



**Sentinel
Security
Life**

Sentinel Security Life Insurance Company

Sentinel Plan® Summit Bonus IndexSM



Summit Bonus IndexSM

SENTINEL SECURITY LIFE INSURANCE COMPANY
PO BOX 27248 SALT LAKE CITY, UTAH 84127-0248
STATE OF DOMICILE: UTAH

Agent checklist for completing the Summit Bonus IndexSM Application

This packet contains the following forms for a Summit Bonus IndexSM application. Please review the information carefully and complete all **applicable** forms:

- Annuity Application** (*SSLIANAP12-FL*) – Complete all applicable sections and sign where indicated.
- Annuity Suitability Questionnaire** (*SSLAN-SQ-FL Rev 10/14*) – This form is required with all applications. It must be completed by the agent and signed by the agent and owner(s). Return this form to the Home Office with the application. Note: Always complete the information for the owner, and joint owner if applicable. All pages of this Suitability Questionnaire need to be signed or initialed by the owner(s), and page 3 of 4 must be signed by the agent.
- Policy Owner Identification Verification** (*SSLAN-PIV-OT Rev 02/13*) – This form is required with all applications and must be completed and signed by the agent. Return this form to the Home Office with the application.
- IRA Rollover Certification Form** (*SSLAN-RO-OT*) – Complete this form if the annuity will be rolled over from another tax qualified retirement plan. This form must be signed by the owner and returned to the Home Office with the application.
- 1035 Exchange Request Form/Direct Custodial Transfer Request** (*SSLAN1035-OT Rev 02/13*) – Complete the applicable section of this form if the annuity will be funded with a transfer or 1035 Exchange. The 1035 Exchange section is used for non-qualified funds that are currently in an annuity or life insurance policy. The Direct Custodial Transfer side is used for all other transfers including all qualified transfers and non-qualified funds coming from a policy that is not an annuity or life insurance. This form must be signed by the owner(s) and returned to the Home Office with the application. If the application is faxed the original signed Transfer Request form must be mailed to the Home Office separately.
- Important Notice: Replacement of Life Insurance or Annuities** (*REP Rev 03/08*) – If there is a replacement involved with the application, both copies of the Replacement Notice must be signed by the owner(s) and agent. One copy should be left with the applicant and the other returned to the Home Office with the application.
- Disclosure and Comparison of Annuity Contracts** (*SSLAN-DISCCOMP-FL Rev 10/14*) – If there is a replacement involved with the application, this form is required. It must be completed by the agent, have the appropriate signatures on all four pages, and be returned to the Home Office with the application.
- Non-Resident Verification Form** (*SSLAN-NRV-OT Rev 03/13*) – This form is required only if the application is signed in a state other than the owner(s) Resident State. This form must be completed by the owner(s) and signed by the owner(s) and agent. Return this form to the Home Office with the application.
- Trustee Certification of Trust** (*SSLAN-CERTTRUST-OT*) – This form is required only if the contract owner will be a trust. This form must be completed and signed by all trustees and returned to the Home Office with the application.
- Trust and Other Non-Natural Owner 72(u) Tax Deferred Treatment Certification Form** (*SSLAN-72(u)*) – This form is required only if the owner(s) is a non-natural owner and entitled to the tax-deferral exception, as defined on the form. It must be signed by the trustee(s) or corporate officer(s), whichever is applicable, and returned to the Home Office with the application in order to qualify for tax deferred status.
- Applicants Statement Qualified Retirement Plans** (*SSLAN-APP-STMT-OT*) – This form is required if the annuity contract will be issued in connection with a retirement plan. It must be signed by the trustee(s) and agent and returned to the Home Office.
- Index Annuity Withdrawal Form** (*SSLIAN-DIST-OT Rev. 04/2015*) – This form is required to make a distribution from your annuity. The penalty free amount available in year one is the interest earned on the funds allocated to the Fixed Account or the Required Minimum Distribution (RMD). The penalty free amount available after year one is 10% of the Accumulation Value as of the last anniversary date or the RMD. This form must be completed and signed by the owner and returned to the Home Office.
- Statement of Understanding** (*SSLIAN-DISC-OT Rev 11/14*) – The information in the Statement of Understanding must be covered with the owner(s) by the agent. The original signature page is required with all applications and must be signed by the owner(s) and the agent. A copy of the entire signed Statement of Understanding must be left with the owner(s). Return the original signature page to the Home Office with the application.

Mailing Address

Sentinel Security Life Insurance Company
PO Box 27248
Salt Lake City, UT 84127-0248

Federal Express/UPS

Sentinel Security Life Insurance Company
1405 West 2200 South
Salt Lake City, UT 84119

Fax/Email

Attn: New Business, 801-880-1241 or 888-433-4795
newbusiness@sslco.com

Original check and transfer form must be mailed.

Annuity Applied For	Sentinel Product: <input type="checkbox"/> 10 Year Indexed Annuity				
	Premium Allocation: <i>Must equal 100%</i>				
	S&P 500® Annual Point-to-Point _____%	S&P 500® Monthly Sum _____%	S&P 500® Monthly Average _____%	S&P 500® Daily Average _____%	Fixed Account _____%
	Guaranteed Lifetime Withdrawal Benefit Rider <input type="checkbox"/> Yes (The Annuitant and Owner must be the same person. Joint Ownership is only allowed if the Joint Owners are spouses. If the Owner is not a Natural Person, the Annuitant will be treated as the Owner.) <input type="checkbox"/> No (<i>I understand this rider can only be added at contract issue and I will not be able to add it at a later date.</i>)				
Purchase Premium Payment \$ _____					

Annuitant	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Date of Birth (MM/DD/YYYY)	Age	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	SSN	Telephone	Email Address		

Owner (if other than annuitant)	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Date of Birth (MM/DD/YYYY)	Age	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	SSN	Telephone	Email Address		

Joint Owner	Last Name		First Name		Middle Name
	Street Address		City	State	Zip
	Date of Birth (MM/DD/YYYY)	Age	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	SSN	Telephone	Email Address		

Beneficiaries (attach dated and signed sheet if multiple)	Primary / Contingent Beneficiary (<i>circle one</i>)		% Share	Date of Birth	SSN	Relationship to Owner
	Address					Telephone
	Primary / Contingent Beneficiary (<i>circle one</i>)		% Share	Date of Birth	SSN	Relationship to Owner
	Address					Telephone
	Primary / Contingent Beneficiary (<i>circle one</i>)		% Share	Date of Birth	SSN	Relationship to Owner
Address					Telephone	

INITIAL PURCHASE PREMIUM PAYMENT INFORMATION

Please indicate below whether the Initial Purchase Premium Payment will be from a single source or from multiple sources. You must check one of the options below.

- The entire Initial Purchase Premium Payment is being received from a single deposit.
- The Initial Purchase Premium Payment is being received from multiple sources.

If you indicated that the Initial Purchase is being received from multiple sources, please list the sources below. Since the payments may be received by Sentinel Security Life at different times, I understand the contract will be issued only after the entire amount listed as the Purchase Premium Payment is received by Sentinel Security Life.

