# IDAHO ANNUITY DISCLOSURE

**The form is required to be completed for any Annuity Contract executed in the state of Idaho, and it is to be retained with the Annuity Application and Contract during the contract period and for five years after termination. All information, where applicable, must be completed in percentages or dollar amounts.**

| **SECTION I - PRODUCER INFORMATION** | | | |
|---|---|---|---|
| Producer Name: | | NIPR Number: | |
| Producer Address<br>City, State, Zip: | | License Number: | |
| | | Email Address: | |
| Telephone: | | Website: | |
| I (Producer) am licensed to sell annuities, and offer the following insurance/annuity products: | | | |
| ☐ Fixed/Equity-indexed Annuities | ☐ Variable Annuities | ☐ Life Insurance | |
| **I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about:** | | | |
| ☐ Mutual Funds / ETFs | ☐ Stocks / Bonds | ☐ Certificates of Deposit | |
| You can ask how I am compensated. Depending on the particular annuity I sell, I will or may be paid cash compensation as follows: | | | |
| ☐ Commission (Paid by Company) | ☐ Fees (Paid by consumer) | ☐ Other (Describe): | |

| **SECTION II - ANNUITANT INFORMATION**<br>**(If joint, complete for all)** | | | | | |
|---|---|---|---|---|---|
| Annuitant Name: | | ☐ M ☐ F | Age at Issue: | | ☐ Ind. ☐ JT |
| Annuitant Name: | | ☐ M ☐ F | Age at Issue: | | ☐ Ind. ☐ JT |
| Annuitant Address<br>City, State, Zip: | | Email Address: | | | |
| | | Telephone: | | | |

| **SECTION III - COMPANY INFORMATION** | | | |
|---|---|---|---|
| Company Name: | | ID Certificate of Authority: | |
| Company Address<br>City, State, Zip: | | Email Address: | |
| Telephone: | | Website: | |

| **SECTION IV - CONTRACT INFORMATION** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **If projections are used, guaranteed and non-guaranteed elements shall be given equal prominence. Mark as N/A if not applicable. Attach addendum if additional space is needed.** | | | | | | | |
| Product Name: | | | | Form number: | | | |
| Product Type: | ☐ Fixed | ☐ Equity-indexed | ☐ Variable | | | | |
| Application: | ☐ In person | ☐ Direct Solicitation | ☐ Electronic | ☐ Other: | | | |
| Index(es): | | | | | | | |
| Current Cap Rate: | % | Minimum Cap Rate: | % | Subject to change annually: | ☐ Y ☐ N | | |
| Participation Rate: | % | Min. Participation Rate: | % | Subject to change annually: | ☐ Y ☐ N | | |
| Initial Interest Rate: | % | Min. Interest Rate: | % | Subject to change annually: | ☐ Y ☐ N | | |
| Describe additional elements/ rates/fees (e.g. floors, monthly caps, M&E charges): | | | | | | | |
| Explain value reductions caused by withdrawals or surrender: | | | | | | | |
| Explain penalties applicable on withdrawal of values from the contract: | | | | | | | |
| Death Benefit: | ☐ Y ☐ N | If yes, explain how it will be calculated: | | | | | |

| RIDERS TO THE CONTRACT (If more than two, please attach additional paper) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Rider Name: | | | | | Form number: | | |
| Current Fee: | % | Maximum Fee: | | % | Subject to change annually: | ☐ Y ☐ N | |
| Description of Benefit: | | | | | | | |
| Rider Name: | | | | | Form number: | | |
| Current Fee: | % | Maximum Fee: | | % | Subject to change annually: | ☐ Y ☐ N | |
| Description of Benefit: | | | | | | | |

| ADDITIONAL CONTRACT OR RIDER INFORMATION |
|---|
| |

| REPLACEMENT | | | | |
|---|---|---|---|---|
| **A replacement is:** Any transaction by which a new annuity is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer if there is no producer, that existing life insurance or an annuity has been or is to be lapsed, forfeited, surrendered, or otherwise terminated. | | | | |
| **This contract** | ☐ **is** ☐ **is not** | **replacing any life insurance policy/product or any annuity contract.** | | |
| Company Name: | | Policy/Contract Number: | | |
| Does the replaced Policy/Contract have surrender charges: | | ☐ Y ☐ N | | |
| If yes, describe the surrender charges/penalties: | | | | |

**Annuitant:**
**Your signature below indicates that the above-named producer has explained all elements and risks and that you have read and understood the terms and conditions of your new Annuity contract.**

**Signature:**_____ **Date:**_____

**Signature:**_____ **Date:**_____

**Producer:**
**I have explained all elements and risks involved in this Annuity contract.**

**Signature:**_____ **Date:**_____