

# Supplemental Disclosure for Fixed Life Insurance

## For Clients of Independent Agents & insurance solution by FTM Financial Services

I understand that the product I am applying for is a Life Insurance contract through an independent insurance agent from FTM financial services. I will read all sales materials and disclosures presented to me so that I can understand the conditions and limitations of the life insurance contract I am purchasing. **My agent has reviewed each of these very important items with me and I acknowledge:**

- \_\_\_\_\_ **1. I understand that I am purchasing a Life Insurance contract.** The payments I make are premiums for an insurance policy. I am not investing directly into the stock market or purchasing securities. I am not purchasing a Certificate of Deposit ("CD"), creating a "savings plan", or creating any other type of bank obligation.
- \_\_\_\_\_ **2. I understand that there is a "free look period":** After I receive my contract, there is a period of time between 10 to 60 days (depending on the state) during which I may cancel my policy for a refund of any premiums I have paid. Any cancellation after the free look period is considered full surrender and will be subject to any applicable fees or charges described in the insurance contract.
- \_\_\_\_\_ **3. I understand there are Surrender Penalties, Withdrawal Limits,** and other conditions attached to the Life Insurance Contract that I am buying: Each insurance contract will have what are known as "Surrender Penalties" if monies are taken out during the surrender period specified in the insurance contract. There may also be limits on the amounts I can withdraw without penalties. Loans and partial withdrawals have other limits, conditions and/or charges, and they will reduce the death benefit payable and the cash value available to cover the monthly policy deductions. Other limits, conditions, effects and charges may vary product and Insurance Company.
- \_\_\_\_\_ **4. I understand that there are Monthly Deductions for the cost of insurance,** administrative fees, and any optional riders I have purchased. Each month, the Insurance Company will deduct any applicable charges and expenses from my premiums before any net premiums are applied to the Fixed Account (if applicable), and/or the index crediting accounts I select.
- \_\_\_\_\_ **5. I understand that the cash value of my policy (if applicable) will fluctuate.** The future cash value of my policy will depend on many factors, such as:
- the changes in the value of the index chosen after accounting for applicable cap and participation rates;
  - the cost of insurance and other regular monthly deductions;
  - the amount and timing of my premium payments and of any cash withdrawals or loans I take;
  - any changes I make to the policy
- \_\_\_\_\_ **6. I understand the policy illustrations are only hypothetical examples.** Actual crediting rates will vary. Illustrations only show how different crediting rates and other assumptions could affect a policy's values and benefits over time. No specific crediting rate is guaranteed unless indicated on my policy documents.
- \_\_\_\_\_ **7. I understand that neither FTM financial services LLC, nor its affiliate companies** authorize their independent agents, employees, or any other representatives to give legal, tax, accounting, or securities advice. I have been advised to consult with my own legal or tax professionals to determine the tax or legal consequences of my specific situation.
- \_\_\_\_\_ **8. I understand what it means to replace another policy: In completing my application,** I was asked if I intend to replace an existing policy or contract to purchase this insurance policy. A "replacement" occurs when I am going to surrender, cancel, change, reissue, reduce, withdraw from, or borrow against an existing insurance or annuity contract.
- If this is a replacement, I have considered:
    - a) incontestability and suicide provisions;
    - b) evidence of insurability;
    - c) surrender charges and surrender period;
    - d) premium payments and insurance rates;
    - e) cash values;
    - f) other fees, charges, and features; and
    - g) any tax consequences arising from this transaction
  - If applicable, I have also reviewed my existing policy and determined that a replacement is appropriate to my needs and objectives.
- \_\_\_\_\_ **9. The insurance product I am purchasing meets my needs and objectives:** I fully understand that Life Insurance policies are designed for individuals with LONG-TERM financial goals who seek death benefits along with a choice of options for cash value. I have reviewed my insurable needs and financial objectives and I have determined that my payments are affordable and the contract is appropriate for me.
- \_\_\_\_\_ **10. I understand that the Life insurance contract must remain in force at all times** or the death benefit will not be valid and all outstanding loans may become immediately taxable and/or subject to immediate repayment.

Signature

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Proposed Insured (or Guardian)

Print name

Print Name of Person Signing Above

Print name

Print Name of Proposed Insured (if different from signer)

Agent: I have reviewed each of these items with the applicant

\_\_\_\_\_  
Writing Agent Signature

\_\_\_\_\_  
Agent Code #