



Arvest Insurance, Inc.
P.O. Box 333
Lowell, AR 72745-0333

RECEIPT DELIVERY ACKNOWLEDGEMENT FORM

CLIENT NAME:

INSURANCE COMPANY NAME:

POLICY NUMBER:

EFFECTIVE DATE:

POLICY TYPE:

PREMIUM MODE:

PREMIUM AMOUNT:

CHECK AMOUNT:

CHECK NUMBER:

BENEFIT AMOUNT:

Policy Owner

Date

Please sign above acknowledging that you have received your policy.

Date to Client Advisor:

Agent Contact:

Phone:

Fax: (479) 770-6851



Underwritten Insurance Disclosure Form

(Complete before the customer has committed to purchase the insurance product)

Customer Name(s):	
Account Number:	Rep Code:
Issuing Company:	Product Name:
Amount: \$	Policy Number:

Processing Agency: Capitas: <input type="checkbox"/>	VIP/Charlyn: <input type="checkbox"/>	Other:
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<input type="checkbox"/> Term	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Health
<input type="checkbox"/> Group Health	<input type="checkbox"/> Medicare Supplements	<input type="checkbox"/> Disability
<input type="checkbox"/> Universal Life	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Dental

By signing below, I acknowledge my understanding that insurance products:

- ☐ *Are not a deposit or other obligation of, or guaranteed by, the financial institution where it is offered, or any affiliate.*
- ☐ *Are not insured by the FDIC or any other governmental agency, the financial institution where it is offered, or any affiliate.*

Further, I have been advised*:

- ☐ *The insurance company will pay the Client Advisor a commission if coverage is issued.*
- ☐ *The Client Advisor represents the insurance company and will provide services to the customer on behalf of the insurer.*

Customer Signature

Client Advisor Printed Name

Date

Client Advisor Signature

Customer Signature

Date

Date

Principal Approval

Date

*Arkansas Code 23-64-520 (2005)

Variable Universal Life Insurance Disclosure Form

Customer Name(s):				
Account Number:		Trade Date:		
Issuing Company:		Product Name:		
Type of Premium (check one) <input type="checkbox"/> single <input type="checkbox"/> flexible				
Compelling reasons(s) for purchase				
<input type="checkbox"/> Avoid Probate	<input type="checkbox"/> Wealth Transfer	<input type="checkbox"/> Income Stream	<input type="checkbox"/> Tax Deferral	<input type="checkbox"/> Other
Will surrender charges and / or MVA apply for 1035 exchanges / transfers?				
<input type="checkbox"/> No <input type="checkbox"/> Yes		Charges:		Details:

CUSTOMER DISCLOSURE AND ACKNOWLEDGEMENT – PLEASE READ

By signing below, and entering into this insurance transaction as described above, I understand that:

