds to PGL. I (we) further agree that PGL is not responsible for the tax effect of this transfer. I (we) understand that I (we) am (are) responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me (us) to do so or as otherwise required by law.

My Annuity/Life policy

ENCLOSED       NOT APPLICABLE

LOST/DESTROYED: I/we hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

**Taxpayer Identification Number Certification**

Under penalty of perjury, I, the Proposed Owner/Joint Owner, certify the following:

1. My Social Security Number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income on your tax return;
3. I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
4. I am not subject to Foreign Account Tax Compliance Act reporting as I am a U.S. Person and the account is located within the United States.

**Certification Instructions - You must cross out and initial item 2 above if you have been notified by the IRS that you are currently subject to backup withholding. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out and initial certifications 3 and 4 and complete and return to us the appropriate IRS documentation.**

**Community property state:** If you live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico), your spouse is living and your spouse is not the joint owner, your spouse should also sign on the "Signature of Joint Policy/Account Owner or Spouse" line below.

X \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Signature of Policy/Account Owner      Date      Signature of Agent      Date

X \_\_\_\_\_      \_\_\_\_\_  
 Signature of Joint Policy/Account Owner/Spouse      Date

**Medallion Signature Guarantee (in relation to signatures above, if required):**



PLACE STAMP IN AREA ABOVE

**LETTER OF ACCEPTANCE BY PACIFIC GUARDIAN LIFE (FOR OFFICE USE ONLY)**

Pacific Guardian Life (PGL) acknowledges the approval of the application received from the Owner(s) to establish an account for this transaction to the extent shown above. PGL will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner(s).

**Make check payable to: Pacific Guardian Life Insurance Company • FBO the owner(s) noted above.**

**Mail to:** Pacific Guardian Life Insurance Company, Limited  
1440 Kapiolani Blvd, Suite 1700  
Honolulu, HI 96814-3698

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Pacific Guardian Policy Number      Authorized Signature/Title      Date

# CERTIFICATION OF TRUST



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

## INSTRUCTIONS - ALL SECTIONS MUST BE COMPLETED BY TRUSTEE(S)

### TRUST INFORMATION

In consideration of your opening and/or maintaining one or more annuities for the Trust named below, we the undersigned below, (Trustees), certify as follows:

- a. The full title of the trust to which this Trustee Certification applies is: \_\_\_\_\_  
\_\_\_\_\_
- b. The date of the Trust is: \_\_\_\_\_
- c. The date of any Trust Amendments are (if any): \_\_\_\_\_
- d. There are no Trustees of the Trust other than the undersigned: \_\_\_\_\_  
\_\_\_\_\_
- e. The Grantors of the Trust are: \_\_\_\_\_
- f. The Tax ID# of the Trust is: \_\_\_\_\_

### ACKNOWLEDGMENT

- We, the Trustees, acknowledge receiving and reviewing all pertinent annuity contract documentation and agreements.
- We, the Trustees, jointly and severally indemnify Pacific Guardian Life and hold you harmless from any liability for affecting requested transactions of any type.
- We, the Trustees, agree to inform Pacific Guardian Life in writing of any amendment to the Trust or any change in the composition of trustees. The Company will rely on the continued validity of the Trust Certification indefinitely absent actual receipt of such notice.
- We, the Trustees, agree to provide Pacific Guardian Life with a copy of the title page, signature page, a successor trustee section of our Trust Agreement and any amendments, or a current Certificate of Trust, if available, and any other documentation required for Pacific Guardian Life to ascertain the current Trustees of the Trust.

#### Policy request must be: (default is all trustees)

- Signed by all trustees     Signed by majority of trustees     Signed by one trustee

## SIGNATURES (TRUST CERTIFICATION)

We, the Trustees, hereby certify that the undersigned are all the Trustees, and that Pacific Guardian Life is authorized to accept orders and other instructions from the individuals listed below, pursuant to the terms of the Trust and applicable law, including check signing and withdrawal privileges.

Trustee Name (First, Middle, Last)	Trustee Signature	Date	
Trustee Date of Birth (mm/dd/yyyy)	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

Trustee Name (First, Middle, Last)	Trustee Signature	Date	
Trustee Date of Birth (mm/dd/yyyy)	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

Trustee Name (First, Middle, Last)	Trustee Signature	Date	
Trustee Date of Birth (mm/dd/yyyy)	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

Trustee Name (First, Middle, Last)	Trustee Signature	Date	
Trustee Date of Birth (mm/dd/yyyy)	Last 4 #'s of Social Security Number		
Trustee Street Address	City	State	Zip Code
Trustee Email			

(All Trustees must sign. Attach an extra page if necessary.)