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<p>Check One:</p> <p><input type="checkbox"/> Non-Qualified <input type="checkbox"/> *Tax Qualified Plan</p> <p>*If Tax Qualified Plan, this section must be completed.</p> <p>Check One:</p> <p><input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Simple IRA <input type="checkbox"/> Other</p>	<p>Source of Funds:</p> <p><input type="checkbox"/> New Money</p> <p><input type="checkbox"/> 1035 Exchange</p> <p><input type="checkbox"/> Qualified/Non-Qualified Transfer</p> <p><input type="checkbox"/> Rollover</p> <p>If other than New Money, complete applicable form.</p>
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CHECKS MUST BE MADE PAYABLE TO SENTINEL SECURITY LIFE INSURANCE COMPANY

Owner Signature – (All appropriate boxes must be checked or application will be deemed incomplete.)

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

Will this proposed contract replace any existing life insurance or annuity contract? Yes No

(If yes, please complete and sign the appropriate replacement form for your state.)

By signing below:

I acknowledge and understand that annuities purchased with qualified funds are subject to the Required Minimum Distribution (“RMD”) Rules. If I turn 70 ½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds.

I believe this to be a suitable purchase for my financial status. Any applicable surrender, withdrawal and market value adjustment provisions have been explained to me.

I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.

I understand that I am applying for a fixed index deferred annuity and realize that while the values of the contract may be affected by an external index, the contract does not directly participate in any equity, bond, other security, or commodities investments. I further understand that index interest credits will not be credited to any amount withdrawn or applied to an annuity option before the end of the index term. I also understand that only the guaranteed minimum values are guaranteed and no other amounts are guaranteed.

I understand that any amount allocated to the annuity contract for which I am applying may be subject to a market value adjustment, which may cause the values to increase or decrease in dollar amount if withdrawn or surrendered prior to a specified date or dates as stated in the contract and/or a rider or endorsement attached to the contract.

I understand that (1) bonus annuities may include changes to the elements used to determine the index interest credits or changes to the interest rate that are not included in similar annuities without a bonus, (2) such changes may include lower current interest rates, higher surrender charges, longer surrender charge periods, lower participation rates or caps, higher spreads, or other changes and (3) the amount of charges or reduction of interest credits may exceed the amount of the bonus.

I understand that withdrawals from the contract may be subject to a surrender charge during the surrender charge period.

Annuitant / Owner Signature	Joint Owner Signature <i>(If applicable)</i>	Date
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Signed At (City)	(State)	(Zip)
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Producer Notes	List producer notes here
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PRODUCER SIGNATURE - (ALL APPROPRIATE BOXES MUST BE CHECKED OR APPLICATION WILL BE DEEMED INCOMPLETE)

<p>Advertising: Did you use any sales materials? If yes, did you use any Company approved sales materials? If yes, did you leave a copy with the client?</p> <p>Replacement: Does the proposed client have any existing life insurance or annuity contracts? Will the proposed contract replace any existing life insurance or annuity contract? <i>(If yes, please complete and sign the appropriate replacement form for your state.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A
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By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable surrender charges, withdrawal and market value adjustment provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

Producer's Name (Printed)	Producer Number	FL License ID Number
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Telephone	Agency Name (if applicable)
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Producer's Signature	Date
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If Joint Case

Producer's Name (Printed)	Producer Number	FL License ID Number
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Telephone	Agency Name (if applicable)	Split %
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Producer's Signature	Date
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Fraud Notice: Any person, who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Investigation

ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last _____ First _____ Middle _____

Date of Birth ____/____/____ Age _____ Sex _____

Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____

Form of Ownership: _____

Supporting documents (list): _____

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets:	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all of your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
- Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
- Other: _____

 Owner's Signature

 Date Signed

Note: The following three sections to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, state so.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns.)

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner’s Signature

Date Signed



POLICY OWNER IDENTIFICATION VERIFICATION

Agent 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 and documents that confirm the legal entity status of any non-natural owner, such as a business or trust.

Owner Verification

Name *(Proposed owner or Non-natural Owner)*

A. Drivers License (DL) _____
State of Issue _____ DL Number _____ Expiration Date _____

B. Passport _____
Country of Issuance _____ Number _____ Expiration Date _____

C. Other _____ / _____
State/Country of Issuance _____ Number _____ Expiration Date _____

An unexpired Government issued photo ID is not available.

Joint Owner Verification

Name *(Proposed owner or Non-natural Owner)*

A. Drivers License (DL) _____
State of Issue _____ DL Number _____ Expiration Date _____

B. Passport _____
Country of Issuance _____ Number _____ Expiration Date _____

C. Other _____ / _____
State/Country of Issuance _____ 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) provided to me regarding his or her identity is true and accurate.

This form dated at _____ on the _____ day of _____, 20____
City/State

Agent's Signature



IRA ROLLOVER CERTIFICATION FORM

Contract Number (If available): _____ Telephone Number: _____

Contract Owner: _____ Social Security Number: _____

ROLLOVER INFORMATION

Qualified Plan Type of Rollover Contribution:

Type of Qualified Funds:

- Traditional IRA
- Roth IRA
- Simple IRA
- 403(b)
- 401(k)/ 401(a)
- Thrift Savings Plan
- Pension Plan
- TSA
- Other

- Traditional IRA
- Roth IRA
- Simple IRA

Cash Amount: \$ _____ Pre-tax After-tax

**Note: Please make checks payable to Sentinel Security Life Insurance Company*

ROLLOVER REQUIREMENTS

- The funds deposited into the IRA or Qualified Plan must be deposited within 60 days of receipt;
- Rollover deposits cannot include any distributions which are a part of a series of substantially equal periodic payments;
- Rollover deposits may not include any distributions which represent a required minimum distribution;
- Rollover deposits must consist of the same assets originally distributed;
- In an IRA to IRA rollover, the assets cannot have been involved in a rollover in the past 12 months;
- Rollovers from Qualified Plans may consist of the proceeds from the sale of distributed property;
- Rollovers from Qualified Plans can consist only of tax deferred funds;
- A Traditional IRA inherited from someone other than a spouse is not eligible for rollover.
- Rollover deposits to a SIMPLE IRA can consist only of funds or securities distributed from a SIMPLE IRA

PLEASE READ AND SIGN

I certify that this deposit has met all of the above rollover eligibility requirements and assume full responsibility for any adverse tax consequences arising from this rollover. I further understand that rollover contributions have important tax implications and I have been advised to seek guidance from a tax professional.

This form dated at _____ on the _____ day of _____, 20 _____
City / State

Signature of Owner



DIRECT CUSTODIAL TRANSFER REQUEST

(CD's, Qualified, Non-Qualified, Mutual Funds & Qualified Annuities)

Complete One Side Only

Existing Company			Phone Number
Existing Company Address			Existing Contract Number
City	State	Zip	Investment Vehicle (CD, Mutual Fund, etc.)
Account Type (IRA, Roth IRA, 401(k), Keogh, etc.)	Maturity Date		<input type="checkbox"/> Transfer Funds Immediately <input type="checkbox"/> Transfer at Maturity
Insured's / Annuitant's Name			Annuitant's Social Security Number
Joint Insured's / Annuitant's Name			Joint Annuitant's Social Security Number
Owner's Name			Owner's Social Security Number
Joint Owner's Name			Joint Owner's Social Security Number

Contract / CD enclosed.

