# TRAINING MANUAL





# Liberty Life's Philosophy

Liberty Life 's philosophy is to conduct business with complete integrity and fair dealing. We believe at the heart of this is to conduct business with the customer's financial interests and objectives as the top priority. To this end, we and all our associates who represent Liberty Life will act with high standards of honesty and fairness. This means providing sales material that is clear, honest, and fair as to content.

As representatives of Liberty Life, no one shall make:

- Misrepresentation of benefits, advantages, conditions, or terms of any insurance policy.
- Misrepresentations for the purpose of inducing a policyholder or policy owner to lapse, forfeit, exchange, convert, or surrender their insurance.
- Misrepresentations or untruthful statements on insurance applications or forms for the sole purpose of providing insurance or providing rates different than those set by the company.

No representative may solicit or sell business for Liberty Life without first possessing a valid insurance license.

All representatives of Liberty Life:

- Must be aware of and comply with all applicable statutory, regulatory and industry laws,
- are strongly encouraged to attend industry meetings for educational opportunities, and to stay current on new laws and regulations, and
- are encouraged to use fact-finding tools to determine customer's financial needs and objectives.

Any attempt to circumvent or ignore these responsibilities impugns the integrity of those involved and that of the Liberty Mutual Group. It will be treated as a serious violation of proper business conduct, and may result in the immediate termination of appointments with Liberty Life.



# Liberty Life Means Quality

#### A member of the Liberty Mutual Group

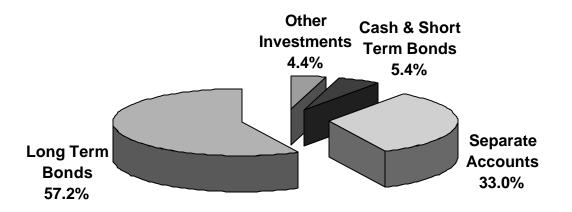
- -- Founded in 1912
- -- Large, diversified financial services organization
- -- \$42 billion in consolidated assets
- -- Nation's largest writer of workers compensation
- -- 8th largest property & casualty insurer
- -- Ranked 142nd among Fortune 500 largest US corporations

#### Liberty Life

- -- Protecting families since 1964
- -- \$6.7 billion in assets
- -- \$16.1 billion insurance in-force
- -- Largest writer of life insurance in banks 5 years in a row

#### Liberty Life invests in Quality

- -- 92% of bonds are high quality investment-grade bonds
- -- More than half of bonds are US government backed securities
- -- No mortgages-- No real estate





# Tax Deferred Annuities A Great Choice for Retirement

#### **Annuity Benefits**

- Help clients save for for retirement
- Safe
- Attractive rates
- Defer taxes
- Access to cash
- Death benefits avoid probate if a beneficiary is named

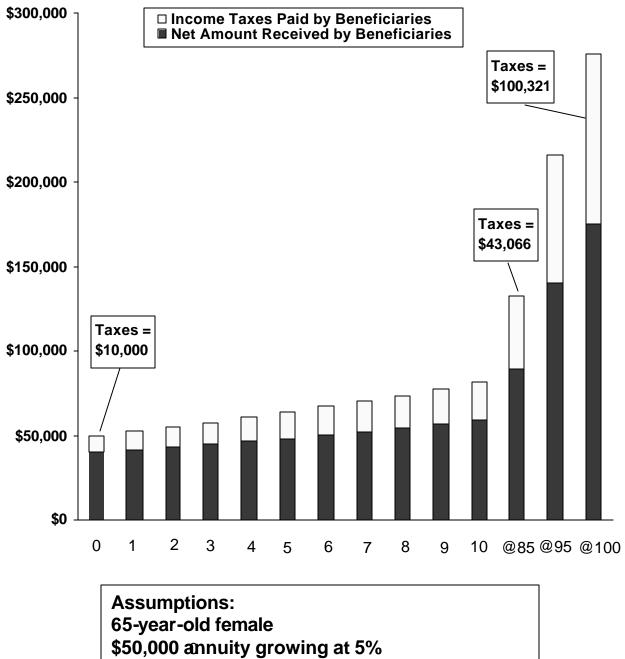
## Have Circumstances Changed?

- Is the annuity still intended for retirement?
- Are other resources adequate for retirement income?
- Does the client want to pass the annuity assets on to heirs?
- Are there concerns with passing a tax burden to heirs at death?





