

Disclosure Statement for Recommendations of Fixed Rate Annuities to/from ERISA Plan or IRA Independent Agent

These disclosures are being provided because you are buying a fixed rate annuity in a retirement plan subject to ERISA (e.g. 401(k), pension, ERISA 403(b)), an IRA, or with money from such an account or plan:

- The annuity contract is identified as _____ and the insurance company issuing the contract is Life Insurance Company of the Southwest, a member of the National Life Group. Hereinafter, Life Insurance Company of the Southwest shall be referred to as "NLG".

I am not affiliated with NLG, and I operate as an independent agent of NLG. NLG does not limit the annuity contracts or life insurance I can recommend to my clients.

- A commission is paid by the company to the agent conducting the transaction. The table below shows the agent's commissions.
 - Commissions are expressed as a percentage of the premium received in a policy year.

Policy Year					
Enter Issue Age:	%	%	%	%	%

Additional compensation (if applicable): _____

- The charges, fees, discounts, penalties or adjustments which may be imposed under the recommended contract in connection with the purchase, holding, exchange, termination or sale of the contract are:
 - Withdrawal Charges: Required Minimum Distributions are not subject to a withdrawal charge but do reduce the 10% free withdrawal annual amount. Otherwise, withdrawals exceeding 10% of your Contract's Accumulation Value in any given year, after the first policy year are subject to the withdrawal charges in accordance with table below.

Policy Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Withdrawal Charge (% of Accumulation Value)															

- Rider Charge: If box is checked this Policy features the Guaranteed Lifetime Income Rider (GLIR) at a cost of _____ per policy year. The charge associated with this rider is paid only to the company and will reduce the accumulation value of your Policy.

- The Agent is not undertaking the responsibility to provide monitoring of the insurance company or other matters related to the recommendation, its ongoing prudence, any changes or outcomes, or any other matter associated with, but subsequent to, the recommendation.

Agent may also receive additional benefits, compensation or marketing credits payable by the IMO for the sale of this annuity contract. These additional benefits, which are typically based on Agent's aggregate sales across all insurance companies, could include qualifications for a bonus, an incentive trip, or credit for business or marketing initiatives payable by IMO. If you have any questions about the additional compensation the Agent may receive in connection with the sale of this product, please ask the Agent for more information.

Agent will not be paid if a sale is not made; therefore, the Agent has a financial incentive to sell you this annuity. Commissions may vary by product and insurance company, and commissions on this product may be higher or lower than another financial product your agent could recommend. Likewise, "overrides," or commissions paid to other financial professionals or organizations your agent is associated with, may also vary by product and Insurance Company, and create an incentive to recommend this annuity.

**Agent to Retain Signed Disclosure for Six (6) Policy Years
Do Not Remit to National Life**

Acknowledgment by Fiduciary

The undersigned represents and acknowledges that he/she:

- is a fiduciary of the Plan or in the case of an IRA, the Beneficial Owner of the IRA;
- is independent of the insurance company;
- is not an insurance agent or broker, pension consultant or insurance company involved in the transaction;
- has received the foregoing information;
- approves the purchase of the insurance contract;
- will not receive, directly or indirectly (e.g., through any affiliate), any compensation or other consideration for the undersigned's own personal account from any party dealing with the plan in connection with the transaction; and
- In the case of an IRA, the undersigned approves the withdrawal from the IRA of funds needed to purchase the insurance contract.

Received, approved and agreed by the undersigned Fiduciary:

Name of Plan or IRA: _____

Name Date

Signature

Agreed and approved by the insured:

Name Date

Signature

Note: The purpose of this disclosure form is to provide important information for the Fiduciary to consider in determining whether to purchase an individual fixed rate annuity with Plan assets. In that regard, the information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24.

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