I have lost, destroyed or mislaid my contract / CD.

AUTHORIZATION TO SELL, LIQUIDATE AND TRANSFER FUNDS

This will serve as authorization to liquidate and transfer ALL \$_____ \$_____ _____% of my account as listed above to the contract I have established through Sentinel Security Life Insurance Company.

Note: A Medallion Signature guarantee may be required.

Owner's Signature _____ Date _____

Medallion Signature Guarantee by: Name of Bank or Firm _____

Joint Owner's Signature (if applicable) _____ Date _____

Signature of Officer & Title _____

REQUIRED MINIMUM DISTRIBUTION - DIRECT TRANSFER INFORMATION

My Required Minimum Distribution (RMD). Must complete if client is 70 1/2 or older.

has been taken already for this year. has not been taken.

INFORMATION MUST BE COMPLETED AT TIME OF APPLICATION

Acceptance by Sentinel Life Insurance Company

We agree to accept the transfer described above for the _____ Plan established on behalf of the above named individual. Sentinel Life Insurance Company accepts its appointments as successor custodian of the above account and requests the liquidation and transfer of assets indicated above.

Accepted By (Signature & Title of Authorizing Officer of Sentinel Security Life) _____

Date _____

MAKE CHECK PAYABLE TO:

SENTINEL SECURITY LIFE INSURANCE COMPANY

Reference Contract Number _____

Mailing Address: P.O. Box 27248, Salt Lake City, UT 84127-0248

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

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

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 on the back of 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 #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____			
2. _____			
3. _____			

Make sure you know the facts. Contact your existing company or its agent 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 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's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

RETURN TO HOME OFFICE

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

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

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 on the back of 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 #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent 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 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's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

LEAVE WITH APPLICANT

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?



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Investigation

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

Annuitant(s): _____

Insurer: _____

Contract #: _____

PROPOSED ANNUITY CONTRACT

Annuitant(s): _____

Insurer: _____

Application #: _____

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Contract Issue Date	Mo Day Yr	Mo Day Yr (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant Upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)		
Investment/Insurance components (Describe)		
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riders, Features/Cost (Describe)		
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)		

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Living Benefits (Describe)		
Minimum Guaranteed Interest Rate	%	%
Limitations on interest returns (Describe)		
Interest Rate Cap / Term	/	/
Participation Rate / Term	/	/
Indexing Method / Term	/	/
Other Fees (Describe)		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)		

Comments and continuation from above:

Owner's Signature

Date Signed

DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Value \$ _____ Annuity Surrender Value \$ _____

Surrender Charges Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____/____/____.

Have you surrendered or exchanged an annuity contract in the last 36 months? If yes, provide details: Yes No

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Owner's Name (please print)

Date Signed

Owner's Signature

EXPLANATION OF TERMS

"Generic Contract Type" is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

"Marketing Name" is the name adopted by the insurer to identify the contract form.

"Qualified Contract" means a product used to fund any type of pension plan approved by the Internal Revenue Services.

"Annuity Maturity Date" is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

"Surrender Charge" is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

"Surrender Charge Period" is the number of annuity contract years a surrender charge may be applicable.

"Initial Surrender Charge Percentage Rate" is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

"Surrender Charge Percentage Schedule for Remaining Years" the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the "free withdrawal" limit.

"Minimum Guaranteed Interest Rate" is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

"Initial Bonus Percentage or Amount" is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

"Potential Loss of Bonus if Exchanged" refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

"Interest Rate Cap" this is the maximum rate of interest the annuity will earn.

Owner's Signature

Date Signed

EXPLANATION OF TERMS
(CONTINUED)

“Participation Rate” the participation rate decides how much of the increase in the index will be used to calculate index-linked interest.

“Indexing Method” means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated.

“Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

Owner’s Signature

Date Signed



NON-RESIDENT VERIFICATION FORM

For questions, please contact Sentinel Security Life Insurance New Business Department
Phone: (800) 247-1423 opt 3, 3, 1 • Fax: (801) 665-1813 or (888) 433-4795 • Email: newbusiness@sslco.com
Mail to: PO Box 27248, Salt Lake City, UT 84127-0248 • Express Mail to: 1405 West 2200 South, Salt Lake City, Utah 84119

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, "Residence 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, paramedic exam is scheduled (if applicable), 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 _____ is (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: _____

Agent Signature: _____ Date: _____

*State Restrictions- Alabama, Massachusetts, Minnesota, Oregon, Utah and Washington - Purchase of products outside these resident states is not allowed if they are not available for sale in the resident state.



TRUSTEE CERTIFICATION OF TRUST

TO BE COMPLETED BY TRUSTEES

TRUST INFORMATION:

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

The full title of the trust to which this Trustee Certification applies is: _____

a. The date of the Trust is: _____

b. The date of any Trust Amendments are (if any): _____

c. There are no Trustees of the Trust other than the undersigned: _____

d. The Grantors of the Trust are: _____

e. The Tax ID# of the Trust is: _____

ACKNOWLEDGMENT:

- We acknowledge receiving and reviewing all pertinent account documentation and agreements.
- We, the Trustees, jointly and severally indemnify you and hold you harmless from any liability for effecting requested transactions of any type.
- We agree to inform you in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the Trust Certifications made above. You may rely on the continued validity of the Trust Certification indefinitely absent actual receipt of such notice.
- We agree to provide you with a copy of the title page, signature page, and successor trustee sections of our Trust Agreement and any amendments, or a current Certificate of Trust, if available, and any other documentation required for you to ascertain the current Trustee of the Trust.

Policy Request must be: _____ signed by all trustees _____ signed by two trustees _____ signed by one trustee
(Default is all trustees)

TRUSTEES - ALL TRUSTEES MUST SIGN AND PROVIDE INFORMATION

We hereby certify that the undersigned are all the Trustees, and that you are 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.

I. _____ X _____
Trustee Name (Print) Trustee Signature Date

Trustee Date of Birth Last 4 #'s of the Social Security Number

Trustee Street Address City State Zip Code

II. _____ X _____
Trustee Name (Print) Trustee Signature Date

Trustee Date of Birth Last 4 #'s of the Social Security Number

Trustee Street Address City State Zip Code

III. _____ X _____
Trustee Name (Print) Trustee Signature Date

Trustee Date of Birth Last 4 #'s of the Social Security Number

Trustee Street Address City State Zip Code

IV. _____ X _____
Trustee Name (Print) Trustee Signature Date

Trustee Date of Birth Last 4 #'s of the Social Security Number

Trustee Street Address City State Zip Code

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

**Should only one person execute this agreement, 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 OTHER NON-NATURAL OWNER

72(u) Tax Deferred Treatment Certification Form

1. Contract Information

Contract #

Name of Annuitant

Telephone Number

Name of Owner (if different from Annuitant)

Telephone Number

Owner's Street Address, City, State, Zip

2. Tax Information as it pertains to Designation of Non-Natural Owner

Please read the following if you intend to designate a non-natural entity as the owner of your Sentinel Security 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, Sentinel Security 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, Sentinel Security Life Insurance Company will treat your contract as tax deferred. In order to notify Sentinel Security Life Insurance Company of your qualifying exception, you must sign this form and submit it to the Home Office address indicated below.

