



Kingswood Capital Partners, LLC (KCP)
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Telephone: (800) 535-6981 (ext. 1)

Transaction Cover Sheet - Insurance

Contact ID: _____

Instructions: For use when purchasing life insurance, disability insurance or long term care insurance. For fixed annuity, fixed index annuity and variable annuity purchases, use the appropriate product specific Transaction Cover Sheet.

1 INVESTOR INFORMATION

Investor Name _____ Date of Birth _____ Date _____

Investment Representative _____ Rep ID _____

Premium Type: Initial Premium Subsequent Premium Existing Contract Number: _____

Are there existing life insurance policies in force on the proposed insured? Yes No If yes, total Life amount \$_____

Will the insurance applied for replace any life insurance now in force? Yes No

Source of Funds for this Insurance Purchase (choose all that apply) (*must complete Section 3)

Checking/Savings	CD	Stock(s)	Fixed Index Annuity*	Employer-Sponsored Plan Rollover	
Money Market	Bond(s)	Fixed Annuity*	Mutual Fund(s)/UIT*	Variable Annuity*	Other _____

2 TRANSACTION

I am purchasing this product for: (choose all that apply)

Death Benefit	Estate Planning	Future Income	Mortgage Protection	Income Replacement
Business Insurance Purpose	Long Term Care	Other: _____		

Transaction is:	Single Premium UL/Whole Life	Whole Life	Variable Universal Life	Term Life	Disability Insurance
	Long Term Care	Universal Life	Indexed Universal Life	Other _____	

Death Benefit Amount	Company	Name of Product	Annual Premium Amount	Target Premium Amount or N/A
\$_____			\$_____	\$_____

If I surrender the policy, decrease the face amount or allow the policy to lapse during the first _____ policy years after issue, a surrender charge will be imposed. (Please refer to signed illustration for more information.) (Not applicable for Term Life, Long Term Care or Disability Insurance.)

Liquidity The ability to quickly and easily convert to cash all or a portion of the investments in this account without incurring significant costs or penalties is:
Needs: Important Somewhat important Growth & Income

If Variable Universal Life, complete the following:

Investment Objective: Conservative Income Growth & Income Growth Aggressive Growth

INVESTMENT OBJECTIVE DEFINITIONS

- A. Conservative:** Investors who seek investments designed with emphasis placed on the prevention of capital loss with secondary concentration in current income.
- B. Income:** Investors who seek investments primarily focused on the continued receipt and steady stream of income.
- C. Growth & Income:** Investors who seek investments where emphasis is placed on modest growth with some focus on the generation of income.
- D. Growth:** Investors who seek investments primarily focused on achieving high capital appreciation with little emphasis on the generation of current income.
- E. Aggressive Growth:** The most aggressive objective. Investors who seek investments focused on maximizing capital appreciation and not concerned with the generation of current income. Aggressive Growth investments will assume high market risks for potentially high returns.

Risk Tolerance: Low Medium High

Is this policy being funded by a liquidation of a Mutual Fund, Annuity or VUL? Yes No If yes, please complete Section 3.

My representative has explained the nature of my investment and this is consistent with my investment objectives. I understand that variable sub-accounts are subject to market conditions and/or interest rate fluctuations and that the cash surrender value may be higher or lower in the future. I have been advised to read the product prospectus which has been provided to me with regard to the purchase of a variable universal life insurance policy. The prospectus contains complete details regarding any fees and expenses.

If my policy is subject to market value adjustments and I surrender the policy prior to the end of the surrender schedule, these conditions have been explained to me by my representative.

4 INVESTOR ACKNOWLEDGEMENT AND DISCLOSURE (Continued)

KCP may receive revenue sharing compensation from select product providers that support our marketing and sales force education and training efforts.

I understand all of the above disclosures and acknowledge the investment is made with these considerations in mind. I affirm that I have received a copy of this Transaction Cover Sheet - Life Insurance and Long Term Care Insurance and appropriate prospectus (if applicable).

1	SIGNATURE OF INVESTOR	PRINTED NAME OF INVESTOR	DATE
2	SIGNATURE OF CO-INVESTOR (IF APPLICABLE)	PRINTED NAME OF CO-INVESTOR	DATE
3	SIGNATURE OF INVESTMENT REPRESENTATIVE	PRINTED NAME OF INVESTMENT REPRESENTATIVE	DATE
4	SIGNATURE OF PRINCIPAL APPROVAL	PRINTED NAME OF PRINCIPAL	DATE

5 PROGRAM REFERRAL INFORMATION

Source of Referral (choose most applicable):

Branch Referral	Existing Investor	Website	Seminar/Workshop
Walk-In	Investor Referral	Web search	Other _____

Reason for Investor Meeting (choose most applicable):

Rollover	Retirement Income	College Savings	
Inheritance	Retirement Planning	Estate Planning	Other _____

Invested Funds were from (choose all that apply):

Bank Deposit	Outside Bank Deposit
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8 TRANSACTION COMMENTS / NOTES

Investor(s) Initials (Optional): _____