### **Taxes and Annuities**





#### Features

#### **Deferred Annuity**

- ? Safe
- ? Attractive rate
- ? Tax deferral
- ? Avoids probate
- ? Access to cash
- ? Death benefit taxable to heirs (investment gains)

#### Legacy Link

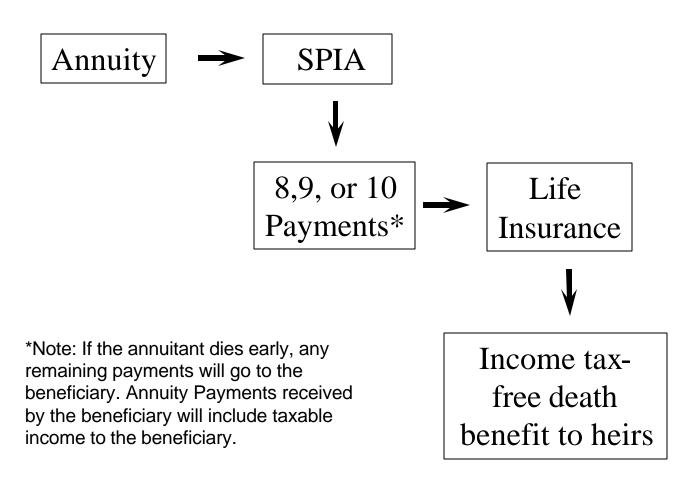
#### ? Safe

- ? Attractive rate
- ? Tax deferral
- ? Avoids probate
- ? Income tax-free access to cash
- ? Income tax-free death benefit to heirs



### What is Legacy Link

Legacy Link is a program that allows your clients to reposition the funds they have in annuities into a financial vehicle that gives them the opportunity to pass more money on to their heirs without an income-tax liability.



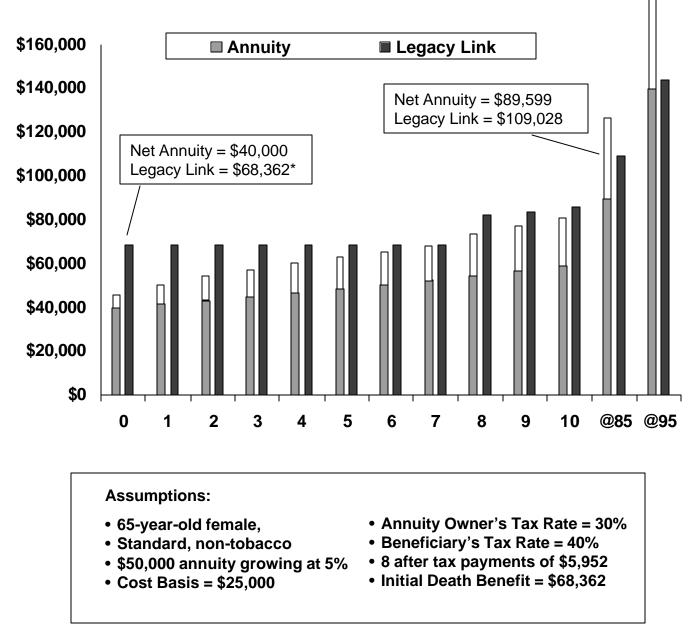


### Access to Cash\*

- Loans: Loans of earnings at zero net out-of pocket cost. Loans of principal at a net 2% out-of-pocket cost.
- **Partial Withdrawals**: Min = \$250. Max = cash value less \$500. May be subject to withdrawal charges.
- Medical Waiver of Withdrawal Charge\*\*: Account value may be accessed without withdrawal charge after the first contract year if the insured or the insured's spouse has a qualifying medical stay which lasts at least 45 days during any continuous 60-day period.
- Accelerated Death Benefit\*\*: Up to 90% of the death benefit may be accessed without penalty (under current tax law) if the insured is diagnosed with a terminal illness or is chronically ill.
- **Annuitization:** Life insurance contract can be annuitized to produce a stream of income on the life of the insured or the beneficiary.
  - \* Access to cash provisions only apply to the funds avaiable within the universal life policy. An election to distribute funds through an SPIA is irrevecobable. There are no other means to access undistributed funds from an SPIA.
  - \*\*May not be available in all states. Benefit may vary by state.



# Maximizing Your Legacy The Legacy Link Solution



\*Note: If the annuitant dies early, any remaining payments will go to the beneficiary. Annuity Payments received by the beneficiary will be in addition to the Legacy Link proceeds and will include taxable income to the beneficiary.





# Instant Approval Eligibility

- Stay within minimum and maximum face amount limits and age limits
  - Min life insurance face = \$25,000\*
  - Max life insurance face for instant approval = \$150,000\*
  - Max issue age for instant approval = 75

Larger amounts and older ages (76-80) available with normal underwriting.

- Must have answered "No" to all parts of Question 22
- MIB inquiry does not prompt further investigation

Guidelines for	<u>r Min Premiums*</u>
60-65	\$25,000
66-70	\$30,000
71-75	\$35,000

\*<u>Note</u>: Minimum and Maximum Face Issue limits are constant regardless of age, issue class, or any other variables. Guidelines for Minimum Premiums assume a Standard issue and will be affected by:

Income Tax Brackets, SPIA rates, State Premium Taxes

Policy Classes					
Male/Female Standard	Male/Female Class A				
Tobacco Tobacco					
Non-Tobacco Non-Tobacco					





