

Instructions for Agent

OMGuarantee-Platinum



OLD MUTUAL
INVEST INSURE INNOVATE

1. Review this brochure with the customer(s).
2. Have the customer(s) sign and date the Confirmation Statement.
3. In the box marked "For Agent Use," verify the identity of owner(s) and annuitant(s), fill-in your name and address, and sign.
4. Detach and return the Confirmation Statement with the application to OM Financial Life.

Confirmation Statement

Please sign below to indicate your understanding.

This form must be detached and returned with the application to OM Financial Life.

By signing here, you are telling us that you have read this summary and understand the descriptions of the OMGuarantee-Platinum deferred fixed annuity features. You also understand that subject to the guarantee values in the annuity, the cash surrender values in the annuity may increase or decrease based on an MVA adjustment prior to the date or dates specified in the annuity. You are also telling us that neither OM Financial Life nor your agent has made any guarantees or promises regarding interest rates under the annuity. The actual rate in your annuity will be based on current data as of the date the annuity is issued. You understand that the Company offers deferred annuity products with different features and benefits and that you can also apply for those products by contacting the Company or one of its agents.

Signature of Owner

Date

Signature of Joint Owner, if any

Date

For Agent Use: The agent has received a copy of and has carefully read the OMGuarantee-Platinum Product Highlights.

I have verified the identity of the Owner, Joint Owner, Annuitant and Joint Annuitant through an examination of a state or federal government photo identification card provided by the Owner, Joint Owner, Annuitant or Joint Annuitant such as a Driver's License or Passport.

Owner

Identification # and State: _____

Type of Identification ☐ State Issued ☐ Immigration ☐ Military
☐ Passport ☐ Other _____

Annuitant

Identification # and State: _____

Type of Identification ☐ State Issued ☐ Immigration ☐ Military
☐ Passport ☐ Other _____

Joint Owner

Identification # and State: _____

Type of Identification ☐ State Issued ☐ Immigration ☐ Military
☐ Passport ☐ Other _____

Joint Annuitant

Identification # and State: _____

Type of Identification ☐ State Issued ☐ Immigration ☐ Military
☐ Passport ☐ Other _____

Agent

Signature of Agent

Agency Address

City, State, Zip

Annuity Application

OM Financial Life Insurance Company
Home Office Baltimore, MD

OWNER

Name _____

Address _____

☐ M ☐ F Birth Date _____

Social Security or Tax ID No. _____

JOINT OWNER (if any)

Name _____

Address _____

☐ M ☐ F Birth Date _____

Social Security or Tax ID No. _____

ANNUITANT (if other than Owner)

Name _____

Address _____

☐ M ☐ F Birth Date _____

Social Security or Tax ID No. _____

JOINT OR CONTINGENT ANNUITANT (if any)

Name _____

Address _____

☐ M ☐ F Birth Date _____

Social Security or Tax ID No. _____

Note: Death benefits are paid and ownership is passed to the person(s) living in the order which follows: Owner(s); Surviving Joint Owner, if any; Beneficiary; Contingent Beneficiary; or Estate of the last Owner to die.

BENEFICIARY (Unless otherwise provided, survivors of the applicable class of beneficiary, Primary or Contingent, will share equally.)

Primary _____

Relationship to Annuitant _____

Contingent _____

Relationship to Annuitant _____

Premium Paid with Application \$ _____

(Make check payable to OM Financial Life Insurance Company)

REPLACEMENT

Will the annuity applied for replace or change an existing life or annuity policy? ☐ Yes ☐ No

(If "Yes," list in ADDITIONAL INFORMATION section carrier, policy number, whether 1035 exchange, and attach applicable forms.)

PURPOSE OF ANNUITY

☐ Non-Qualified

☐ Qualified

☐ Individual Retirement Annuity (Owner must be the Annuitant)

☐ Rollover ☐ Transfer

Has OM Financial Life's IRA Disclosure Statement been received and reviewed by the Owner? ☐ Yes ☐ No

☐ Pension or Profit Sharing Plan - IRC Section 401(a)

☐ Other (Specify qualified plan type) _____

INTEREST RATE PERIOD

☐ 1 year ☐ 5 years ☐ 9 years _____ % Annuity Year 1

☐ 2 years ☐ 6 years ☐ 10 years _____ % for Remainder

☐ 3 years ☐ 7 years _____ of Rate Period

☐ 4 years ☐ 8 years (if applicable)

GUARANTEED RATE

ADDITIONAL INFORMATION

I (We) have read the statements made in this application. To the best of my (our) knowledge and belief, the statements are complete, true, and correctly recorded. I (We) understand that: a copy of this application will form a part of any annuity issued; the annuity will not take effect until delivered to the Owner; and no agent can modify any annuity issued.

FRAUD WARNING NOTICE Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

If the annuity applied for contains a market value adjustment, I understand that subject to the guaranteed minimum values in the annuity, that cash surrender values may increase or decrease based on a market value adjustment prior to the date or dates specified in the annuity. The market value adjustment applies when a surrender charge is applied.

(Signature of Owner)

(Signature of Joint Owner, if any)

(Signature of Annuitant, if not Owner)

(Signature of Joint or Contingent Annuitant, if any)

Signed at _____
(City and State) (Date)

TO BE COMPLETED BY AGENT

To the best of my knowledge, replacement or change of existing insurance or annuities is ☐ is not ☐ involved. I attest that I have been a witness to all signatures.

(Signature of Licensed Agent) (Date)

Agent's Name _____

OM Financial Life Agent Number _____

Agent's Telephone No. (_____) _____