Sentinel Security 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.

3. Acknowledgement / Signature(s)

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 Sentinel Security 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).

Signature of Trustee

Date

Printed Name of Trustee

Signature of Trustee

Date

Printed Name of Trustee

Name of Corporate Officer (if applicable)

Signature of Corporate Officer (if applicable)

Date

Printed Name of Corporate Officer

Signature of Corporate Officer (if applicable)

Date

Printed Name of Corporate Officer



APPLICANTS STATEMENT QUALIFIED RETIREMENT PLANS

Annuity Contract Issued in Connection with Retirement Plan under Internal Revenue Code Section 401 (a) or 401(k), including a Profit Sharing or Pension Plan providing Retirement Benefits for Individuals, Partnerships, or Corporations.

The Applicant of this Annuity acknowledges that:

1. The Annuity being issued is only a funding vehicle for the Retirement Plan and is not intended to constitute a Plan Document or a Trust Agreement;
2. The Annuity being issued is consistent with the Retirement Plan's funding policy;
3. The Purchaser and Owner of the Annuity is the Trust created for the Retirement Plan and all transactions, reports and correspondence with Sentinel Security Life Insurance Company will be performed directly with the Trustee only and not with any individual participant in the Plan;
4. The Employer, Trustee, and/ or Retirement Plan Administrator assumes responsibility for the compliance with the tax and legal aspects of the following:
 - A. All details and responsibilities of the Retirement Plan's administration including but not limited to Retirement Plan loans and their repayment, providing Retirement Plan documents, other documentation, amendments, record keeping, or consultation relative to the Retirement Plan's administration.
 - B. The Retirement Plan's compliance with the Internal Revenue Code and E.R.I.S.A., as amended including any reporting, disclosure and fiduciary rules;
5. Sentinel Security Life Insurance Company is only responsible for its obligations under the terms of the annuity policy and is not a "Plan Administrator" or other fiduciary under E.R.I.S.A. nor will it perform the duties of a "Plan Administrator" or other fiduciary under E.R.I.S.A.;
6. This annuity is not purchased to provide distribution of benefits to participants and the Plan's liability for such benefits is not transferred to the annuity provider.

The Applicant Trustee agrees to indemnify and hold harmless Sentinel Security Life Insurance Company and any affiliates thereof for any liability arising out of Plan operations or administration, or for failure of the Plan to qualify for preferred tax status under the Internal Revenue Code.

Applicant Trustee's Name _____
Print

Applicant Trustee's Signature _____ Date _____

Writing Agent Name _____
Print

Writing Agent Signature _____ Date _____

RETURN TO HOME OFFICE



INDEX ANNUITY WITHDRAWAL FORM

The withdrawal amount must be \$250 or greater. Gross distribution cannot reduce the Accumulation Value to less than \$2,500. If the Accumulation Value is reduced to less than \$2,500, the Company reserves the right to surrender the policy and pay out the Cash Surrender Value.

PARTICIPANT INFORMATION

Name (please print your full name as it appears on your account)

Policy No.

Mailing address (Including apartment or box number)

Email address

City

State

ZIP code

4-digit ext.

Home telephone number

Social Security Number

Date of Birth (mm/dd/yyyy)

DISTRIBUTION METHOD

Distributions will be applied first to the Fixed Account and then, if necessary, proportionately to the Indexed Accounts.

Note: Any withdrawal above the penalty-free amount specified in your policy may be subject to a Withdrawal Charge, forfeiture of the Nonvested Premium Bonus, and a Market Value Adjustment.

Distribute \$ _____ Gross Net

Note: If neither gross nor net is selected, the distribution request will be treated as a gross distribution request.

Distribute _____ % of the Accumulation Value as of the last Policy Anniversary

Interest earned on the Fixed Account

Note: Funds must be allocated to the Fixed Account in order to use this option.

Distribute _____ % of the interest earned immediately

Distribute interest earned according to the frequency specified below

Required Minimum Distribution (RMD)

Current year distribution only

Systematic distribution according to the frequency specified below

Calculate using Table II (Joint Life and Last Survivor Expectancy)

Note: Spouse must be the sole beneficiary and more than 10 years younger than owner.

PAYMENT FREQUENCY

Lump Sum

Periodic payments to be made in equal installments

Note: Total distributions in a Policy Year will equal the amount specified above. Each payment must be \$50.00 or greater. If the payment is less than \$50.00, the Company reserves the right to reduce the frequency of payments to an interval which will result in each payment being at least \$50.00.

Annually

Semiannually

Quarterly

Monthly

Begin systematic distributions on (mm/dd/yyyy): _____

PAYMENT METHOD (All checks will be made payable to the registered policy owner.)

Note: If a payment method is not selected, your distribution(s) will be issued as a check payable to you and mailed to your address of record. Your payment method will remain in force until we receive written notice from you requesting a change.

- Mail check to my address of record currently on file
- Transfer funds electronically (ACH) - **A voided check is required**
 - Checking Savings

Name of Bank _____

Bank routing number _____ Bank account number _____

TAX WITHHOLDING ELECTION: Form W-4P/OMB No. 1545-0074

Note: 10% Tax Automatically withheld if withholding option not elected

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect not to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

- I do **NOT** elect to have **federal** taxes withheld from my payments
- I do **NOT** elect to have **state** taxes withheld from my payments
- I do elect to have **federal** income taxes withheld in the amount of \$ _____ or _____ %
- I do elect to have **state** income taxes withheld in the amount of \$ _____ or _____ %

IMPORTANT TAXPAYER INFORMATION

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal. I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS. If you reside in AK, FL, NV, NH, SD, TN, TX, WY, WA, State Income Tax is not withheld.

Owner Acknowledgement: By signing below, I acknowledge full understanding of the following:

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Sentinel Security Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Sentinel Security Life is hereby authorized and directed to distribute funds from my policy in the manner requested. Sentinel Security Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Sentinel Security Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. **I have read and understand and agree to be legally bound by the terms of this form.**

Signature of Owner (if joint, both must sign)

Date

Signature of Joint Owner

Date

Signature of Owner's Spouse
(if community property state)

Date

Signature of Joint Owner's Spouse
(if community property state)

Date

A SEPERATE FORM FOR EACH POLICY IS REQUIRED



Sentinel Security Life Sentinel Plan[®]

Summit Bonus IndexSM

Statement of understanding

Thank you for your interest in the Summit Bonus IndexSM from Sentinel Security Life Insurance Company. It is important for you to read this summary before you decide to purchase the annuity. This summary will help you understand the features of the annuity and determine if it will help you meet your financial goals. Once you have read this summary, please sign the last page to confirm that you understand the annuity and submit the signature page with your application for the annuity along with any other required forms.