### SAMPLE APPLICATION



AI	JTHORIZATION	Policy N AND DISCLOSURE	
Proposed Insured	Date of Birth	Place of Birth	Occupation
Passa D. Million	4/1/36	Anytown, CA	Stock Broker
		CE COMPANY OF BOSTON OBTAIN INFORMATI	ON
I AUTHORIZE any licensed physicial insurance or reinsuring company, the former employer to give to Liberty Li information about my: physical or mo occupation; and hobbies. I also autho	Medical Information Bu fe Assurance Company ental condition, characte	ireau, Inc. (MIB), consumer of Boston (Liberty), its emp r: general reputation; habits	reporting agency, employer or loyees and reinsurers any s: finances: insurance history;
I AM AWARE that Liberty will use th force policy. I am aware that Liberty perform services related to my applic	may give this information	on to: its reinsurers; the MIE	; other persons or entities that
I AGREE that this form shall be valid	for 30 months from the	date below. I agree that a co	py will be valid as this original.
I MAY ASK for a copy of this form.			
I HAVE RECEIVED the Notice of Info and MIB.	ermation Practices and t	he notices required by the F	ederal Fair Credit Reporting Act
3/26/02		×Pa	ssa D. Million
Date		Signatu	re of Insured
LIVING	BENEFIT DISCLO	SURE ACKNOWLEDG	GMENT
I acknowledge that if I have requested Benefit brochure. X Joe Acent Signature of Witness		Death Benefit, I have read the $_{\rm X}$ $fc$	
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I acknowledge that if I have requested Benefit brochure. X Jol Agent Signature of Witness 3 26 02- Date PLEASE PRINT	l Liberty's Accelerated I	Death Benefit, I have read the <u>x / 10</u> Signatur	e disclosure in Liberty's Living 255 a. D. Million re of Insured
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PLAN OF INSURANCE						
1. Plan Spectrum Univer	rsal Life		yment Mode Semi-Annual		□ Pre-Author ▲ Annual	ized Cheel
3. Additional Agreements 🙀 Accele		4. Init	tial Payment	s5	5,952	
5. Premium Class Standa	rd	6. Pla	nned Payment	s_5	5,952	
7. Initial Death Benefit \$6 8, 3	362	8. Firs	st Year Guarani		t Rate:	15_%
INSURED			<u>(</u>		iten jun	5)
9. Name-First Midd. PASSA D.			10. L	l Male ( Female	11. Ag 65	
12 Address			irthdate			
12.3 Main St			413	ite		
Anytown, M	.4 12345	14. Sc	ocial Security N	 Iumber	189	
15. Has this person used tobacco of a	ny kind within the la	ast 24 mo				0
<ol> <li>Will this contract replace any existing If yes, please list company name:</li> <li>WINTER (ICO) has the start of the s</li></ol>			contract in this c Number		company?U Ya _ XN	
If yes, please list company name: OWNER (If Other than Insured)		/ contract				
If yes, please list company name: OWNER (If Other than Insured) 17. Name		/ contract	Number			
If yes, please list company name: OWNER (If Other than Insured)		/ contract	Number			
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	LIBERTY LIFE ASSURANCE COMPANY OF BOSTON MEDICAL HISTORY	NU3		
22.	Has the insured been:			
A.	Hospitalized or surgically treated within the last 2 years for heart disease?	L	Yes	X No
Β.	Treated within the last 5 years for cancer?	L.	Yes	X N₀
Ċ.	Diagnosed with or treated by a member of the medical profession for: stroke or other cerebro diabetes treated with insulin, kidney disease (not to include bladder or prostate), Alzheimer's neurological disorder, liver disease, organ transplant, Acquired Immunodeficiency Syndrome Related Complex (ARC), alcohol or drug abuse? ARC is a condition with signs and symptom generalized lymphadenopathy (swollen lymph nodes), loss of appetite, weight loss, lever, ora unexplained infections, dementia, depression or other psychomeurotic disorders with no know	a disease c e (AIDS) o as which r al thrush, a wn cause.	r oth r AIE nay ii skin r	er DS nclude ashes,
23.	Has the insured been:			
<u>À.</u>	Diagnosed with or treated within the last 10 years for: heart disease or arrhythmia, blood p medication, vascular or circulatory disease, fainting spells, emphysema or other chronic lu disorder, cancer, diabetes, Crohn's disease, regional enteritis, ulcerative colitis, or chronic p	ng or res gastritis?		
B.	Turned down, charged an extra rate, cancelled or refused renewal of life, health, or disability	ity insura	nce?	X <sub>No</sub>
C.	Unable to work or perform regular activities for more than 7 consecutive days within the p of sickness or injury?	bast 6 mo	nths Yes	because
D.	Hospitalized for any reason within the last 6 months?	X	Yes	
Que: Que: Que:	NATE OF DIAGNOSIS	<u>)</u>		
I dec and SOC By si 19 of notil Reve	JRING AGREEMENT dare that all statements and answers given in this application are true and complete to the be belief. I agree that they will form the basis for, and be a part of, any contract of insurance iss IAL SECURITY OR TAX IDENTIFICATION NUMBER (TIN) CERTIFICATION gning this application, the named Owner certifies under penalties of perjury that: (1) the TH this application is correct, and (2) that I am not subject to backup withholding either becaus ied that I am subject to backup withholding as a result of a failure to report all interests or d anue Service has notified me that I am no longer subject to backup withholding. (If you are s holding, cross out item 2 above.)	ued by th N shown se I have i ividends,	ie Co ori Q not bi or th	mpany. uestion cen e Internal
Date	Anytown, MA on 3/26/02 Jol City and State On Date of Issue Signature of Owner if O	Agent nature of	لل Witn Insu	ess red
PUL	-94182-APP White copy (original) to Liberty Life Yellow copy to Agent APP-2	Blue	ecobi	y to client



