First Catholic Slovak Ladies Association



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

Do Not Sign Unless You Have Read	and Understand the information in this Form	
Date:		
INSURANCE AGENT (PRODUC	ER) INFORMATION ("Me", "I", "My")	
First Name:	Last Name:	
Business/Agency Name:	Website:	
Business Mailing Address:		
Business Telephone Number:		
Email Address:		
National Producer Number in [state]		
CUSTOMER INFORMATION (" First Name:	You", "Your") Last Name:	
What Types of Products Can I Sell	You?	
it means I believe that it effectively	you in accordance with state law. If I recommend that You buy a meets Your financial situation, insurance needs, and financial cinsurance or stocks, bonds and mutual funds, also may meet Yo	objectives.
I offer the following products:		
☐ Fixed or Fixed Indexed Annui	ties	
☐ Variable Annuities		
☐ Life Insurance		
	de advice about or to sell non-insurance financial products. I have oducts that I am licensed and authorized to provide advice about	
☐ Mutual Funds		
☐ Stocks/Bonds		
☐ Certificates of Deposits		

I am authorized to sell: ☐ Annuities from Two or More Insurers ☐ Annuities from Only One (1) Insurer ☐ 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 "noncash" 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. **Customer Signature** Date Agent (Producer) Signature

Whose Annuities Can I Sell to You?

Date

First Catholic Slovak Ladies Association



CONSUMER REFUSAL TO PROVIDE INFORMATION IOWA 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 Iowa if you sign this form or provide inaccurate information.

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

First Catholic Slovak Ladies Association



Consumer Decision to Purchase an Annuity NOT Based on a Recommendation IOWA 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 Iowa.

Customer Signature		
Date		
Agent/Producer Signature	 	
Date	 	