For more specific information, please refer to the annuity contract as it contains the terms of the annuity.

What is the Summit Bonus IndexSM?

The Summit Bonus IndexSM is a single premium, deferred fixed index annuity with a premium bonus, surrender charge, market value adjustment (the market value adjustment does not apply in all states), and a bonus vesting schedule. The surrender charge, market value adjustment, and bonus vesting schedule apply for 10 policy years. Therefore, the Summit Bonus IndexSM should only be purchased with funds that are not expected to be needed in the next 10 policy years. The Summit Bonus IndexSM is designed to be held for the long-term.

What do I pay for the Summit Bonus IndexSM?

To purchase the Summit Bonus IndexSM, you must pay an Initial Purchase Premium. The minimum Initial Purchase Premium is \$5,000 for qualified funds and \$10,000 for non-qualified funds.

What is the Bonus?

For all states other than Minnesota, Oregon, Pennsylvania, Texas, Utah and Washington, the Bonus is equal to the Initial Purchase Premium we receive multiplied by 7.00% and is added to the Initial Accumulation Value. For the states of Minnesota, Oregon, Pennsylvania, Texas, Utah and Washington, the Bonus is equal to the Initial Purchase Premium we receive multiplied by 4.50% and is added to the Initial Accumulation Value.

Bonus annuities, such as the Summit Bonus IndexSM, may include changes to the elements used to determine the index interest credits or changes to the interest rate that are not included in similar annuities without a bonus. These changes may include lower current interest rates, higher surrender charges, longer surrender charge periods, lower participation rates or caps, higher spreads, or other changes. The amount of charges or reduction in interest credits may exceed the amount of the bonus.

Can I change my mind after purchasing the Summit Bonus IndexSM?

Yes. Many states have laws that give you a specific number of days to review an annuity after you buy it. If you decide during that time that you do not want the annuity, you can return it and receive your entire Initial Purchase Premium returned. Read the cover page of your contract to learn about your free look period. If this contract replaced a previous annuity contract owned by you, the free look period may be different than that listed on the cover page of your contract (varies by state). If so, there will be an additional notice for the free look period that was included with your contract.

How is interest credited under the Summit Bonus IndexSM?

Under the Summit Bonus IndexSM, you select how we credit interest by choosing among the Fixed Account and the available Index Accounts. Currently, there are four Index Accounts offered – the Annual Point to Point Index Account, the Monthly Sum Index Account, the Monthly Average Index Account and the Daily Average Index Account, all of which credit interest based upon the S&P 500[®] without dividends. While interest is based upon the S&P 500[®], you are not investing in the S&P 500[®] or any equity securities. You may choose to allocate your Initial Purchase Premium among the Fixed Account and Index Accounts in whole percentages.

What is the Fixed Account interest rate?

The Fixed Account interest rate will at least equal the Fixed Account Guaranteed Minimum Interest Rate. At the time we issue your contract, we set the Fixed Account Guaranteed Minimum Interest Rate and it will be shown in your contract. The Fixed Account Guaranteed Minimum Interest Rate will be at least 1%. Interest is credited daily on the Fixed Account.

* This product may not be available in all states listed. Verify availability with the Home Office.

What is the Index Account interest rate?

For each Index Account, we determine the index interest rate at the end of each policy year that applies for that policy year. The minimum index interest rate for each Index Account is 0%. The index interest is credited only on a contract anniversary.

How is the Annual Point to Point Index Account interest computed?

For the Annual Point to Point Index Account, we compute the interest rate each contract anniversary based upon the change in the S&P 500® index over the policy year, not including dividends. For each policy year, the closing value of the S&P 500® index on the first day of the policy year is the beginning value and the closing value of the S&P 500® index on the following contract anniversary is the ending value. Accordingly, the ending value for one policy year will be the beginning value for the next policy year. If the S&P 500® index value is not available for any day, we use the closing value on the previous available day.

We compute the difference in the beginning and ending values for the policy year by subtracting the beginning values from the ending values. If the difference is positive, we divide that difference by the policy year's beginning value to determine the percentage change in the S&P 500® for the year. We then compare the percentage change to the Cap and use the lower of the percentage change or the Cap as the interest rate. If the difference in the beginning and ending values is negative, the interest rate is 0%.

The Cap is the maximum rate of interest that we will credit for the Annual Point to Point Index Account. At the time we issue your contract, we set the Initial Index Cap and the Guaranteed Minimum Cap and they are shown in your contract. Each policy year we may change the Cap, but it will never be less than the Guaranteed Minimum Cap.

How is the Monthly Sum Index Account interest computed?

For the Monthly Sum Index Account, we compute the interest rate based upon the sum of the monthly changes in the S&P 500® index over the policy year, not including dividends. For each month of the policy year, the closing value on the first day of the policy month is the beginning value and the closing value on the same day of the next policy month (if that day does not occur for the month, then the last day of the month is used) is the ending value. For each policy month, last policy month's ending value is the current policy month's beginning value. Accordingly, the ending value for one policy month will be the beginning value for the next policy month. If the S&P 500® index value is not available for any day, we use the closing index value on the previous available day.

We compute the difference in the beginning and ending value for each month of the policy year by subtracting the beginning values from the ending values. Next, we divide that difference by the month's beginning value to determine the percentage change in the S&P 500® for each month. If the difference is positive, we compare the percentage change to the Cap and use the lower of the monthly percentage change or the Cap as the monthly change. If the difference is negative, no Cap applies as a floor to limit the negative difference. Thus, negative changes may have a greater impact on the interest rate computation than positive changes. We then sum all the capped monthly changes for the policy year. If the sum is positive, it is used as the interest rate. If the sum is negative, the interest rate is 0%.

The Cap is the maximum monthly change that is used in computing the sum of the monthly changes. At the time we issue your contract, we set the Initial Index Cap and the Guaranteed Minimum Index Cap and they are shown in your contract. Each policy year we may change the Cap, but it will never be less than the Guaranteed Minimum Cap.

How is the Monthly Average Index Account interest computed?

For the Monthly Average Index Account, we compute the interest rate each contract anniversary based upon the average of the 12 monthly closing values in the S&P 500® index over the policy year, not including dividends. For each policy year, the closing value of the S&P 500® index on the first day of the policy year is the beginning value and the average of the 12 monthly closing values is the ending value. For each month of the policy year following the anniversary date, the closing value is captured on the same day of every month. The first closing value in computing the 12 month average is captured on the same day in the month following the beginning value. Accordingly, the last closing value used in computing the 12 month average will be the beginning value for the next policy year. If the S&P 500® index value is not available for any day, we use the closing value on the previous available day.

We compute the difference in the beginning and ending values for the policy year by subtracting the beginning values from the ending values. If the difference is positive, we divide that difference by the policy year's beginning value to determine the percentage change in the S&P 500® for the year. We then compare the percentage change to the Cap and use the lower of the percentage change or the Cap as the interest rate. If the difference in the beginning and ending values is negative, the interest rate is 0%.