### **Class Determination Chart**

Life Insurance Application Question # 22 - Answered all "NO" and if...

estion Answer Elig	ible Class
A D. Answered all "NO" S	andard
A. or B. Answered "YES" C	lass A
but	ll Liberty at -400-6694
but	a

**Note**: Eligible classes include both tobacco and non-tobacco.



# Step 1 - Instant Approval Process

1) Complete the Authorization and Disclosures form, the Application for Life Insurance, and the Medical History.

(Be sure to write in your branch name, telephone #, and Fax #.)

#### 2) Fax completed forms in the following order:

- a) Authorization and Disclosures Form
- b) Application for Life Insurance
- c) Medical History
- d) Page 2 of the Sales Illustration (Legacy Link/Annuity Comparison)

#### Fax #: 1-800-400-6694

It is not necessary to attach a cover sheet

nor call when you are faxing.

# 3) You'll be called within 15 minutes to let you know if the policy can be instantly approved.

However, if you do not hear from us after 20 minutes, please call our service team at **1-800-378-7490**.



### Step 2

- A. Liberty will fax back an approval and a completed SPIA App.
- **B.** Obtain customer's signature on SPIA App and complete:
  - 1. IRC Section 1035 Assignment Form
  - 2. Suitability Statement and Assignment of Annuity Payments form
  - 3. Replacement forms as required by your state.
- C. Package all completed forms from Steps 1 & 2, including the

complete sales illustration, and forward them to the back office.





APPLICATION				100 Liberty Way
SINGLE PREMI				Dover, NH 03820
IMMEDIATE A I. Annuitant's Nai	NNOTTY ne (first, middle initial, last Passa D. Million 123 Main Street Anytown, MA 12345	) and Addres	18:	<ol> <li>X Yes No Is this Annuity intended to replace or change, in whole or in part, any existing life insur- ance, including U.S. Government Life Insur- ance, or Annuity in this or another company: If "yes," give company, plan and amount:</li> </ol>
2. Date of Birth:	04 / 01 / 36	Age:	<u>65</u>	ABC Financial, Policy # 9995564, Approx. 550,000
	<u>M D Y</u>	-		10. Annuity Benefits:
<ol> <li>Male</li> <li>Social Security No:</li> </ol>	XI Female 123-45-6789			8 year period certain with equal annual payments in the
. Joint Annuitant'	s Name (first, middle initia	l, last) and A	ddress:	amount of \$5,952.
. Date of Birth:	/ / M D Y	Age:	_	
5.1.1 Male Social Security No: Relationship to An	Female			
	ind address (if no other Ow he Owner):	mer is design	ated, the	11. Name of Beneficiary and relationship to Annuitant:
7. Owner's name a Annuitant will be t		ner is design	ated, the	<ol> <li>Name of Beneficiary and relationship to Annuitant:</li> <li>Deserva D. Million, Daughter</li> </ol>
Annuitant will be t	he Owner): Individual Corpor Partnership Trustee	ation	ated, the	
Annuitant will be t	he Owner): Individual ∏ Corpor	ation	ated, the	Deserva D. Million, Daughter
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Annuitant will be t The Owner is 3. Single Premium 13. I declare that a form the basis for, Any person who k noomplete or usish Signature of Applic Fitle Agent: I declare th nsurance or annui	Individual Corpor Partnership Trustee : <u>Approx. \$50,000</u> Il statements and answers g and be a part of, any Annui nowingly, and with intent to cading information may be <u>MAD</u> <u>MUU</u> cant/Owner int, to the best of my knowly by as defined in the applical <u>CACENT</u>	ation given above a ity contract is to injure, defr subject to cri Lucit edge and beli	ire true and sued by the aud or dece iminal or civ	Deserva D. Million, Daughter          12. Home Office Use Only         12. Home Office Use Only         complete to the best of my knowledge and belief. J agree that they will         e Company.         eive any insurance company, files a statement of claim containing any false, vil penalties.         Anytown, MA       3 au 02         Dated at (City) State)       On (Month, Day, Year)         cy applied for [X] does [] does not involve the replacement of existing         Anytown, MA       3 au 02



