



LEVEL FOUR
Financial
A DIVISION OF
LEVEL FOUR GROUP, LLC

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LFF015
Form #
Branch #

Account #
FP #

Annuity Offer Disclosure

Policy Owner: _____ Joint Owner: _____

Offering Company: _____

Offering Description: _____

Offering Details: _____

Contract Number: _____ Current Income Benefit Value: \$ _____

Current Account Value: \$ _____ Guaranteed Income Amount: \$ _____

Current Death Benefit Value: \$ _____ Guaranteed Earning Enhancement Value: \$ _____

Years Remaining in Contract: _____ Surrender Charges: \$ _____

Estimated Offer Amount: \$ _____ Solicited _____ Unsolicited _____

Reason for Recommendation/Strategy: _____

Acknowledgements and Signature(s)

- I have reviewed the information on the offer from the insurance company as described above.
- I understand that the buyout offer may be less than the difference between the contract value and the guaranteed benefit value(s) I currently have on the contract.
- I understand that any amount provided is an estimate and that the amount added to the contract may be different from the estimated amount due to economic and other factors at the time the transaction is processed.
- I understand that if I accept this offer that the guaranteed benefit will be removed and it cannot be reinstated.
- I have been informed that, upon acceptance of this offer, the death benefit may be adjusted to the account value.
- I understand that the amount added to my contract under the terms of this offer will be treated as investment earnings for tax purposes.
- The existing contract may be subject to surrender charges (as detailed in my contract) if funds are withdrawn/transferred.

OFFER ACCEPTANCE

You have decided to accept this offer, indicate the most applicable reason for doing so:

- ___ I no longer consider guaranteed income as a primary need for these assets. I have sufficient assets to cover my income needs.
- ___ I no longer consider a death benefit as a primary need for these assets. I have sufficient life insurance/other assets.
- ___ I no longer consider the earnings enhancement benefit a primary need for these assets. I have sufficient life insurance or other assets for my beneficiary.
- ___ I have read the above acknowledgements and signed the offering company acceptance form.

Owner 1 Signature	Date	Owner 2 Signature (if applicable)	Date		
Financial Professional Signature	Date	Principal Signature 1	Date	Principal Signature 2	Date