

Physicians Life Insurance Company®

Omaha, Nebraska

IMMEDIATE ANNUITY APPLICATION

Annuitization option(s) applied for:

Single Premium Amount \$

Type of Plan [ ] Non-Qualified [ ] 1035 Exchange [ ] SEP-IRA Rollover [ ] IRA Transfer [ ] 403(b) Rollover [ ] IRA Rollover from Qualified Plan [ ] IRA [ ] 403(b) [ ] SEP-IRA [ ] OTHER

Owner Information (If different from Owner.) Joint Owner Full Name Address City State Zip Social Security Number [ ] Male [ ] Female Date of Birth / /

Annuitant Information (If different from Owner.) Joint Annuitant Full Name Address City State Zip Social Security Number [ ] Male [ ] Female Date of Birth / /

Payee Information (If different from Owner.) Full Name Address City State Zip Social Security Number

Beneficiary(ies) (Show % each is to receive) Relationship Social Security Number Primary Contingent

Comments

Signature

Does the applicant(s) have any existing Life Insurance or Annuity Contracts? [ ] Yes [ ] No

To the best of my knowledge and belief, the statements and answers contained in this application are true and complete and the above Social Security and/or Taxpayer Identification numbers are correct. I hereby apply for the annuity specified above. I understand that the annuity contract will not go into effect until the premium is paid and the contract is issued.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of the insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Please make check payable to: Physicians Life Insurance Company. City State this day of ,

Annuitant's Signature Joint Annuitant's Signature Owner's Signature Joint Owner's Signature

AA120Q

Agent's Report To the best of your knowledge, does the policy applied for involve replacement or modification of any existing Life Insurance or Annuity contract? [ ] Yes [ ] No

If yes, indicate which cost basis and submit required replacement forms. [ ] Life Insurance [ ] Annuity Cost Basis \$

I certify that only company approved sales material was used in connection with this sale, and copies of all sales materials used were left with the applicant.

Signature of Agent Telephone ( ) Agent Number Agent Name Agent License ID# Date Signed Agent Name (Print) Agent Number Percentage Agent Name (Print) Agent Number Percentage

Please submit Application and Payment to: Physicians Life Insurance Company, P.O. Box 2316, Omaha, NE 68172-4081