The Cap is the maximum rate of interest that we will credit for the Monthly Average Index Account. At the time we issue your contract, we set the Initial Index Cap and the Guaranteed Minimum Cap and they are shown in your contract. Each policy year we may change the Cap, but it will never be less than the Guaranteed Minimum Cap.

How is the Daily Average Index Account interest computed?

For the Daily Average Index Account, we compute the interest rate each contract anniversary based upon the average of every Index Value available in the S&P 500® index over the policy year, not including dividends. For each policy year, the closing value of the S&P 500® index on the first day of the policy year is the beginning value and the average of the daily closing values over the policy year is the ending value. The first closing value in computing the daily average is captured on the next day that an index value is available following the beginning value. Accordingly, the last closing value used in computing the daily average will be the beginning value for the next policy year. If the S&P 500® index value is not available for any day, we use the closing value on the previous available day.

We compute the difference in the beginning and ending values for the policy year by subtracting the beginning values from the ending values. If the difference is positive, we divide that difference by the policy year's beginning value to determine the percentage change in the S&P 500® for the year. We then compare the percentage change to the Cap and use the lower of the percentage change or the Cap as the interest rate. If the difference in the beginning and ending values is negative, the interest rate is 0%.

The Cap is the maximum rate of interest that we will credit for the Daily Average Index Account. At the time we issue your contract, we set the Initial Index Cap and the Guaranteed Minimum Cap and they are shown in your contract. Each policy year we may change the Cap, but it will never be less than the Guaranteed Minimum Cap.

Can I change how interest is credited under my contract?

Yes, on each contract anniversary, you may change the method we use to credit interest to your contract by transferring your Accumulation Value among the Fixed Account and the available Index Accounts.

Prior to each contract anniversary we will send you a notice that includes the Fixed Account interest rate and information on the Index Accounts available at that time. We must receive your request for changes on a form we accept at least 30 days prior to the contract anniversary.

If you do not request a transfer or if the request is not received timely, the allocation of the Accumulation Value will not change, unless an Index Account is no longer offered. In such case, the amount in the discontinued Index Account will be transferred to the Fixed Account.

What is the value of my annuity?

The Accumulation Value equals the sum of the Fixed Accumulation Value and the Index Accumulation Values. The Fixed Accumulation Value is based upon the amount of your Accumulation Value allocated to the Fixed Account and interest credited on the Fixed Account. The Index Accumulation Values are based upon the amount of your Accumulation Value allocated to the Index Accounts and interest credited, if any, on the Index Accounts. The Fixed Accumulation Values and Index Accumulation Values also take into account any withdrawals, including the non-vested bonus, market value adjustment and surrender charges that applied to the withdrawals.

We also compute the Cash Surrender Value of your annuity. The Cash Surrender Value is equal to the greater of: (i) the Minimum Guaranteed Surrender Value or (ii) the Accumulation Value, (a) plus or minus any market value adjustment, (b) minus any surrender charge, (c) minus any non-vested bonus, (d) minus any premium or other tax, and (e) minus any rider charge that applies. The Minimum Guaranteed Surrender Value is equal to 87.5% of the Initial Purchase Premium, increased by interest credited at the Minimum Guaranteed Surrender Value Interest Rate, less withdrawals, and less premium or other taxes that apply.

What is a market value adjustment?

A market value adjustment increases or decreases the Accumulation Value to reflect changes in interest rates since you purchased your contract, measured by the 10-year Constant Maturity Treasury (10 year CMT) interest rate. If the 10-year CMT interest rate is (i) higher than or (ii) lower, by no more than 25 basis points, than the 10-year CMT interest rate when you purchased your contract, an amount is deducted from the Accumulation Value. If the 10-year CMT interest rate is lower, by 25 basis points or more, than the 10-year CMT rate when you purchased your annuity, an amount is added to the Accumulation Value.

The market value adjustment applies during the surrender charge period. The market value adjustment does not apply in Minnesota, Oregon, Pennsylvania and Washington.

What is the surrender charge?

A surrender charge applies during the surrender charge period, as shown in the surrender charge chart below. The surrender charge varies by policy year and is based upon where you purchased the annuity.

For all states other than those listed below, the surrender charge by policy year is as follows:

Issue Ages 0-57

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	12%	11%	10%	9%	8%	7%	6%	5%	4%	2%	0%

Issue Age 58+

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	9.5%	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

For California and Iowa, the surrender charge by policy year is as follows:

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	12%	11%	10%	9%	8%	7%	6%	5%	4%	2%	0%

For Florida, the surrender charge by policy year is as follows:

Issue Ages 0-58

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	10%	10%	10%	9%	8%	7%	6%	5%	4%	2%	0%

Issue Ages 59+

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	9%	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

For Minnesota, Oregon, Pennsylvania, and Washington, the Surrender Charge by policy year is as follows:

Issue Ages 0-56

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	12%	11%	10%	9%	8%	7%	6%	5%	4%	2%	0%

Issue Ages 57+

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	9%	8.5%	7.5%	6.5%	5.5%	4.5%	3.5%	2.5%	1.5%	0.5%	0%

For Texas and Utah, the surrender charge by policy year is as follows:

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	9%	8%	7%	6%	5%	4%	3%	2%	1%	1%	0%

What is a Non-vested Premium Bonus Amount?

The Non-vested Premium Bonus Amount applies during the surrender charge period, as shown in the Premium Bonus Vesting Schedule chart below.

For all states other than those listed below, the Premium Bonus Vesting Schedule by policy year is as follows:

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	0%	0%	0%	0%	0%	10%	20%	40%	60%	80%	100%

For Minnesota, Oregon, Pennsylvania, Texas, Utah and Washington, the Premium Bonus Vesting Schedule by policy year is as follows:

Policy Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender / Withdrawal %	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

When do the market value adjustment, surrender charge, and non-vested premium bonus apply?

The market value adjustment (if applicable in your state), surrender charge, and non-vested premium bonus apply during the surrender charge period if: (i) you surrender your annuity; (ii) you take a withdrawal and your withdrawals in the policy year exceed the free withdrawal amount. Additionally, if you elect to take annuity income from your annuity prior to the end of the surrender charge period under the terms of your contract, the non-vested premium bonus will apply to your Accumulation Value in determining how much annuity income you receive, but no surrender charge will apply.

* This product may not be available in all states listed. Verify availability with the Home Office.

Can I access funds from my annuity without penalty?

You may take up to two withdrawals totaling up to the free withdrawal amount each policy year and no market value adjustment, surrender charge, or non-vested premium bonus will apply.

During the first policy year, the Required Minimum Distribution (RMD) or the product of the Initial Fixed Account Interest Rate as of the Policy Date and the Initial Purchase Premium allocated to the Fixed Account may be withdrawn and no market value adjustment, surrender charge, or non-vested premium bonus will apply. After the first policy year, the total amount that may be withdrawn as free withdrawals is the RMD or 10% of the Accumulation Value as of the beginning of the policy year.