LEGACYLINK\*

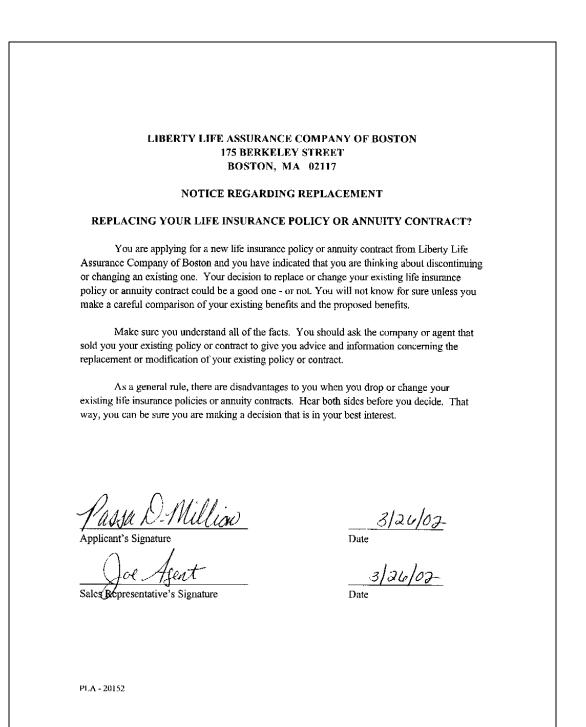
Liberty Mutual. Liberty Life Assurance Company of Boston **IRC Section 1035 Assignment Form** 555 Main Financia Anytown To: & Million Re: I hereby assign and transfer all right, title and interest of every nature and character in the above Contract ("the Contract") to Liberty Life Assurance Company of Boston ("Liberty Life"). I understand that I am irrevocably waiving all rights, claims and demands under the Contract. The purpose of this assignment is to effect a non-taxable exchange of the contracts under the Internal Revenue Code Section 1035 (IRC Sec. 1035). I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment or other lien. I further declare that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability. l understand it is the intent of Liberty Life to surrender the original Contract to the Company which issued it and that Liberty life assumes no responsibility for any delay by that Company in paying the surrender proceeds. I understand that the proposed transfer may have important tax consequences and I represent and agree that Liberty life is furnishing this form and is participating in this transaction at my request. I agree that Liberty Life makes no representations concerning my tax treatment under IRC Sec. 1035 or otherwise and that Liberty Life has no responsibility nor liability for the validity of this assignment. (Owner should initial each section) Section 1 I have enclosed the Contract \_I certify that the Contract has been lost or destroyed. After due search and inquiry, to the best of my knowledge, it is not in the possession or control of any other person. Section II I understand that the Liberty Life contract issued will have a new surrender charge period and a new suicide and contestable period. The date Liberty Life receives the surrender proceeds will be A) the date on which coverage first becomes effective under a Liberty life contract and B) the date on which the surrender check will be applied to the Liberty Life contract, Ullion 3/24/02 Irrevocable Beneficiary (if any) Signature of Owner's Spouse Date Date (Community Property states only) BNK 9552 (LegLnk)



