



Founded 1954

**Application
PREMIER SERIES Deferred Annuity**

AMERICAN SAVINGS LIFE INSURANCE COMPANY
480.835.5000 | 800.880.2112 | fax:480.835.5355
935 E Main Street, Mesa, Arizona 85203

1. OWNER: (Must be between ages 18 and 80) Male Female
 All Policyholder correspondence will be sent to this address)
 NAME: _____
Last Name First Middle
 ADDRESS: _____
Street City State Zip Code
 SS# or Tax ID#: _____ DATE OF BIRTH: _____ PHONE#: _____
Month Day Year
 TRUST INCEPTION DATE (include Trust Declaration Page): _____

2. JOINT OWNER(S): (Must be between ages 18 and 80) Male Female
 if more than one joint owner, attach a separate sheet in same format
 NAME: _____
Last Name First Middle
 ADDRESS: _____
Street City State Zip Code
 SS# or Tax ID#: _____ DATE OF BIRTH: _____ PHONE#: _____
Month Day Year

3. ANNUITANT: (if different than owner – must be between ages 18 and 80) Male Female
 NAME: _____
Last Name First Middle Initial Relation to Owner
 ADDRESS: _____
Street City State Zip Code
 SS# or Tax ID#: _____ DATE OF BIRTH: _____ PHONE#: _____
Month Day Year

4. BENEFICIARY(IES): (Joint Owner(s) will be the Primary Beneficiary(ies) unless otherwise indicated.)
 If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below:
 NAME: _____
Last Name First Middle Initial
 ADDRESS: _____
Street City State Zip Code
 SS# or Tax ID#: _____ DATE OF BIRTH: _____ PHONE#: _____
Month Day Year

5. TYPE OF ANNUITY: Premier Series 1300-3
 Premier Series 1300-5 Total Initial Premium: \$_____ (\$5,000 to \$350,000)
 Premier Series 1300-7

6. THIS ANNUITY IS BEING APPLIED FOR AS: Non-Qualified 1035 Exchange Other

7. YOUR CANCELLATION RIGHTS

IF FOR ANY REASON THE CONTRACT HOLDER IS NOT SATISFIED WITH THE ANNUITY CONTRACT, THE CONTRACT HOLDER MAY RETURN THE ANNUITY CONTRACT **WITHIN THIRTY DAYS** AFTER THE CONTRACT IS DELIVERED **AND RECEIVE A REFUND OF ALL MONIES PAID.**

8. YOUR RIGHT TO MORE INFORMATION

Upon written request, the Company will provide within a reasonable time reasonable factual information regarding the benefits and provisions of this annuity contract to the contract holder.

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9. REPLACEMENT

Do you have existing life insurance or annuity contracts? Yes No
If yes, will this policy replace existing life insurance or annuities? Yes No

If you intend on replacing existing life insurance or annuities, please list each existing insurance policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED	REPLACED (R) OR FINANCING (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____

10. APPLICANT'S ACKNOWLEDGMENT AND SIGNATURE

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 information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties.

SIGNATURE OF OWNER: **X** _____

APPLICATION SIGNED AT: _____ Date: _____
City County State Month Day Year

SIGNATURE(S) OF JOINT OWNER(S) (IF APPLICABLE): **X** _____

SIGNATURE OF ANNUITANT (IF OTHER THAN OWNER): **X** _____

SIGNATURE OF SPOUSE: **X** _____
(Required In AZ, If beneficiary is other than Spouse)

11. AGENT'S QUESTION

Does the Applicant have existing life insurance or annuity contracts? Yes No
Do you have knowledge or reason to believe that the annuity applied for by this application will replace or change any insurance or annuity currently in force on the life of the proposed Annuitant?: Yes No

SIGNATURE OF AGENT: **X** _____ Date: ____/____/____

AGENT'S NAME: _____

AGENT'S SOCIAL SECURITY # OR TAX ID #: _____ PHONE:(____) _____

AGENT'S ADDRESS: _____

AGENTS E-MAIL: _____