

PERSPECTIVE II® (06/19)
INDIVIDUAL VARIABLE AND FIXED ANNUITY APPLICATION (ICC18 VA775)



First Class Mail: P.O. Box 30314
Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Customer Care: 800-873-5654
Fax: 800-943-6761
Email: customercare@jackson.com

Linking/BIN/Brokerage Acct. Number (if applicable)

Jackson® pre-assigned Contract Number (if applicable)

Primary Owner

• **PLEASE PRINT CLEARLY**

Type of Ownership:

☐ Individual/Joint ☐ Custodian ☐ Trust ☐ Corporation/Pension Plan ☐ Government Entity

- Please see the Good Order Checklist for additional requirements.

Social Security Number

or Tax ID Number

Phone Number (include area code)

Country of Residence

U.S. Citizen ☐ Yes ☐ No

Sex ☐ Male ☐ Female

- If U.S. citizenship is not selected, and a Social Security Number with a U.S. address is listed, along with the absence of any other foreign indicator, Jackson National Life Insurance Company® (Jackson) will assume an active U.S. citizenship status.

Date of Birth (mm/dd/yyyy)

Email Address (print clearly)

First Name

Middle Name

Last Name

Non-Natural Owner/Entity Name (if applicable)

Physical Address Line 1 (No P.O. Boxes)

Physical Address Line 2

Physical Address City

State

ZIP

Mailing Address Line 1

Mailing Address Line 2

Mailing Address City

State

ZIP



Joint Owner

Social Security Number Date of Birth (mm/dd/yyyy) Email Address (print clearly)

Country of Residence

U.S. Citizen ☐ Yes ☐ No Sex ☐ Male ☐ Female

First Name Middle Name Last Name

Relationship to Owner Phone Number (include area code)

Physical Address Line 1 (No P.O. Boxes) Physical Address Line 2

Physical Address City State ZIP

- In the case of Joint Owners, all correspondence and required documentation will be sent to the address of the Primary Owner.

Primary Annuitant

Social Security Number Date of Birth (mm/dd/yyyy) Phone Number (include area code)

Country of Residence

U.S. Citizen ☐ Yes ☐ No Sex ☐ Male ☐ Female

First Name Middle Name Last Name

Physical Address Line 1 (No P.O. Boxes) Physical Address Line 2

Physical Address City State ZIP

- Complete this section if different than Primary Owner. If Primary Annuitant section is left blank, the Annuitant will default to the Primary Owner.

Joint/Contingent Annuitant

Social Security Number ☐ Joint Annuitant Not Applicable ☐ Contingent Annuitant Date of Birth (mm/dd/yyyy)

Country of Residence

U.S. Citizen ☐ Yes ☐ No Sex ☐ Male ☐ Female

First Name Middle Name Last Name

Relationship to Primary Annuitant Phone Number (include area code)

Physical Address Line 1 (No P.O. Boxes) Physical Address Line 2

Physical Address City State ZIP

- Complete this section if different than Joint Owner. If Joint Annuitant section is left blank, the Joint Annuitant will default to the Joint Owner.

- Contingent Annuitant **must** be Annuitant's spouse. Available only on a Qualified plan custodial account when electing a Joint GMWB.



Beneficiary(ies)

It is required for Good Order that the Percentage of Death Benefit be **whole numbers** and **must** total 100% for each beneficiary type. If Percentage of Death Benefit is left blank, all beneficiaries will receive equal shares.

- Please use form X3041 for additional beneficiaries.

