

PREMIER SERIES Deferred Annuity

COMPLETING THE APPLICATION FORM 1310 AS EASY AS ONE, TWO, THREE

IF DURING THE COMPLETING OF ANY OF THE QUESTIONS ON THIS FORM YOU ARE NOT SURE HOW TO ANSWER, Please call us at 480-835-5000 if local or if you are out of our local area 800-880-2112 and someone will answer your question(s) and assist you in completing the Application .

ONE

Complete **No. 1** the **“OWNER*”** information, all Annuity Contract correspondence will be sent to this name and address.

*If the **Owner** is a **Trust**, disregard the Male, Female boxes. Include the **“TRUST INCEPTION DATE”** and a copy of the **“Trust Declaration Page”** with the application; also **no. 3 “ANNUITANT”** of the application must be completed.

Complete **No. 2** only if there are **“JOINT OWNER(s)”**, attach a separate sheet if there will be more than one **Joint Owner** in the same format as shown on the application form.

Complete **No. 3**, only if the **“ANNUITANT”** the person on whose life Annuity Payments are based on, is different than the **“OWNER”** in **no 1** above, and or if the **“OWNER”** in **no 1** above is a **Trust**. The **“ANNUITANT”** must be a living person between the ages of 18 and 80, and cannot be a **Trust or a Corporation**.

Complete **No. 4 “BENEFICIARY(IES)”** only if you want someone other than the **“Joint Owner(s)”** in **no. 2** above to be the **Primary Beneficiary**.

TWO

No. 5 “TYPE OF ANNUITY” Choose which Premier Series Annuity fits your individual needs, by entering an **X** or a **check mark** in the **1300-3, 1300-5, or the 1300-7** box. Then fill in the amount in the Total initial Premium line _____ (\$5,000 to \$100,000) that you wish to purchase.

No. 6 THIS ANNUITY IS BEING APPLIED FOR AS: Mark with an **X** or **check mark** in the **Non-Qualified box**. **Mark the 1035 Exchange box, ONLY** if the funds for this Annuity application are the **Exchange** from a **Non-Qualified Policy/Annuity or Non-Qualified Funds From: Mutual Fund, Bank CD, or Other Non-Qualified Assets**. If you have checked the **1035 Exchange box**, American Savings Life Insurance Company will send you the **1035 Exchange Form(s) to complete**. If the premium for this Annuity purchase is being provided from a transfer of **1035 Exchange funds**, do not surrender the existing source of funds and have them sent directly to you, as there may be tax consequences if the funds go directly to you. **Consult your Tax Advisor**. The **1035 Exchange Form** when authorized by you will have the funds sent directly to **American Savings Life Insurance Company**. If you marked the **Other box in no. 6**, please provide us with the source of those funds for the initial premium.

No. 7 YOUR CANCELLATION RIGHTS: Explains that if for any reason you are not satisfied with the Annuity Contract, you may return it to American Savings Life Insurance Company **within 30 days** after you receive it for a **FULL REFUND OF ALL MONIES PAID**.

No. 8 YOUR RIGHT TO MORE INFORMATION: States that American Savings Life Insurance Company, upon written request will provide you within in a reasonable time information regarding the benefits and provisions of the Annuity Contract to the contract holder.

THREE

No. 9 REPLACEMENT: Answer both questions **Yes** or **No**, if the answer to the second question (**if yes, will this policy replace existing life Insurance or annuities?**) **Is yes**, then complete the remainder of the Replacement information, including the Insurer's Name, Contract or Policy #, Insured, and indicate Replaced (R) or Financing (F), **If you are replacing an existing policy or contract, Replacement Form 1351** with instructions is available on line for your completion and authorization to the existing company for the transfer of funds.

No. 10 APPLICANT'S ACKNOWLEDGMENT AND SIGNATURE: Complete this section and have the appropriate signature lines completed and current date filled in.

No. 11 AGENT' QUESTION: Disregard, this section will be completed when received at the Home Office of American Savings Life Insurance Company.

CONGRATULATIONS YOUR APPLICATION IS NOW COMPLETE

PLEASE REVIEW YOUR APPLICATION FOR COMPLETENESS, MAKE A COPY FOR YOUR RECORDS. PLEASE COMPLETE THE DISCLOSURE STATEMENT FORM 1321, SUITABILITY ANALYSIS FORM 1341, SUITABILITY ACKNOWLEDGEMENT FORM 1331, AND IF APPLICABLE (REPLACEMENT FORM 1351), THAT ARE AVAILABLE ON LINE WITH EASY INSTRUCTIONS.

MAIL THE APPLICATION AND THE OTHER COMPLETED FORMS REFERENCED ABOVE, TO AMERICAN SAVING LIFE INSURANCE COMPANY AT THE ADDRESS BELOW:

EMAIL@AMERICANSVINGSLIFE.COM

OR

IF YOU HAVE PRINTED THE FORMS, COMPLETED THEM, AND PREFER TO MAIL THEM

OUR MAILING ADDRESS IS:

AMERICAN SAVINGS LIFE INSURANCE COMPANY
955 E. Main Street
Mesa, Arizona 85203-8849