Should only one person execute this certification, it shall constitute a representation that the signer is the sole Trustee. Where applicable, plural references in this Certification shall be deemed singular.

# TRUST AND NON-NATURAL OWNER

## 72(u) Tax Deferred Treatment Certification Form



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

### INSTRUCTIONS - ALL SECTIONS MUST BE COMPLETED BY TRUSTEE(S) OR CORPORATE OFFICER OF OWNER

Entity Type:  Trust  Charity  Business or Other Entity      If Trust: Trust Type  Revocable  Irrevocable

CONTRACT INFORMATION			
Name of Annuitant		Telephone Number	
Name of Owner (Trust/Charity/Business)		Telephone Number	
Owner Street Address	Owner City	Owner State	Zip Code
Owner Email			

### TAX INFORMATION RELATED TO DESIGNATION OF A NON-NATURAL OWNER

Please read the following if you intend to designate a non-natural entity as the owner of your Pacific Guardian Life Insurance Company Annuity Contract.

*Definition of non-natural owner:* a non-natural owner is something other than a living person, including trusts, estates, and other such entities.

The Tax Reform Act of 1986 made several changes to the Internal Revenue Code. For non-qualified annuities purchased after March 1, 1986, Section 72(u) of the Internal Revenue Code states that if an annuity contract is owned by a non-natural owner, the income of the contract shall be treated as ordinary income received or accrued by the owner during the taxable year. As a result, Pacific Guardian Life Insurance Company will treat this contract as owned by a non-natural owner unless this contract is:

- An annuity acquired by the estate of a decedent by reason of death of the decedent, or
- An annuity that is held by a trust or other entity as agent for a natural person.

If either of the above exceptions applies to you, Pacific Guardian Life Insurance Company will treat your contract as tax deferred. In order to notify Pacific Guardian Life Insurance Company of your qualifying exception, you must sign this form and submit it to the address indicated at the top of this page.

Pacific Guardian Life Insurance Company is unable to render tax advice, and therefore, we suggest that you consult your tax counsel or tax advisor to determine if Section 72(u) is applicable to you.

### REQUIRED DOCUMENTATION

The following information is required, and should accompany this form:

- Articles of Incorporation or Trust documentation (i.e., proof that the entity/corporation/trust exists)
- Proof that the signer is authorized to sign on behalf of the non-natural owner
- W-9



## ACKNOWLEDGEMENT AND SIGNATURES

I understand that under Section 72(u) of the Internal Revenue Code, a non-natural owner may own an annuity contract and be entitled to the tax-deferred status if certain circumstances apply. I certify that the trust and non-natural owner will qualify for the tax-deferral exception under Section 72(u) of the Code.

I have consulted with my tax advisor in determining qualification for one of the above exceptions. I hereby hold Pacific Guardian Life Insurance Company harmless from any adverse tax consequences that may arise as a result of an incorrect interpretation of these exceptions to Section 72(u).

\_\_\_\_\_  
Printed Name of Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Printed Name of Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Printed Name of Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Printed Name of Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Corporate Officer

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1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

This form can be used to assist you in providing the required documentation if an application is signed in a state other than the applicant/owner "Resident State."

**Definitions**

**Resident State** - is defined for this purpose as the state where a client or owner has his or her residence and receives mail on a regular basis. A residence can be a primary residence or vacation home. Please note, that a "Time Share" will be considered a temporary residence and therefore does not qualify for a primary residence under this form.

For business entity, "Resident State" is defined as the state where the business entity has its primary place of business or place of incorporation. For trusts, "Resident State" is defined as the state where the trust is located or where the trustee has an office or primary residence.

**Application State** - is where the applicant/ owner signed the application and where the policy is solicited and policy/contract is delivered. The "Application State" must be a state where the agent is licensed and the product is approved.

When a product is not available for sale in the owner's resident state, a resident is only allowed to purchase the product in another state if they provide a valid reason to be in the non-resident state, other than solely to purchase the product\*.

I \_\_\_\_\_ (Owner/ Joint Owner) am a resident of the state of \_\_\_\_\_.

