

Universal Life Insurance Company

Calle Bolivia #33, Suite 600
San Juan, Puerto Rico 00917-2011
PO Box 2171
San Juan, Puerto Rico 00922-2171

Universal Bonus Index Annuity Application

Choose your contract term by selecting one of these options: 5 year EIA 10 year EIA



T: (787) 706-7095
Fax: (787) 625-7379
www.miuniversalpr.com
www.lastenemostodas.com

CONTRACT CATEGORY

NON-QUALIFIED **QUALIFIED** **IRA** **ROTH IRA** **KEOGH** **OTHER** _____

PURCHASE PAYMENT

Amount: \$ _____ \$10,000 initial minimum for Non-Qualified and \$5,000 for Qualified. A copy of this application properly signed by the registered representative will constitute receipt of the dollar amount specified. If this application is declined by Universal Life Insurance Company, there will be no liability on the part of Universal Life Insurance Company, and any payments submitted with this application will be refunded.

Payment Submitted Via: Check Wire IRA Rollover IRA Contribution 1035(a) Exchange (US)
 1034.04(b)(9) Exchange (PR)

PARTIES TO THE CONTRACT

Contract Owner (Must be a resident of Puerto Rico*)

Last Name: _____ First Name: _____ MI: _____

Address: _____

Postal Address: _____

Date of Birth: _____ Sex M F Soc. Sec. No. or Tax ID: _____

Daytime Phone Number _____ Email Address: _____

Employer/Trust: _____ Brokerage Account: _____

Customer Identification: ID Type: _____ Name on ID: _____

ID Number: _____ Issue Date: _____ Expiration Date: _____

Occupation: (For Owner)

Employer: _____ Employer Address: _____

Title: _____ Phone: () _____

Joint Owner (Joint Owners must be residents of Puerto Rico*) Not available for GLWB Riders.

Last Name: _____ First Name: _____ MI: _____

Address: _____

Date of Birth: _____ Sex M F Soc. Sec. No. or Tax ID: _____

Customer Identification: ID Type: _____ Name on ID: _____

ID Number: _____ Issue Date: _____ Expiration Date: _____

Occupation: (For Joint Owner)

Employer: _____ Employer Address: _____

Title: _____ Phone: () _____

Annuitant (If different from Owner) (Must be age 85 or younger and Resident of Puerto Rico*) (If a GLWB is being elected, an Annuitant may only be designated if the owner is a non-natural owner)

Last Name: _____ First Name: _____ MI: _____

Address: _____

Postal Address: _____

Date of Birth: _____ Sex M F Soc. Sec. No. or Tax ID: _____

Daytime Phone Number _____

Customer Identification: ID Type: _____ Name on ID: _____

ID Number: _____ Issue Date: _____ Expiration Date: _____

Beneficiaries (Whole Percentage Only: Allocation to all Primary Beneficiaries must equal 100%; Allocation to all Contingents must also equal 100 % (for additional beneficiaries, please add specified letter). **La designación de beneficiario tendrá validez única y exclusivamente si es cónsona con las disposiciones legales que rigen las herencias en Puerto Rico.**

Primary	Contingent	Print Full Name (Last, First, MI)	Allocation	Relationship	Soc. Sec. No.	Date of Birth
<input type="checkbox"/>		_____	_____ %	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	_____	_____	_____

*In the event of the death of any party to the Contract including, but not limited to, the Contract Owner (or any Joint Owner) and the Annuitant, the rights of any remaining parties under the Contract and the heirs of the deceased party with respect to the Contract and payments hereunder will be subject at all times to the applicable estate laws of the Commonwealth of Puerto Rico, including those provisions relating to forced heirs. Any payments required to be made by Universal Life Insurance Company under the Contract (including payment of the Death Benefit) after the death of any party to the Contract will be made by Universal Life Insurance Company in accordance with the applicable estate laws of the Commonwealth of Puerto Rico, and any such payments will be processed after Universal Life Insurance Company shall have received proof of death and any required court or other documents involving to the estate of the deceased party to the Contract. Contract Owners and prospective Contract Owners are urged to consult their legal adviser to discuss any implications that Puerto Rico estate laws may have respect to other parties to the Contract and respect to the prospective heirs of such Contract Owner or prospective Contract Owners.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

INDEX CREDITING STRATEGIES

Whole percentages only. Allocation to Index Crediting Strategies must equal 100%. The option may be changed at the end of the Index Crediting Strategy Term.

