



Aviva Life and Annuity Company
 611 5th Avenue
 P.O. Box 10433
 Des Moines, IA 50306-0433
 (888) 252 5530

Application for Deferred or Indexed Deferred Annuity

1 Product

Product Name: _____

Rider(s): _____

2 Annuitant

First Name (as to appear on contract) M.I. Last Name

Date of Birth Social Security Number Male Female

Address

City State Zip Code Phone Number

3 Joint Annuitant

If applicable

First Name (as to appear on contract) M.I. Last Name

Date of Birth Social Security Number Male Female

Address

City State Zip Code Phone Number

4 Owner

If other than Annuitant

First Name of Individual or Entity M.I. Last Name

Date of Birth Social Security or Tax I.D. Number Male Female Relationship to Annuitant(s)

Address

City State Zip Code Phone Number

Note: If the proposed owner(s) is not a natural person, for example a trust, a corporation or an association, then additional documentation will be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.

5 Joint Owner

Not applicable to qualified contracts

First Name of Individual or Entity M.I. Last Name

Date of Birth Social Security or Tax I.D. Number Male Female Relationship to Annuitant(s)

Address

City State Zip Code Phone Number

6 Contingent Owner

If Owner and Annuitant are different

First Name of Individual or Entity M.I. Last Name

Date of Birth Social Security or Tax I.D. Number Male Female Relationship to Annuitant(s)

Address

City State Zip Code Phone Number



12 Agreements and Signatures

The Owner agrees to the following:

- 1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
- 2. The effective date of the Contract will be the Contract Date set by the Company.
- 3. No producer or person other than the President or Secretary of the Company has the authority to change or modify the Contract or waive any of its provisions.

Residents of all states except DE, IN, MN, MO, OR, PA, UT and WA:

Amounts payable under the Contract are subject to a Market Value Adjustment (if applicable) on the date or dates, as specified in the Contract.

Indexed Deferred Annuity Applicants:

I understand that I am applying for an equity indexed deferred annuity and realize that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investments. I further understand that index-linked interest credits will not be credited to any amount withdrawn during a term period and that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

I have received a copy of the disclosure material and understand that the results shown, other than the Guaranteed Minimum Values, are not guarantees, promises, or warranties.

Payment must be made payable to Aviva Life and Annuity Company.

Signed at: _____ on _____
(city) (state) (date)

Annuitant Signature

Joint Annuitant Signature (if applicable)

Owner Signature (if other than Annuitant)

Joint Owner Signature (if applicable)

13 Producer Use Only:

- 1. Yes No Does the applicant have an existing life insurance policy or an existing annuity contract?
- 2. Yes No Will this annuity replace or change an existing life insurance policy or annuity contract?
(If yes to either question, and if required by state regulation, replacement forms must accompany this application.)

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were 1) left with the client and 2) retained in my files. I certify that any required disclosure material has been presented to the applicant. I have not made any statements which differ from this material nor have I made any promises, about the future expected values of this Contract.

Producer Signature

Producer Name (print please)

Producer Number

Producer Phone Number and/or email address

Complete the following section for any split producers and indicate the split percentages.

Producer Name	Producer Number	Split %
_____	_____	_____
_____	_____	_____
_____	_____	100%

Option 1 Option 2 Option 3
(If unchecked, the default is Option 1.)

