



Sagicor Life Insurance Company
 4343 N. Scottsdale Rd., Suite 300
 Scottsdale, Arizona 85251
 (888) 724-4267 / Fax: (800) 324-8943

**ANNUITY FREE-LOOK
 AUTHORIZATION FORM**

SECTION 1: CONTRACT INFORMATION

Annuity Contract Number	
Owner Name (First, Middle, Last)	Owner Social Security Number
Joint Owner Name (if applicable) (First, Middle, Last)	Joint Owner Social Security Number
Annuitant Name (if other than Owner) (First, Middle, Last)	

SECTION 2: FREE-LOOK ELECTION

Please invoke the free-look provision of my annuity contract. Check one box below:

- Return the premium directly to me. I understand that by Sagicor Life Insurance Company ("Sagicor") returning the premium directly to me rather than to the prior carrier, a taxable event may occur. I further understand that this refund of premium will be tax-reported by Sagicor to the Internal Revenue Service ("IRS") on IRS Form 1099-R for the applicable tax year.
- Please return the premium to the prior carrier. I have informed the prior carrier that these annuity funds will be returned to them.

SECTION 3: ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge and understand that Sagicor does not provide tax or legal advice. Prior to taking action regarding your annuity, you should consult your advisors.

I hereby agree to indemnify and hold Sagicor Life Insurance Company, its employees and agents harmless from any and all liability, loss, damage, expense, causes of action, suits, claims and judgements, including attorney fees, resulting from or based on actions taken by Sagicor Life Insurance Company at my request.

Signature of Owner	Type or Print Name	Title	Date
Signature of Joint Owner (if jointly owned)	Type or Print Name	Title	Date

*For use with 1035-Exchanges and Qualified Transfers only



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