

Qualified Best Interest Statement

This PTE 84-24 form is being provided to you as required by law under what is known as the ERISA Prohibited Transaction Exemption 84-24 (PTE 84-24). This statement contains information that you should read and understand prior to using funds from an individual retirement or qualified plan retirement account to purchase an annuity.

Annuity Contract Plan: _____

IRA/Plan: _____

Writing Agent _____ Writing Agent # _____

Agent is Independent of Insurer and Able to Recommend Other Annuity Contracts:

- Agent is independent of Serb National Federation (SNF Life).
- Agent is NOT contractually limited to recommending only annuity contracts of SNF Life.

Commissions:

SNF Life will pay a commission to the Agent for each purchase payment made to SNF Life. The total commission to be received by the Agent and/or an affiliate of the agent is equal to _____% of the purchase payment amount. Commissions are not subtracted from the purchase payments or from annuity contract values.

Material Conflicts of Interest:

A material conflict of interest exists if the agent has a financial interest that a reasonable person would conclude could affect the exercise of the agent's judgment in rendering advice as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest:

Contract Charges:

Early Withdrawal Charge:

A withdrawal charge will be deducted from contract values if you take a withdrawal outside of the permitted contractual withdrawal stipulations of each annuity contract. Please refer to these limitations. No further early withdrawal charges will apply to this contract after penalty period expire.

ACKNOWLEDGEMENT AND CONSENT:

(Completed by the IRA owner or by the employer or other Fiduciary with respect to the employee benefit plan)

I hereby acknowledge receipt of this Disclosure Statement prior to additional purchase payments to an existing Serb National Federation annuity contract. As IRA owner or fiduciary of the employee benefit plan, I hereby approve additional purchase payments to such annuity contract.

Signatures:

_____	_____	____ / ____ / ____
IRA Owner/Plan Administrator's Printed Name	IRA Owner/Plan Administrator's Signature	Date
_____	_____	____ / ____ / ____
Agent / Producer Signature	Agent / Producer Number	Date