

10 Year Conversion Annuities

Policy holders who elect to stop their coverage at the end of the tenth plan year often choose to begin a new annuity policy and transfer their cash accumulation value to the new policy. In this event a new annuity application must be submitted. The guaranteed interest rate on the Insured's annuity rider will also apply to the new annuity policy once the rider value is converted to a new policy.

FA-570
10 Year Conversion



INDIVIDUAL ANNUITY APPLICATION

Interstate Specialty Marketing, Inc.
17722 Irvine Blvd., Tustin, California 92780

Underwritten by Fidelity Security Life Insurance Company
3130 Broadway, Kansas City, Missouri 64111

Annuitant	Name: First		Middle	Last
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age	Date of Birth
	Home Address		City	State Zip Code Home Phone No.
Owner	Owner's Name (if other than Annuitant)		Social Security No.	Relationship to Annuitant
	Owner's Address		City	State Zip Code
Beneficiary	Primary Beneficiary's Name		Social Security No.	Relationship to Annuitant
	Contingent Beneficiary's Name		Social Security No.	Relationship to Annuitant
Coverage and Benefits	<input type="checkbox"/> Individual Flexible Premium Annuity <input type="checkbox"/> Waiver of Premium for Flexible Premium Annuity Due to Total Disability Rider (R-02944)			Monthly Premium
	*Indicates Planned Premium which may be increased or decreased.			\$ _____ * \$ _____
Premiums	TOTAL MONTHLY PREMIUM:			\$ _____
	INITIAL PREMIUM:			\$ _____
and Payment Method	Premium Mode: <input type="checkbox"/> Annual		<input type="checkbox"/> Monthly Pre-Authorized Check (PAC)	
			(Attach Authorization and Void Check)	
Replacement	Send Premium Notices to: <input type="checkbox"/> Insured <input type="checkbox"/> Other (Please attach a separate sheet with name and address)		Requested Effective Date:	
	<input type="checkbox"/> Owner			
Signature	Owner's Signature		Date	
Agent Statement	To the best of my knowledge a replacement: <input type="checkbox"/> is <input type="checkbox"/> is not involved?			
	Agent's Signature		Agent's Name	
	Agent's #		Date	

<p align="center">SPECIAL REQUESTS</p>	<p align="center">ADMINISTRATIVE OFFICE USE</p>
---	--

**Annuity Conversion State Availability Chart
FA-570**

Conversion Annuity Applications			
ST			
AK	A-01103AK		
AL	A-01103AL		
AR	A-01103		
AZ	A-01103		
CA	A-01103		
CO	A-01103CO		
CT	A-01103		
DC	A-01103DC		
DE	A-01103		
FL	A-01103FL		
GA	A-01103		
HI	A-01103HI		
IA	A-01103IA		
ID	A-01103		
IL	A-01103		
IN	A-01103		
KS	A-01103		
KY	A-01103KY		
LA	A-01103LA		
MA	N/A		
MD	A-01103MD		
ME	A-01103ME		
MI	A-01103		
MN	N/A		
MO	N/A		
MS	A-01103		
MT	N/A		
NC	A-01103NC		
ND	A-01103		
NE	A-01103		
NH	A-01103		
NJ	A-01103NJ		
NM	A-01103NM		
NV	A-01103		
NY	N/A		
OH	A-01103		
OK	A-01103		
OR	N/A		
PA	A-01103		
RI	A-01103RI		
SC	A-01103		
SD	A-01103		
TN	A-01103TN		
TX	A-01103		
UT	N/A		
VA	A-01103VA		
VT	A-01103		
WA	A-01103WA		
WI	A-01103		
WV	A-01103		
WY	A-01103		

Revised 03/14