UTAH LIFE INSURANCE AND ANNUITY
REQUEST FOR DISCRETIONARY GROUP AUTHORIZATION

INSURER NAME: ______________________________________________________________________________
NAIC#: ______________

Answer all questions in detail. Complete a separate form for each group. Discretionary Group authorization must be obtained prior to submitting any form filings.

1. GROUP INFORMATION:
   Policyholder Name: ____________________________________________________________
   Group Name: ____________________________________________________________________________________________
   Date group was formed: ____/____/____ By whom: _____________________________________________________________
   Describe the purpose of group?
   Qualifications for membership: __________________________________________________________________________
   Is the group composed of other groups or other unrelated persons? Yes _____ No _____
   List and explain all other groups and/or unrelated persons: ________________________________________________________________
   Who will be the beneficiary? ________________________________________________________________________________
   If the policy terminates or the insured leaves the group, what happens to the insurance of the individual insured:
   __________________________________________________________________________________________________________

2. TRUST INFORMATION:
   Is a trust involved? Yes _____ No _____ If yes, name of the trust: __________________________ Trust domicile state: _____
   When was trust formed: ____/____/____ By whom: ________________________________________________________________
   Trustee Name: ________________________________________Trustor Name:________________________________________
   Trust administrator name: ___________________________________________________________________________________
   Purpose of the trust: _______________________________________________________________________________________
   __________________________________________________________________________________________________________

3. ANNUITY CONTRACTS:
   Are the funds allocated or unallocated? _______________________________________________________________________
   Describe who owns the funds: ______________________________________________________________________________
   Is premium tax-qualified? Yes ___ No  ____ Explain:  __________________________________________________________

4. BILLING, COLLECTION & PAYMENT OF PREMIUMS:
   Mark all that are applicable:
   _____ Payroll deduction
   _____ Billed individually
   _____ Deductions from a depository account
   _____ Paid by the policyholder from its own funds or funds contributed by insureds and forwarded to insurer by the policyholder.
   _____ Other: _____________________________________________________________________________
   Trust administrator collects premiums and forwards to insurer
   Automatic charges to a credit card or open charge account
   __________________________________________________________________________________________

5. MARKETING:
   Type of insurance products to be marketed: _____________________________________________________________________
   Identify all organizations and individuals involved in marketing and describe their functions: _____________________________
   __________________________________________________________________________________________________________
   Where do the leads for marketing or enrolling group members originate: ______________________________________________
   __________________________________________________________________________________________________________
   Will the certificates be marketed individually? ______________________
   Describe the marketing and enrolling: ______________________
   Who performs the marketing or enrolling of the group:
   _____ Employees of the insurer
   _____ Mass solicitation (i.e. direct mail, internet)
   _____ Other: ____________________________
   Enrolled by policyholder (the individual is a member of the group)
   Solicited individually by producers licensed in Utah
   __________________________________________________________________________________________

6. REQUIRED DOCUMENTS TO BE SUBMITTED:
   _____ Complete copy of trust agreement, bylaws, and/or articles of incorporation.
   _____ Certification signed by a qualified actuary that states the proposed group is actuarially sound.
   _____ Additional materials submitted to further describe the group.
   _____ Other: _____________________________________________________________________________
7. **CERTIFICATION:** Initial each item.

______ Formation of the proposed group results in economies of scale in administrative, marketing and brokerage costs.

______ By completing this form, the company certifies that the marketing will be limited to the group identified herein. If the product is to be marketed to other groups, a new questionnaire must be submitted to the department.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original or Digital Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

For general questions contact the Life Insurance Section at (801) 538-3066.