The free withdrawal is not available for a full surrender during the surrender charge period. Thus, the surrender charge, market value adjustment, and non-vested premium bonus applies to the entire amount surrendered.

What annuity income may I take from my annuity?

Under your annuity, you may receive annuity payments from your annuity based upon the different annuity options we currently offer. The annuity options are:

- **Option 1 – Life Income Only:** We will pay equal monthly payments for the Annuitant's remaining lifetime. Payments end with the payment due just before the Annuitant's death. There is no death benefit under this option.
- **Option 2 – Life Income with Guaranteed Period Certain:** We will pay equal monthly payments for the longer of the Annuitant's remaining lifetime or the period certain. If the Annuitant dies after all payments have been made for the period certain, payments shall end with the payment due just before the Annuitant's death.
- **Option 3 – Period Certain Only:** We will pay equal monthly payments for a period certain of not less than 10 years and not more than 20 years. After the fifth policy year, You may request a period certain of not less than 5 years and not more than 20 years

When may I begin receiving annuity payments?

For all states other than Florida, You may elect to apply the Vested Value of this policy as a single premium to purchase one of the options described above after the fifth policy anniversary. If applicable, premium taxes will be deducted from the Accumulation Value. Once annuity payments have commenced neither the amount nor the terms of payment may be changed. These options are not available prior to the fifth policy anniversary.

For the state of Florida, You may elect to apply the Vested Value of this policy as a single premium to purchase one of the options described above after the first policy anniversary. If applicable, premium taxes will be deducted from the Accumulation Value. Once annuity payments have commenced neither the amount nor the terms of payment may be changed. These options are not available prior to the first policy anniversary.

What happens upon a death?

If the entire value of the annuity has been applied to an annuity option then, upon the death of an annuitant, we will continue to make annuity payments, if any, as may apply under the annuity option chosen.

If the entire value of the annuity has not been applied to an annuity option, then an amount is payable under the contract upon the death of the annuitant or the owner. The amount payable depends upon who died. There is no death benefit if the annuitant dies. The Owner, or the oldest Owner if there are Joint Owners, will become the Annuitant unless you designate a new Annuitant by written request by the earlier of 60 days after the death or maturity date. If a non-annuitant owner dies, the amount payable is equal to the greater of the Vested Value or Minimum Guarantee Surrender Value. In certain circumstances, the contract can be continued as shown in the "Death Benefits" section of your contract. If a contract is so continued, a death benefit will not be paid.

What optional benefit riders are available?

You may purchase the optional Guaranteed Lifetime Withdrawal Benefit Rider (Income Rider).

What is the Income Rider?

The Income Rider is an optional benefit rider that you may purchase at the same time you apply for the Summit Bonus IndexSM, provided that the youngest owner (or annuitant if the contract is owned by a non-natural person) is at least 45 years old. If the base policy has joint owners, the Income Rider can only be added if the joint owners are spouses. The Income Rider guarantees that you may withdraw from the Summit Bonus IndexSM a specified amount each year and is available even if the Accumulation Value of your annuity is zero.

You select when you would like the Guaranteed Lifetime Withdrawal Benefit (GLWB) to begin any time after the age of 55 and after the first policy year. At that time, you also select whether the Income Rider is for you or for you and your spouse who is the sole beneficiary. (In the states that require it, you may select the Income Rider to be for you and your domestic or civil union partner.) If there are joint owners, you may select a single life payout based on the life of either owner or a joint life payout based on the lives of the joint owners who are both listed as primary beneficiaries.

* This product may not be available in all states listed. Verify availability with the Home Office.

Is there an additional Premium Bonus if I purchase the Income Rider?

If you purchase the Income Rider, there is an additional Premium Bonus of 1.00%. For all states other than Minnesota, Oregon, Pennsylvania, Texas, Utah and Washington, the Bonus is equal to the Initial Purchase Premium we receive multiplied by 8.00% and is added to the Initial Accumulation Value. For the states of Minnesota, Oregon, Pennsylvania, Texas, Utah and Washington, the Bonus is equal to the Initial Purchase Premium we receive multiplied by 5.50% and is added to the Initial Accumulation Value.

If I purchase the Income Rider, when can I take withdrawals?

You have the flexibility to take withdrawals whenever you like. However, the timing and the amount of the withdrawal may cause your GLWB to be reduced. In fact, withdrawals could reduce the GLWB to zero.

How do withdrawals impact the guarantees under the Income Rider?

Under the Income Rider, treatment of withdrawals is based upon whether the withdrawal is made before or after the start of GLWB's. You select when you want to start your GLWB.

- If you elect to take withdrawals prior to the start of the GLWB's, the withdrawals will cause your GLWB to be lower than if you had not taken the withdrawals.
- If you elect to take withdrawals after the start of the GLWB's that are equal to or less than your GLWB, the withdrawals will not reduce your GLWB.
- If you elect to take withdrawals after the start of the GLWB's that are in excess of the GLWB, the withdrawals will reduce your subsequent GLWB.

How much is my Guaranteed Lifetime Withdrawal Benefit (GLWB)?

Your GLWB is the greater of (i) the amount computed by multiplying the Income Account Value by the applicable GLWB Payout Factor; or (ii) the amount required to be taken as minimum distributions under the federal tax laws. Once you start your GLWB, if you take a withdrawal in excess of your GLWB, we will recompute the GLWB as well as the Income Account Value. Each will be reduced proportionately by the amount of the excess withdrawal compared to the Accumulation Value. We will also recompute the GLWB each contract anniversary.

Your Income Account changes over the life of your annuity, including after the GLWB has begun. More information on the Income Account is set forth in the Income Account section.

The GLWB Payout Factor is a percentage that is based upon (i) whether you elect the Income Rider for you (single coverage) or for you and your spouse or, if required, your domestic partner (joint coverage), and (ii) if single coverage, your age or, if joint coverage, the youngest age of you or your spouse/domestic partner, on the Income Phase Start Date.

Income Account Value

The Income Account Value is used to compute the GLWB and the Income Rider Charge. The Income Account Value is not an amount that may be withdrawn and is not an amount payable on death. The Income Account Value is recomputed:

Prior to beginning the GLWB:

- Each policy year that the Roll-up applies, we multiply the last Income Account Value by the Income Account Interest Rate, as shown in the Income Account Interest Rate table below.

Issue Age	45-49	50-59	60-69	70+
Income Account Interest Rate	4.5%	5.0%	6.0%	6.5%

The Roll-up applies for up to 20 policy years, so long as you elect to continue the Roll-up on the 10th contract anniversary (which you may only do if you are at that time younger than 80). The Roll-up ceases on the earlier of:

- (i) The date you start your GLWB;*
- (ii) The contract anniversary on or immediately following the day that you turn 85;*
- (iii) The 10th contract anniversary, if you do not continue the Roll-up;
- (iv) The 20th contract anniversary.

*Because the Roll-up is only used in calculating the Income Account Value on a contract anniversary, if the Roll-up ceases because you elected to start your GLWB, the last date that the Income Account Value will increase by the Roll-up will be the prior contract anniversary prior to the start of your GLWB.