My valid reasons for being in the Application Signed State of \_\_\_\_\_ are (other than to purchase an annuity or insurance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgments**

- ✓ All communications, sales material and negotiations of the application occurred in the Application State.
- ✓ The application was signed by the owner and the agent in the Application State.
- ✓ The owner will take delivery of the policy/contract issued in the Application State.

I understand that the solicitation for this policy and contract occurred in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy/contract applied for.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer (Agent) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*State Restrictions – For Arkansas, Massachusetts, Minnesota, Mississippi, New York, Oregon, Washington and Wisconsin, purchase of products outside of these resident states is not allowed under any circumstances. For Alabama, Texas and Utah, purchase of products outside of these resident states is allowed if they are available for sale in the resident state and there is a valid reason to be in the non-resident state other than solely to purchase the product.*

# SYSTEMATIC WITHDRAWAL REQUEST



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

Policy No: \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_

**Owner SSN/Taxpayer ID:** \_\_\_\_\_

**Joint Owner SSN/Taxpayer ID:** \_\_\_\_\_

Single  Married  Widowed  Divorced - Please specify - Date: \_\_\_\_\_ State: \_\_\_\_\_

In accordance with the terms of the Annuity Contract, I hereby elect to withdraw: (check **ONE** of the following.)

<input type="checkbox"/> <b>ACCUMULATED INTEREST ONLY</b> (available only after free look period)	
Initial Distribution Date: _____	
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual	
<b>The minimum withdrawal amount is \$100. If withdrawal does not meet the minimum, the frequency of payment will be changed automatically.</b>	
<input type="checkbox"/> <b>SPECIFIED AMOUNT \$ _____ OR _____ % OF MY ACCUMULATED VALUE</b> *Minimum remaining account value after withdrawal must be at least \$1,000.	
Initial Distribution Date: _____	
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual	
<input type="checkbox"/> <b>REQUIRED MINIMUM DISTRIBUTION (RMD)</b>	
Initial Distribution Date: _____	Prior Year End Account Value*: <small>*For policies in 1st policy year</small>
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	
How would you like your RMD calculated? Please select	
<input type="checkbox"/> Single life (based on the Uniform Distribution Table)	
<input type="checkbox"/> Joint life (your spouse must be your sole primary beneficiary and must be more than 10 years younger than you)	
Spouse's date of birth: _____	

A selection of any of the above options is considered a **Partial Withdrawal/Periodic Payment** of the Accumulated Value and you waive all benefits under the Annuity Contract applicable to the amount withdrawn

## DIRECT DEPOSIT

To provide faster access to your money, Pacific Guardian Life can deposit your funds directly into your bank account using Electronic Funds Transfer (EFT). EFT may be available for all policies. Please provide the following instruction.

Check here if you prefer to receive payment by check to your mailing address. If so, please move on to the next section.

Account Name (as it appears on the account)	Bank Name
Routing Number (bottom left of check)	Account Number (bottom center of check)
Type of account: <input type="checkbox"/> Checking - Please attach a voided check for the listed account. <input type="checkbox"/> Savings	
To expedite your request, your first payment may be sent to you via check. If EFT is not available for your account, Pacific Guardian Life will continue to pay you by check.	

**Please note: For your security we will mail a check for withdrawals greater than \$2,500. We will not allow address changes at time of withdrawal.**

## TAX WITHHOLDING

The IRS requires that we withhold 10% Federal Income Tax from your payment unless you advise us otherwise. If you do not want us to withhold 10% of your payment, please select one of the options below.

- Do not withhold Federal or State income taxes from my payment
- Withhold \_\_\_\_\_% Federal income tax from my payment
- Withhold \_\_\_\_\_% State income tax from my payment

Please consult a tax advisor for more information on withholding requirements for your state.

Note: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes and the taxable portion of this distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

## CERTIFICATION OF TAXPAYER IDENTIFICATION

Under penalties of perjury, I certify that:

1. My Social Security Number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.

**Certification Instructions - You must cross out and initial item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out and initial certifications 3 and 4 and complete and return to us the appropriate IRS documentation.**

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Owner and/or Assignee(s) Signature(s) (required)	Title (if corporation or trust)	Date (mm/dd/yyyy)
Joint Owner and/or Assignee(s) Signature(s)	Date (mm/dd/yyyy)	Policy Number (if known)
All Irrevocable Beneficiaries	Name and Title	Date (mm/dd/yyyy)
Other Required Signatures (if any)	Name and Title	Date (mm/dd/yyyy)

## MARITAL STATUS and CONSENT OF SPOUSE

Owner Marital Status (Select One)

- Single
- Married
- Widowed
- Divorced

Consent of spouse must be signed if the following conditions are present:

**Community property state:** You live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico), your spouse is living and your spouse is not the joint owner. Joint owners should both sign the Certification of Taxpayer Identification section.

