SERB NATIONAL FEDERATION - A FRATERNAL BENEFIT SOCIETY

INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES

Do Not Sign Unless You Have Rea	d and Understand the Info	ormation in this Form
Date:/		
INSURANCE AGENT (PRODUCER) INFORMA		
First Name: Las		
Business\Agency Name:		
Mailing Address:	City:	ST: Zip:
Business Telephone Number: CUSTOMER INFORMATION ("You", "Your")		
First Name:	Last Name:	
What Types of Products Can I Sell You? I am licensed to sell annuities to You in accomeans I believe that it effectively meets You financial products, such as life insurance or I offer the following products:	ur financial situation, insurance n	eeds, and financial objectives. Other
\square Fixed or Fixed Indexed Annuities $\;\;\square$ Var	iable Annuities 🔲 Life Insuran	ce
I need a separate license to provide advice a any non- insurance financial products that I a		•
☐ Mutual Funds ☐ Stocks/Bonds ☐ Whose Annuities Can I Sell to You? I am a		
\square Annuities from Only One (1) Insurer \square	Annuities from Only Two (2) Insu	rers
Annuities from Only Two (2) Insurers alth	ough I primarily sell for:	
How I'm Paid for My Work: It's important for You to understand how I'm I may be paid a commission or a fee. Commi are generally paid to Me by the consumer. If	ssions are generally paid to Me b	y the insurance company while fees
Depending on the particular annuity You bu	ıy, I will or may be paid cash cor	npensation as follows:
Commission, which is usually paid by the	insurance company or other sou	rces. If other sources, describe:
☐ Fees (such as a fixed amount, an hourly rable the customer.☐ Other (Describe):	ate, or a percentage of your payr	nent), which are usually paid directly
By signing below, You acknowledge that You document.	have read and understand the i	nformation provided to You in this

If You have questions about the above compensation I will be paid for this transaction, please ask I may also receive other indirect compensation resulting from this transaction (sometimes called "noncash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources. **Drafting Note**: This disclosure may be adapted to fit the particular business model of the producer. As

an example, if the producer only receives commission or only receives a fee from the consumer, the disclosure may be refined to fit that particular situation. This form is intended to provide an example of how to communicate producer compensation, but compliance with the regulation may also be achieved with more precise disclosure, including a written consulting, advising or financial planning agreement. **Drafting Note:** The acknowledgement and signature should be in immediate proximity to the disclosure language.

Customer Signature:	Date://
Agent Signature:	Date://