Subplify Statument           PLACE INTER           PLACE INTER <td< th=""><th><b>B</b></th><th>Liberty Mutual</th><th></th><th></th><th></th><th></th><th>L</th><th>iberty Life Assura</th><th>ance Company of Boston</th></td<>	<b>B</b>	Liberty Mutual					L	iberty Life Assura	ance Company of Boston
PLEASE INITIAL Independent       PLEASE INITIAL Independent         PIEASE INITIAL Independent       Impurchasing life insurance and that the death benefit of the UR insurance policy will be paid free of federal income to row personal beneficiarity. This releases current law, expenses charges, surrender charges, loans, and withdrawals.         Impute the death benefit and policy values are subject to charge based on intervet crediting rates, east of insurance charges, source of annot income.         Impute to pay for the policy either with payment from an annuary and/or with other liquid assets and I am pot utilizing these funds as a source of annot income.         Impute to pay for the policy either with payments from an annuary and/or with other liquid assets and I am pot utilizing these funds as a source of annot income.         Important to the annuity payments from an innutry and the transfer charges, early withdrawal ponsities, and other costs and parallels.         Indextand that:         Indextand that:         Indextand that:         It and under up to 50 k, there may be a 10% federal tax penalty on the transfer charges of an atomity.         It destaurisation of full arrancher informs. It is destigned to assist me in understanding the nature of and fluiding for my weath transfer life insurance policy.         The destauris at montor information of the annuity payments.         To:       Interve life Assurance Company of Boaten, 100 Liferty Wax, Dover, NH 03820 Ref.         Ref.       1323-45-45189         Passes A. Multicon Stat transtoffer.         Int	•				LEGAC	Y LINK®			
1 Understand: <ul> <li>Inter I am purchasing life insurance and that the death baseful of the life insurance policy will be paid free of federal noncent base on yopersonal beneficiaries. (This verbes current law).</li> <li>In that the death benefit and pelocy values are subject to change based on interest cruding rates, cost of insurance charges, services charges, tanking, and Widdawab.</li> <li>Interest to pay for the policy either with payment from an annuity and/or with other liquid agets and I am not utilizing these funds as a service of current income.</li> <li>Inderstand that I am purchasing life insurance policy with payments from an annuity, and or with other liquid agets and I am not utilizing these funds as a service in a service in the insurance policy.</li> <li>Inderstand that I am purchasing life insurance policy with payments from an annuity, and or the annuity payments from an annuity.</li> <li>Inderstand that II am purchasing life insurance policy.</li> <li>Inderstand that II am annuity and resulting annuity is an inexocable decision and chance to reversed even if I choore to return or surance transfer. Inderstand that I should consult with ny tax aviser regarding any tax considerations relating to that transaction.</li> <li>Instrumente provide life lineary and that I am intervocably waving all rights, elvins and demads under the Contrast wilking tax aviser regarding any tax consideration of the annuity payments from the instrume of the contrast wilking tax aviser regarding any tax considerations of the annuity payments in payments to pay permits and demads under the Contrast wilking tax aviser regarding any tax considerations of the annual payments.</li> <li>Interest and that I am intervocably waving all rights, elvins and demads under the Contrast while tax asgement is in effect.</li> <li>Intere</li></ul>					Suitabilit	v Statement			
<ul> <li>that I am purchasing life insurance and that the death backful of the life insurance policy will be paid free of federal income to two personal beneficiaries, (This references current law).</li> <li>that the death backful and policy values are subject to charge based on interset crediting rates, cost of insurance charges, carrent of which drawals.</li> <li>There to pay for the policy either with payment from an annaity and/or with other liquid assets and I am powing for the life insurance opolicy with a provide the other tax consequences, errly withdrawal pomities, and other costs and increme. In addition, [liquidation of the annaity may result in other tax consequences, errly withdrawal pomities, and other costs and parallels.</li> <li>I and estand that: <ul> <li>I and estand that:</li> <li>I an under age 59 %, there may be a 10% federal tax penalty on the taxable portion of payments from an annaity.</li> <li>the death insurance policy.</li> </ul> </li> <li>This disclosure is not monit to replace any required ante replacement forms. It is designed to assist me in understanding the status considerations relating on this transaction.</li> <li>Assignment of Annaity Payments</li> </ul> <li>To: <ul> <li>Liberry Life Assurance Company of Boston, 100 Liberry Way, Dover, NH 03520</li> <li>Re: <ul> <li>I.3.3-4.5-6/T89</li> <li>C.sama O Swart</li> </ul> </li> <li>Current of using a prisming from the above issued Contrat ("the Contrat") to Liberry Life Assurance Company of Boston ("Liberry Life"). Lunderstand for the status to payments from the above issued Contrat ("the Contrat") to Liberry Life Assurance Company of Boston ("Liberry Life"). Lunderstand fuel house to adapt an addemand sunder the Contrat while finds assignment is in effect.</li> <li>Lunderstand fuel an intervocibly waiting all rights, class and demands under the Contrat while finds as a specific data and controt without the effect of the sequence of the policy. The assignment tax defined form on a mainy plan. There are parallice for and de</li></ul></li>	Mac								
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	<u>nar</u> )	income. In a	that if I am paying f ddition, liquidation (	or the life insuran of the annuity may	ce policy with pay y result in other ta	ments from an a x consequences,	nnuity, part of t early withdraw	the annuity payments al penalties, and oth	are taxable as er costs and
that annultization or full surrender of an existing annuity is an irrevocable decision and cannot be reversed even if I choose to return or surrender my life insurance policy.  This disclosure is not meant to replace any required state replacement forms. It is designed to assist me in understanding the nature of and funding for my wealth transfer life insurance purchase. I understand that I should consult with my tax adviser regarding any tax considerations relating to this transaction.  Assignment of Annuity Payments  To: Liberty Life Assurance Company of Boston, 100 Liberty Way, Dover, NH 03820  Re: <u>1237-45-07189</u> <u>PASSA D. Multicon</u> <u>Annuitary Payments</u> To: Liberty Life Assurance Company of Boston, 100 Liberty Way, Dover, NH 03820  Re: <u>1337-45-07189</u> <u>PASSA D. Multicon</u> <u>Annuitary Payments</u> To: Liberty Life Assurance Company of Boston, 100 Liberty Way, Dover, NH 03820  Re: <u>1337-45-07189</u> <u>PASSA D. Multicon</u> <u>Annuitary Payments</u> To: Liberty Life Assurance Company of Boston, 100 Liberty Way, Dover, NH 03820  Re: <u>1337-45-07189</u> <u>PASSA D. Multicon</u> <u>Annuitary Payments</u> To: Liberty Life Assurance Company of Boston, 100 Liberty Way, Dover, NH 03820  Re: <u>1337-45-07189</u> <u>PASSA D. Multicon</u> <u>Annuitary Payments</u> I nedrestand that 1 an inevocably waiving all rights, claims and demands under the Contract Wile this assignment is in effect.  I understand that 1 an inevocably waiving all rights, claims and demands under the Contract while this assignment is in effect.  Generally, Federal income tax withholding applies to the taxable part of payments made from annuity payments. You can also choose not to have income tax withhold from your payments. You can obscipate a specific Johar annuo to be withheld from your payments with Way way without an advise the withhold on into 3. 1 understand Pederal income tax will be withheld from ny summity payments. You can obtic signate a apdefition of exemptions.  1. Check here if you do not want any Pederal income tax withheld from your payments. You canot complete line 2 or 3.	<u>pp</u> p	l understand							