- After a withdrawal prior to beginning the GLWB – to reduce the Income Account Value proportionately by the amount of the withdrawal compared to the Accumulation Value prior to the withdrawal. Please note that if you take a withdrawal prior to beginning GLWB's, the withdrawal may reduce the Income Account Value by more than the dollar amount of the withdrawal.

*This product may not be available in all states listed. Verify availability with the Home Office.

On the GLWB Start Date

- At the time of the first GLWB to reflect the greater of the Income Account Value or Accumulation Value.

After beginning the GLWB

- Each contract anniversary after the start of the first GLWB we look at the current Income Account Value and then compare it to the Accumulation Value. The greater of the Income Account Value or Accumulation Value will become the new Income Account Value.
- After an excess withdrawal – to reduce the Income Account Value proportionately by the amount of the excess withdrawal compared to the Accumulation Value prior to the excess withdrawal. Please note that an excess withdrawal may reduce the Income Account Value by more than the dollar amount of the excess withdrawal. In addition, any portion of a free withdrawal in excess of the GLWB amount will be an excess withdrawal.

What is the Charge for the Income Rider?

The initial Cost of Benefit is 1.05% of the Income Account Value and is deducted each policy year from the Accumulation Value. The Cost of Benefit may be changed on the 10th Contract Anniversary if you elect to continue the Roll-up on the 10th Contract Anniversary as may apply. The Cost of Benefit will never exceed the Maximum Cost of Benefit of 1.5% of the Income Account Value.

The Cost of Benefit is deducted from the Accumulation Value on each contract anniversary and upon the payment of any amounts payable at death, a full withdrawal from the annuity, or the when you apply your entire Accumulation Value to an annuity option.

How will annuity payments and withdrawals from my annuity be taxed?

Your annuity earns interest tax-deferred, so you do not pay taxes on the interest earned under your contract until the money is paid to you. When you take annuity payments or make a withdrawal, you pay ordinary income taxes on the interest earned (and on the principal if the contract is tax qualified). You may also pay a 10% federal income tax penalty on amounts you withdraw before attaining age 59½, if they do not meet certain exceptions such as disability, health insurance expenses, medical expenses, or first time home buyer expenses. However, this document is not intended to provide tax advice. You should consult your tax adviser to determine if your particular circumstances qualify as an exception to the 10% penalty tax. If your state imposes a premium tax, it will be deducted from the money you receive.

You can exchange one tax-deferred annuity for another without paying income taxes on the earnings when you make the exchange. (Taxes may be assessed if you withdraw from the annuity that you exchanged into prior to the expiration of a 12-month period.) Before you make such an exchange, compare the benefits, features, and costs of the two annuities. You may also want to consider consulting a tax adviser before making exchanges or withdrawals to determine any potential tax consequences.

Does buying an annuity in a retirement plan provide extra tax benefits?

No. Buying an annuity within an IRA, 401(k), or other tax-deferred retirement plan does not give you any extra tax benefits. You should choose your annuity based on its features and benefits as well as its risks and costs, not on tax benefits alone.

How can I reach Sentinel Security Life?

You can reach us in several ways:

Mailing Address

Sentinel Security Life Insurance Company
PO Box 27248
Salt Lake City, UT 84127-0248

Federal Express/UPS

Sentinel Security Life Insurance Company
1405 West 2200 South
Salt Lake City, UT 84119

Fax/Email

Attn: Policy Services, 801-484-2459
policyservice@sslco.com

Phone:

800-247-1423

Online

www.sslco.com

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Guarantees provided by annuities are subject to the financial strength and claims paying ability of the issuing insurance company. Annuities are not FDIC insured; are not obligations or deposits of, and are not guaranteed or underwritten by any bank, savings and loan or credit union or its affiliates; are unrelated to and not a condition of the provision or term of any banking service or activity. This Statement of Understanding describes the Sentinel Security Life Sentinel Plan® Summit Bonus IndexSM, a fixed index single premium deferred annuity contract. In most states, the Summit Bonus IndexSM is Form SSLIANPOL-XX. In Minnesota, Oregon, Pennsylvania, and Washington it is Form ICC12-SSLIANPOL-XX.



Sentinel Security Life Sentinel Plan[®]

Summit Bonus IndexSM

Statement of understanding

Please send this original, signed signature page to Sentinel Security Life with the Application, provide the client with a copy of the entire signed Statement of Understanding, and retain a copy for your records.

Applicant Statements

Acknowledgement:

By signing below, I certify that:

- I have read the above information and it has been explained to me by the Producer.
- I understand the features of the Summit Bonus IndexSM described.
- I understand that certain withdrawals, surrenders, and payments made during the surrender charge period will be subject to a market value adjustment (if applicable in my state), surrender charge, and non-vested bonus.
- I understand the features of the Guaranteed Lifetime Withdrawal Benefit rider described.
- I understand that the timing and amount of the withdrawals made may reduce my Guaranteed Lifetime Withdrawal Benefit.
- I understand that any values shown are for explanatory purposes only and are not guaranteed.
- I understand that I should consult my tax advisor regarding possible tax implications of the purchase, sale, surrender, and annuitization of an annuity and, if it applies, the exchange of an existing annuity or life insurance contract.
- I understand that the Fixed Account Guaranteed Minimum Interest Rate, any applicable Index Account Caps and beginning values for the S&P 500[®] index will not be set until the Policy Date and that they may be different from those when the application was signed.
- I understand that interest begins to accrue on amounts received by Sentinel Security Life only from the Policy Date; thus money received prior to the Policy Date will not earn any interest.

Owner signature _____ Date _____

Owner Social Security Number/Tax I.D. Number _____

Joint Owner Signature _____ Date _____

Joint Owner Social Security Number/Tax I.D. Number _____

Producer Acknowledgement

By signing below, I certify that I have reviewed the above information with the Applicant(s) and provided him or her with a signed copy of this document. I also certify that I have not made any statements that differ from what is stated in this document and that no promises or assurances were given as to the future value of any non-guaranteed elements of the Summit Bonus IndexSM.

Producer signature _____ Date _____

NOTES



Sentinel Security Life Insurance Company

Since 1948, families have counted on Sentinel Security Life Insurance Company during their time of need. The Company was originally established to provide families a way of funding funeral expenses and burial costs. Through our final expense life insurance product, we have been honored to provide peace of mind to families for well over half a century.

Today, Sentinel offers a strong senior market portfolio including Life, Medicare Supplement and Annuity products. We continue to develop new products while improving existing products and services to better protect our customers.

Sentinel has a long history of financial strength and stability that has afforded us the opportunity to invest wisely in the growth of our company. Our strength lies not only in the quality of our insurance products, but also the level of service we provide to our policyholders, agents, and shareholders. We invite you to learn more about our company by visiting www.sslco.com or by calling 800-247-1423.



SENTINEL SECURITY LIFE INSURANCE COMPANY
PO BOX 27248 SALT LAKE CITY, UTAH 84127-0248
