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Member FINRA/SIPC

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 Needs: 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: 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.

3 SWITCH-EXCHANGE-REPLACEMENT INFORMATION AND RATIONALE

Check here if this transaction is NOT a switch or replacement and skip to Section 4: Investor Acknowledgement and Disclosure

Current Investment Product Name: _____

If Variable Annuity:

Estimated Annual Internal Fees* of current investment:

Mutual Fund _____
Variable Annuity _____
Variable Universal Life _____
Other (specify) _____

UIT _____
Fixed Annuity _____
Fixed Index Annuity _____

M&E and Administrative Fees: _____ %

Rider Fee(s) (if applicable): _____ %

_____ %

Bonus Fee (if applicable): _____ %

Total Annual Internal Fees*: _____ %

*Annual Internal Fees exclusive of sub-account fees

Dollar amount of current investment to be liquidated: \$ _____ Year **current** product was purchased: _____

Name of Broker/Dealer **current** investment was purchased from: _____

My **current** investment has a surrender charge period remaining of _____ years.

By liquidating my **current** investment, I will be subject to a surrender/sales charge of _____ % which equates to approximately \$ _____

If current investment was purchased within the past two years, the amount of front end sales charge paid was _____ %.

If this transaction involves a full or partial surrender of a variable annuity or variable universal life contract, please complete the following:

The value of the death benefit prior to liquidation of the existing contract is \$ _____

Is the current death benefit value higher than the current contract value? Yes No

If yes, the death benefit amount being forfeited is \$ _____

I will lose all or a portion of the guaranteed value in the following types of rider benefit(s) (if applicable):

Living Benefit Rider(s) Death Benefit Rider(s) Current investment has no Rider Benefit(s)

Other (specify) _____

Current value of Benefit Base of existing living benefit rider: \$ _____

Please provide a description of any living and/or death benefit rider being forfeited:

Switch / Exchange / Replacement Rationale:

Please provide a detailed explanation of the rationale for this recommendation, including but not limited to (A) the intended use of the new policy, and (B) how the switch/exchange/replacement is beneficial to the investor(s).

4 INVESTOR ACKNOWLEDGEMENT AND DISCLOSURE

It is important that you understand the associated risks with non-deposit investment products. All investment products and services:

- are offered through KCP, a registered broker-dealer
- involve investment risks, including fluctuations in value and possible loss of principal

1. I understand that I have applied for a life insurance policy. The policy is designed for long-term buyers who seek life insurance protection and benefits. The asset(s) used to purchase the life insurance policy is not needed by me (or my spouse) for retirement income or emergency needs. I have determined that this policy is appropriate for my insurance and financial needs and objectives. (Not applicable if Business Insurance.)
2. The policy's loan provisions and partial surrender features have been explained to me by my representative. Withdrawing funds from or surrendering life insurance cash values may be subject to immediate tax consequences and surrender or withdrawal charges. Withdrawing funds from life insurance cash values may affect the death benefit values.
3. If this policy is or becomes a Modified Endowment Contract (MEC), policy loans, withdrawals, assignments or surrenders will be taxed as income to the extent that there is a gain in the contract.
4. Life insurance death benefits generally pass to the named beneficiaries income tax-free.
5. I have been informed about my "free look" provision, as applicable to this purchase, during which I can terminate my insurance policy without paying any surrender charges as specified in my insurance policy.

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
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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

8 TRANSACTION COMMENTS / NOTES

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Investor(s) Initials (Optional): _____