for my weakh transfer life insurance purchase. 1 understand that 1 should consult with my tax adviser regarding any tax considerations relating to this transaction.         Assignment of Annuity Payments         To:       Liberty Life Assurance Company of Boston, 100 Liberty Way, Dover, NH 03820         Re:       133-45-6189         SNNContract#       Dassa D.Million         I hereby assign the annuity payments from the above issued Contract ("the Contract") to Liberty Life Assurance Company of Boston ("Liberty Life"). Linderstand that in introvecably waiving all rights, clains and demands under the Contract while this assignment is in effect.         I understand that in introvecably waiving all rights, clains and demands under the Contract while this assignment is in effect.         I understand that in the intent of Liberty Life to utilize the annuity payments to pay premiums on a life insurance policy that I have applied for and they have agreed to issue before this assignment takes effect.         Generally, Foderal income tax withholding applies to the taxable part of payments made from annuity plans. You can also choose not to have income tax withheld from your payments. However, you may not make this choice for eligible rollover distributions. Courism There are penaltics for no paying enough tax during the year, either through withholding from your payments. Courism There are prevents to a payments. You can also choose not to have annuit to be withheld. However, you can additional anount to be withheld on line 3.1 understand Federal income tax will be withholding an unuber of allowances and marind status group and eligible to annuity payments. Courism There are penaltics for notia number of allowances and marind atsus pay ou are claiming for	,	•	that annuitization to return or surren	or full surrender o der my life insura	of an existing annu nce policy.	aity is an irrevoca	able decision ar	nd cannot be reversed	t even if I choose
To:       Liberty Life Assurance Company of Boston, 100 Liberty Way, Dover, NH 03820         Re:       133-45-6189       Dassa b. Million       Dassa b. Million         SNNContact#       Dassa b. Million       Danutant/named         I hereby assign the annuity payments from the above issued Contract ("the Contract") to Liberty Life Assurance Company of Boston ("Liberty Life"). Lunderstand that 1 am irrevocably waiving all rights, claims and demands under the Contract while this assignment is in effect.         I understand it is the intent of Liberty Life to utilize the annuity payments to pay premiums on a life insurance policy that I have applied for and they have agreed to issue before this assignment takes effect.         Generally, Federal income tax withholding applies to the taxable part of payments made from annuity plasm. You can also choose net to have income tax withhold from your payments. However, you and sugnate an additional amount to be withhold on line 3. I understand Federal income tax will be withhold from your payments using IRS wave withholding and mumber of exemptions.         I. Check here if you do not want any Federal income tax withhold from your periodic annuity payments. (Do not complete line 2 or 3.) <ul> <li>Marrial Status you are claiming for withholding from each periodic annuity payments. (Do not complete line 2 or 3.)</li> <li>Check here if you do not want any Federal income tax withhold it a higher single rate</li> <li>Additional amount, if any, you want withhold from each annuity payments. Not: For periodic payments, you cannot exert withhold and the payment applied to the life insurance on the application.</li> <li>Martel, but withhold at a higher single rate</li></ul>	for my w	ealth transfer	neant to replace any life insurance purch	required state rep ase. I understand	lacement forms. that I should cons	It is designed to a sult with my tax a	assist me in und adviser regardir	lerstanding the natur ig any tax considerat	e of and funding ions relating to
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I want Federal income taxes withheld as indicated and the net payment applied to the life insurance contract for which I have applied and Liberty Life has agreed to issue on the basis of my statements made by me in the application. (Unless you elect otherwise, Liberty Life is required to withhold based on a married person claiming three withholding allowances.)         Image: Account of the basis of my statements made by me in the application. (Unless you elect otherwise, Liberty Life is required to withhold based on a married person claiming three withholding allowances.)       Image: Account of the basis of my statements made by me in the application. (Unless you elect otherwise, Liberty Life is required to withhold based on a married person claiming three withholding allowances.)         Image: Account of the base of the ba		3 Additio	nal amount, if any, y	ou want withheld	from each annuit	y payment. Not	e: For periodia	e payments, you can	* <u>1,212</u>
Irrevocable Reneficiary (if any)       Date       Signature of Owner's Spouse       Date         Irrevocable Reneficiary (if any)       Date       Signature of Owner's Spouse       Date         (Community Property States only)       Legacy Link is a combination issuance of certain life insurance policies issued by Liberty Life Assurance Company of Boston.       Date       Date         It is Not A Deposit - Not FDIC Insured - Not Insured By Any Federal Government Agency - Not Guaranteed By The Bank - May Go Down In Value.		I want Feder and Liberty	al income taxes with Life has avreed to is	theld as indicated	and the net paym	ent applied to the rade by me in the	e life insurance application. (1	contract for which I Unless you elect othe	have applied
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(Community Property States only) Legacy Link is a combination issuance of certain life insurance policies issued by Liberty Life Assurance Company of Boston. It is Not A Deposit - Not FDIC Insured - Not Insured By Any Federal Government Agency - Not Guaranteed By The Bank - May Go Down In Value.	Si	gnature of Wit	ness - Licensed Age	nt	Date	Signature of O	wner		Date
It is Not A Deposit - Not FDIC Insured - Not Insured By Any Federal Government Agency - Not Guaranteed By The Bank - May Go Down In Value.	Inte	evucable Rene	ficiary (if any)		Date				Date
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LEGACYLINK\*

