## **Insurance Producer Disclosure for Annuities**

Do not sign unless you have read and understand the information in this form.

Insurance Agent/Producer Informat		
First Name:		
Business/Agency Name:		
Business Telephone Number:		
Business Telephone Number: Email Address:		
National Producer Number		
Customer Information ("You," "You	r")	
First Name:		
What types of products can I sell Yo	u?	
I am licensed to sell annuities to you in accepted to sell annuities to you in accepted that it effectively meets Your finance products, such as life insurance or stocks, but it is a such as life insurance or stocks.	ial situation, insurance needs, and final	ncial objectives. Other financial
offer the following products:		
☐ Fixed or Fixed-Indexed Annuities	☐ Variable Annuities	☐ Life Insurance
I need a separate license to provide advice non-insurance financial products that I am I		
☐ Mutual Funds	☐ Stocks/Bonds	☐ Certificates of Deposit
Whose annuities can I sell to You?		
am authorized to sell:		
☐ Annuities from only one (1) insurer	$\square$ Annuities from two or more in	surers
$\square$ Annuities from two or more insurers, alth	nough I primarily sell annuities from:	
How I'm paid for My work:		
It's important for You to understand how I'm be paid a commission or a fee. Commission paid to Me by the consumer. If You have qu	ns are generally paid to Me by the insu	rance company, while fees are general
Depending on the particular annuity You bເ	ıy, I will or may be paid cash compensa	ation as follows:
$\square$ Commission, which is usually paid by th	e insurance company or other sources	. If other sources, describe:
☐ Fees (such as fixed amount/hourly rate/	percentage of your payment), which ar	e usually paid directly by the customer.
Other (describe):		
If you have questions about the above c	ompensation I will be paid for this tr	ansaction, please ask me.
I may also receive other indirect compensa compensation), such as health or retiremen company or other sources. By signing below You in this document.	it benefits, office rent and support, or o	ther incentives from the insurance
Customer Signature		Date
D6066020NW		(12/20)