1 Year Point to Point with a Cap _____ % 2 Year Point to Point with a Cap _____ %

3 Year Point to Point with a Cap _____ % 3 Year Point to Point with a Rider Charge* _____ %

* Amounts allocated to Index Crediting Strategies with a Rider Charge are offered under the "Point to Point Strategy with a Rider Charge" rider and will be subject to an annual fee of 1%.

**LIVING BENEFIT
OPTIONS**

Only one option may only be elected at time of application, available at an additional annual cost. Benefits may be subject to age and other restrictions.

- Guaranteed Lifetime Withdrawal Benefit** (GLWB) “*Universal EIA Income for Life Rider*” - Joint Owners are not allowed if benefit is selected. **For this option, the Annuitant is also the Owner (Except in the case of non-natural owners).** Annual charge of 0.85% of the **Total Withdrawal Base**.
- Guaranteed Lifetime Withdrawal Benefit Plus** (GLWB Plus) “*Universal EIA Income for Life Rider Plus*” - Joint Owners are not allowed if benefit is selected. **For this option, the Annuitant is also the Owner (Except in the case of non-natural owners).** Annual charge of 0.85% of the **Total Withdrawal Base**.

**OPTIONAL
BENEFITS**

Option may only be elected at time of application, available at an additional annual cost. Benefits may be subject to age and other restrictions.

- Enhanced Guaranteed Minimum Surrender Benefit** (Enhanced GMSB) - Upon election, the Guaranteed Minimum Surrender Value becomes the greater of the base contract Guaranteed Minimum Surrender Value or the Enhanced GMSV. Annual charge of 0.10% of the policy value.

CONTRACT OWNER SIGNATURES

The Owner(s) and the Annuitant, if other than the owner:

- (1) Represent(s) that all statements and answers contained herein are full, complete, true as written and correctly recorded, and;
- (2) Expressly agree(s) as follows:
- a. This application and the answers and the agreements herein contained shall be part of the annuity contract hereby applied for
 - b. The contract applied for shall take effect once the application and premium are received in good form and approved by the company.
- (3) This policy is an equity indexed annuity. While values of the policy may be affected by an external index, the policy does not represent ownership in shares of any stock or index.
- (4) Do you have existing life insurance or annuity contracts?**
 No Yes
- (5) Will this annuity replace or change any existing annuity or life insurance contracts?**
 No Yes
- (6) Is this application being signed in Puerto Rico?**
 No Yes

I understand the purpose and intent of this Contract is to offer benefits to individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Universal Life Insurance Company to cover a single life with more than \$1 million in premium without permission from Universal Life Insurance Company, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

To the best of my knowledge and belief, I hereby represent my answers to the above questions to be accurate and complete.

By signing below, I acknowledge that I have received and read the Universal Equity Index Annuity Disclosure Statement, and that I understand the descriptions of the annuity features. I have reviewed my financial needs and objectives with my authorized representative, and I have determined that the Universal Equity Index Annuity is appropriate for my financial needs and objectives. No statements made by my registered representative differ from the information contained in the Disclosure Statement.

I/We hereby represent that all parties to the Contract are residents of Puerto Rico and not citizens of the United States, unless such citizenship was acquired solely by reason of (1) being a citizen of Puerto Rico, or (2) birth or residence within Puerto Rico.

Notice:

Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) year, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. The violation of the dispositions of this Article will entail the imposition of an administrative fine that will not be smaller of one thousand (\$1,000) dollars nor greater than five thousand (\$5,000).

CONTRACT OWNER: _____ DATE: _____ ANNUITANT: _____ DATE: _____
Signature (If different from Owner) Signature

JOINT OWNER: _____ DATE: _____
Signature

AUTHORIZED REPRESENTATIVE INFORMATION

Contact your home office for program information.

Please choose an option: No-Trail Trail (Option 1) Trail (Option 2)

NAME: _____
(Please Print)

AUTHORIZED REPRESENTATIVE SS#: _____

FIRM NAME: _____ PHONE (____) _____

ADDRESS: _____

AUTHORIZED REPRESENTATIVE SIGNATURE: _____
Signature