### **Contract Delivery**

- Give to Client
  - Contract Delivery Kit
- Complete Outstanding Requirements
  - Sign Revised Illustration
  - Amendment(s)
  - Privacy Notice
  - Other
- Specific Procedures Required by Bank



Current Annuity Value: \$50,000

Annuity Interest Rate: 5.00%

Annuity Cost Basis:



Legacy Link - A Life Insurance Policy Supplemental Illustration

Spectrum Universal Life - A Flexible Premium Universal Life Insurance Policy

Designed for: Passa D. Million Prepared By: Joe Agent

\$25,000

Illustration Assumptions:

Owner's Tax Bracket: 30% Beneficiary's Tax Bracket: 40%

If Li	If Liberty Life Annuitizes Proceeds:					
Total Annuity Proceeds	# Of Annual Payments	Annual Annuity Payment *	Annuity Payment After Tax *			
\$50,000	8	7,164	5,952			

\* The Annual Annuity Payment is based on Liberty Life's current Single Premium Immediate Annuity rates for an 8 Yr Period Certain Annuity and may be subject to change. The tax liability for each annual payment has been estimated using the Owner's Tax Bracket.

	Ar	inuity		Legacy Link		
Γ	Non-G	uaranteed	Non-Guaranteed Current Assumptions			
End of Year	Account Value of Annuity @ 5.00% #	After Tax Value to Beneficiary**	After Tax Immediate Ann Pymnts ##	Cash Surr. Val. of Life Ins. ***	Income Tax- Free Death Benefit ***	
1	52,500	41,500	5,952	3,212	68,362	
2	55,125	43,075	5,952	8,744	68,362	
2 3	57,881	44,729	5,952	14,617	68,362	
4	60,775	46,465	5,952	21,072	68,362	
5	63,814	48,288	5,952	28,024	68,362	
6	67,005	50,203	5,952	35,460	68,362	
7	70,355	52,213	5,952	43,440	68,362	
8	73.873	54,324	5,952	51,773	81,979	
9	77,566	56,540	0	54,485	83,818	
10	81,445	58,867	0	57,486	85,729	
@ 85	132,665	89,599	0	89,097	109,028	
@ 95	216,097	139,658	0	132,737	143,900	
@100	275.801	175,480	0	165,773	169,056	

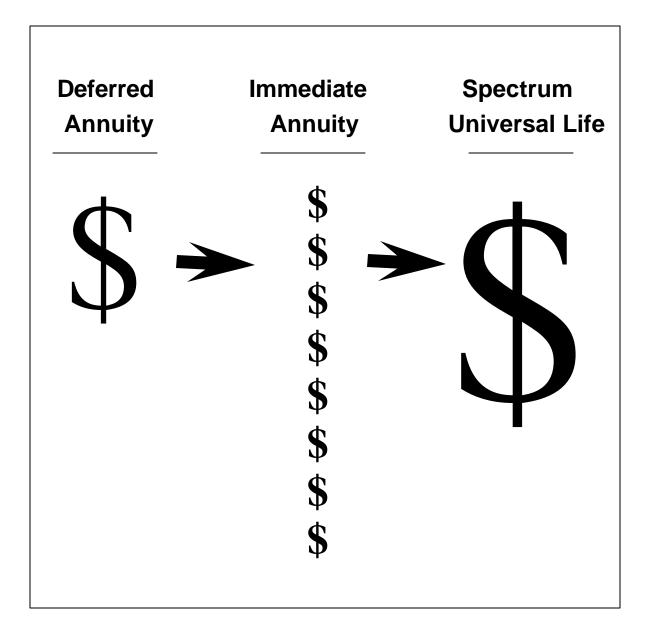
Footnotes continued on the next page.

Date Prepared 03/26/2002

Page 2 of 11 pages



# Maximizing a Legacy





# Legacy Link Candidates

#### Deferred annuity owners...

- between 60-75 and healthy
- beyond the contract surrender charge period
- with adequate retirement income from other sources
- who own more than one annuity contract
- planning to pass money to heirs

#### What do you say?

- "What are your plans for the money in your annuity?"
- "Do you intend to pass this annuity on to your

beneficiaries?"



### Liberty Life Contacts

Fax for Point of Sale:

(800) 400-6694

**Point of Sale Questions:** 

(800) 378-7490

Marketing Hotline, Quotes,

**Supplies:** 

(800) 500-2995



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