First Catholic Slovak Ladies Association



INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES (ARKANSAS EXHIBIT A)

Do Not Sign Unless You Have Read	and Understand the Information in this Form
Date:	
INSURANCE AGENT (PRODUCE	R) INFORMATION ("Me", "I", "My")
First Name:	Last Name:
Business/Agency Name:	Website:
Business Mailing Address:	
Business Telephone Number:	
Email Address:	
CUSTOMER INFORMATION ("Y	ou", "Your")
First Name:	Last Name:
What Types of Products Can I Sell	You?
	ou in accordance with state law. If I recommend that You buy an annuity, neets Your financial situation, insurance needs, and financial objectives.
·	insurance or stocks, bonds and mutual funds, also may meet Your needs.
I offer the following products:	
☐ Fixed or Fixed Indexed Annuit	ies
☐ Variable Annuities	
☐ Life Insurance	
•	e advice about or to sell non-insurance financial products. I have checked educts 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?

Date

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 purchase, I may be paid a commission or a fee. Commissions are gene while fees are generally paid to Me by the consumer. If You have qu	erally paid to Me by the insurance company				
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 directly by the customer.	e of your payment), which are usually paid				
☐ Other (Describe):					
If you have questions about the above compensation I will be paid for t	his transaction, please ask me.				
I may also receive other indirect compensation resulting from th compensation), such as health or retirement benefits, office rent a insurance company or other sources.					
By signing below, you acknowledge that you have read and und this document.	lerstand the information provided to you in				
Customer Signature					
Date					
Agent (Producer) Signature					

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CONSUMER REFUSAL TO PROVIDE INFORMATION ARKANSAS EXHIBIT B

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

Why are you being given this form?

Statement of Purchaser:

You're 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 Arkansas if you sign this form or provide inaccurate information.

☐ I REFUSE to provide this information at this time.
OR
\square I have chosen to provide LIMITED information at this time.
Customer Signature
Date

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Consumer Decision to Purchase an Annuity NOT Based on a Recommendation ARKANSAS EXHIBIT C

Do Not Sign This Form Unless You Have Read and Understand It.

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 Arkansas.

Customer Signature		
Date		
Agent/Producer Signature		
Date	 	