Name of Spouse (First, Middle, Last)

Signature of Spouse

Date (mm/dd/yyyy)

## ADDITIONAL INFORMATION

# MILITARY SALES DISCLOSURE STATEMENT



**Mail, Email or Fax completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700 • Honolulu, HI 96814  
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

**Contact us:**  
Policyholder Service: (800) 367-5354  
ClientRelations@pacificguardian.com

No person may sell, or offer for sale, any annuity product to any member of the Armed Forces, regardless of the location of the sale unless this disclosure, which is in accordance with Sections 5 and 10 of the Military Personnel Financial Services Protection Act of 2006, is provided to such member at the time of sale or offer.

**Instructions:** You and your client must each keep a copy for your records. This disclosure applies to active duty service members of the Armed Forces as well as the dependents of any active duty service member.

## DISCLOSURE

The annuity product being offered to you at this time is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the annuity product being offered.

- 1) Subsidized life insurance is available to members of the Armed Forces from the Federal Government under the Service Members' Group Life Insurance ("SGLI") program, under subchapter III of Chapter 19, Title 38, United States Code.
- 2) The maximum amount of life insurance coverage available under the SGLI program is \$400,000 at the total monthly premium deduction amount of \$25.00. (SGLI premium rate effective July 1, 2019). Additional information can be obtained by contacting Service Members' Group Life Insurance at 1-800-419-1473 or at [www.insurance.va.gov](http://www.insurance.va.gov).
- 3) No person, other than a licensed life insurance producer of Pacific Guardian Life, has received any referral fee or incentive compensation in connection with the offer or sale of this annuity product.

As required by state law, your contract will contain a Right to Return, Right to Examine or Free Look provision. When you receive your contract, review it immediately, and, if you decide you do not want to keep it, return it to the producer or the Company within the period specified, and your contract will be void from the beginning. Any payment made will be returned as specified in your contract.

Neither Pacific Guardian Life Insurance Company, Limited nor its producers or representatives are authorized to give you legal or tax advice. Please consult with your personal attorney or tax advisor regarding your particular situation.

**Note to Producers:** If this solicitation or sale is on Federal land or a facility located outside of the U.S., you must provide the applicant with the address and phone number at which consumer complaints are received by the State Insurance Commissioner for the state having the primary jurisdiction and duty to regulate the sale of such annuity products. You may obtain this information at: [http://www.naic.org/state\\_web\\_map.htm](http://www.naic.org/state_web_map.htm).

If the solicitation or sale of this product occurred on a military installation, a Personal Commercial Solicitation Evaluation form (DD Form 2885) must be completed and signed by the service member.

In Mississippi, Nevada, Ohio, and Vermont, this form must be provided to any prospective purchasers who you have reason to believe are an active duty officer or enlisted member of the U.S. Armed Forces. Active duty means full-time duty in the active military service of the U.S. and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training or in a drill status in the National Guard or U.S. Armed Forces Reserves. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Owner Name (Printed)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Joint Owner Name (If Applicable, Printed)

\_\_\_\_\_  
Joint Owner Signature (If Applicable)

\_\_\_\_\_  
Date (mm/dd/yyyy)

# ACH/WIRE TRANSFER

**Mail, fax or email completed form to:**  
Pacific Guardian Life Insurance Company  
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814  
Fax Number: 808-942-1235  
Email: [MYGA@pacificguardian.com](mailto:MYGA@pacificguardian.com)

**Contact us:**  
Policyholder Service - 800-367-5354  
[ClientRelations@pacificguardian.com](mailto:ClientRelations@pacificguardian.com)

**For MYGA wires or ACH transfers, use the account information below:**

ACH/WIRE TRANSFER DETAILS	
Account Name	Pacific Guardian Life Ins Co Ltd
Account Address	1440 Kapiolani Blvd, 1700 Honolulu, HI 96814
Account Number	01019236
Type of Account	Business Checking
Routing Number	121301015
SWIFT Code	FHBKUS77
Account Maintained by:	First Hawaiian Bank 999 Bishop St., Honolulu, HI 96813