- ☐ The client advisor has reviewed with the client all illustrations for early withdrawal charges.
- ☐ The issuer of a variable life insurance policy is an insurance company. Variable life insurance is an insurance policy subject to regulation under state insurance and federal securities laws and includes both scheduled premium variable life insurance and flexible premium variable universal life insurance.
- ☐ Similar to traditional life insurance, variable life insurance offers a death benefit that represents the amount the life insurance company is obligated to pay upon the death of the insured. In addition to the death benefit, variable life insurance generates an investment element usually termed the "cash value." However, the insurance company that issues the variable life insurance policy does not guarantee the cash value.
- ☐ The cash value and in some cases, the death benefit, can fluctuate based on the performance of investment portfolios maintained by the insurance company in a segregated or separate account, and the interest earned on balances in general account options, if any. Generally, the insurance company guarantees the original face amount of the policy as a death benefit as long as the policyholder's premiums are paid on schedule or the cash value is sufficient to meet each fee deduction.
- ☐ A customer's variable life insurance premium payments typically are invested in an insurance company's separate account, though in some cases, premiums may also be allocated to one or more general account options. The separate account is distinct from the insurance company's general account, which comprises the assets of the insurance company that issues the policy.
- ☐ Premium payments will not decrease after a certain number of years, so the customer acknowledges that he/she can afford the premium payments needed to keep the policy in force. If the premiums paid exceed the amount of the death benefit, a modified endowment contract (MEC) results: A MEC's cash value build-up is not tax deductible. MEC withdrawals or loans from the policy will be subject to taxation. Death benefits to the beneficiary remain tax free.
- ☐ Any change in premium could cause the policy to lapse.
- ☐ The investment portfolios or investment divisions underlying the separate account are often called "sub-accounts". The sub-accounts are divisions of the separate account that invest in distinct underlying fund portfolios. A customer's policy premium payments, after deductions for any sales expense charges or premium tax charges, are applied to the sub-accounts and any general account options in accordance with the customer's allocation election. The value of the sub-accounts will fluctuate in accordance with the investment experience of the underlying funds. Fund performance could also change the illustrations presented at time of purchase.
- ☐ The representative has described all applicable charges and fees to me, including any front-end sales loads, back-end sales loads, administrative charges, cost of insurance charges, mortality and expense risk charges, and various fees associated with each underlying fund option. The cost of insurance charges can vary significantly depending on the customer's personal circumstances.
- ☐ The representative has discussed with me the sub-account investment options, loan provisions, and policy premium lapse periods associated with this policy. The representative has also disclosed to me that there is a free-look period associated with this policy that I have to revoke this contract.
- ☐ I have received a current prospectus describing this variable life insurance policy and the representative is available to discuss with me the information contained within this prospectus.
- ☐ **Variable life insurance is considered a security and may involve investment RISK, including loss of the principal amount invested.**
- ☐ **Is not a deposit or other obligation of, or guaranteed by, the financial institution where it is offered, or any affiliate.**
- ☐ **Is not insured by the FDIC or any other governmental agency, the financial institution where it is offered, or any affiliate.**

VARIABLE LIFE INSURANCE REPLACEMENT

"Replacement" generally refers to the activity of a customer surrendering or altering existing insurance coverage in order to purchase a new variable life insurance policy.

- ☐ A replacement may not be in the best interests of a customer. There may also be unfavorable tax consequences.
- ☐ If a customer already owns life insurance, it is not recommended that the customer acquire a new policy by using cash values or future dividends from his/her existing policies (so called "financing" transactions). There will always be additional cash payments for additional policies.

Customer Signature

Client Advisor Printed Name

Date

Client Advisor Signature

Customer Signature

Date

Date

Principal Approval

Date

Insurance Switch Form

(1035 Exchange)

☐ Permanent to Term

☐ Permanent to Permanent

Customer Name(s):

Date:	Brokerage Account #:
Original Policy:	New Policy:
Face Amount \$	Face Amount \$
Date Original Purchased:	SURRENDER PENALTY <input type="checkbox"/> YES <input type="checkbox"/> NO
From Whom was the Original Policy Purchased?	If "Yes," Amount \$
Who Initiated this Transaction? <input type="checkbox"/> Customer <input type="checkbox"/> Client Advisor	

CUSTOMER DISCLOSURE AND ACKNOWLEDGEMENT – PLEASE READ

By signing below, and entering into the transaction described above, I understand that:

- ☐ In consideration of my risk management and financial objectives, I have made the decision to exchange my "Original Policy" shown above for the "New Policy" shown above. This involves an IRS 1035 exchange of cash surrender value from my original policy to the new policy.

- ☐ **Written Explanation for Replacement Decision:**

- ☐ By surrendering my existing policy, I will forfeit the following benefits:

- ☐ With this 1035 exchange, my Client Advisor could receive a sales commission or partial sales commission.
- ☐ By purchasing the "New Policy" shown above, Arvest Asset Management and my Client Advisor could receive additional compensation as a result of this transaction.
- ☐ I have concluded that this transaction is appropriate and suitable for me.

 Customer Signature

 Client Advisor Printed Name

 Date

 Client Advisor Signature

 Customer Signature

 Date

 Date

 Principal Approval

 Date