



We, the undersigned, request National Life Insurance Company and/or Life Insurance Company of the Southwest (the Company) to act only in the capacity of insurer in issuing contracts to the qualified retirement plan identified below.

In acting in the capacity of an insurer only, we understand the Company will:

- Issue life insurance and annuity contracts based on the application and the information below.
  - The Owner will be the beneficiary.
  - All payments will be protected by the Spendthrift provision.
- Provide services, upon proper request by the contract owner, which are directly related to the contracts (*settlements upon retirement or termination, name changes, etc.*)
- Not provide services or be involved in any other way relating to administration, management or control of the plan or its underlying trust. **Note:** National Retirement Plan Advisors (NRPA) is **not** providing administrative services.

We further understand that the Company will require:

- Evidence of the appointment of trustee(s) if different than the signer(s) of this document, and
- Notification if the plan is disqualified by the Internal Revenue Service.

**COMPLETE ALL SECTIONS** (According to the Trust Document)

1. Plan Name (exactly as defined in Trust Document) \_\_\_\_\_
2. State in which the employer or sole/principal Trustee has its principal place of business: \_\_\_\_\_
3. a.  Corporate  Self-Employed  
b. Type of Plan:  Defined Benefit-Split Funded  Defined Benefit 412(i)  Money Purchase  
 Profit Sharing  Target/VIP  401(k)
4. Is National Life prototype being used?  
 No  Yes If 'Yes,' Prototype No.: \_\_\_\_\_  Integrated or  Non-Integrated  
 Standardized or  Non-Standardized
5. Plan Year: (mm/dd) From: \_\_\_\_\_ To: \_\_\_\_\_
6. Government Plan Number: (3 digits) \_\_\_\_\_
7. Trust ID Number: \_\_\_\_\_ NOTE: This is not the same as the Employer ID Number.  
 Not available yet  Has applied for
8. Plan Effective Date: \_\_\_\_\_
9. Plan Anniversary Date: (mm/dd) \_\_\_\_\_
10. Date of issue of contracts: (Specific dating recommended to avoid multiple billings.)  
Any dating permitted unless a specific date is indicated \_\_\_\_\_

**Required Signatures:**

Print Employer's Name & Address: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Check to indicate if trust authorizes any one trustee to sign forms, including forms on own life.)

- Yes (National Life Prototype provides for this.)  No, Majority must sign.
- No, anyone can sign - but NOT on own life.  No, ALL must sign.

Print Trustee(s) Name & Address: If individual trustee(s), ALL must sign; if corporate trustee, include name and authorized officer's signature.

Address is same as Employer's.

Trustee(s)' Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_