<input type="checkbox"/> Primary		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Percentage of Death Benefit <input type="text"/> %
Social Security/Tax ID Number		Date of Birth (mm/dd/yyyy)	Relationship to Owner
<input type="text"/>		<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Non-Natural Owner/Entity Name (if applicable)		Phone Number (include area code)	
<input type="text"/>		<input type="text"/>	
Physical Address Line 1 (No P.O. Boxes)		Physical Address Line 2	
<input type="text"/>		<input type="text"/>	
Physical Address City		State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Percentage of Death Benefit <input type="text"/> %
Social Security/Tax ID Number		Date of Birth (mm/dd/yyyy)	Relationship to Owner
<input type="text"/>		<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Non-Natural Owner/Entity Name (if applicable)		Phone Number (include area code)	
<input type="text"/>		<input type="text"/>	
Physical Address Line 1 (No P.O. Boxes)		Physical Address Line 2	
<input type="text"/>		<input type="text"/>	
Physical Address City		State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Percentage of Death Benefit <input type="text"/> %
Social Security/Tax ID Number		Date of Birth (mm/dd/yyyy)	Relationship to Owner
<input type="text"/>		<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Non-Natural Owner/Entity Name (if applicable)		Phone Number (include area code)	
<input type="text"/>		<input type="text"/>	
Physical Address Line 1 (No P.O. Boxes)		Physical Address Line 2	
<input type="text"/>		<input type="text"/>	
Physical Address City		State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>



Annuity Type

- The Variable Annuity Automatic Withdrawal Request form (V4370) may be required if a Stretch Annuity Type is elected.

☐ Non-Tax Qualified
 ☐ IRA - Traditional*
 ☐ Roth IRA*
 ☐ SEP
 ☐ 403(b) TSA

☐ Stretch IRA
 ☐ Non-Qualified Stretch
 ☐ Roth Conversion
 Other:

*Tax Contribution Year(s) and Amounts:

Year: \$
 Year: \$

Premium Payment

- External Transfers: The Request for Transfer or Exchange form (X3783) must be submitted if Jackson is to request the release of funds.

Select method of payment and note approximate amount:

Check Attached \$
 Check In Transit \$
 Wire \$

Anticipated total amount from internal transfer(s) \$

Anticipated total amount from external transfer(s) **to be requested by Jackson** \$

Anticipated total amount from external transfer(s) **to be requested by Advisor or Owner (Jackson will NOT request funds)** \$

If Jackson is NOT requesting funds, please provide the following information:

- For more than two account transfers, please provide account information on the Letter of Instruction form (X4250) and submit with application.

Company releasing funds	Account number	Maturity date	Transfer type	Anticipated transfer amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$ <input type="text"/>

Statement Regarding Existing Policies or Annuity Contracts

- It is required for Good Order that this entire section be completed. COMPLETE X0512 "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

I (We) certify that with regard to Jackson or any other company:
(Please select one)

☐ I (We) **do not have** existing life insurance policies or annuity contracts.

☐ I (We) **do have** existing life insurance policies or annuity contracts.

Notice to Advisor: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form (X0512 - state variations apply) and return the notice, signed by both the Advisor and Applicant, with the Application.

Are you replacing an existing life insurance policy or annuity contract? ☐ Yes ☐ No

Annuitization/Income Date

Specify Income Date (mm/dd/yyyy)

If an Annuitization/Income Date is not specified, the Company will default to the Latest Income Date as shown in the Contract.



Systematic Investment (periodic premium reallocation programs)

- Only the Investment Division(s) and the 1-Year Fixed Account Option (subject to availability) as selected in the Premium Allocation section will participate in Automatic Rebalancing.

Please read the Important Information related to Systematic Investments in the Notice to Applicant section on page 10.

Automatic Rebalancing. The 3-, 5- and 7-Year Fixed Account Options are not available for Automatic Rebalancing.

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start Date (mm/dd/yyyy): **OR** ☐ Immediately after issue.

Note: If no start date is selected, the program will begin one month/quarter/half-year/year (depending on the frequency you select) from the date Jackson applies the initial Premium payment. If no frequency is selected, the frequency will be annual. If the start date indicated is on day 29, 30, or 31 of a month, but the frequency at which the transfer will occur does not always include this date, Jackson will default the start date and all subsequent transfer dates to the 28th. If funds are received after the designated start date, the program will begin one frequency from the designated start date.

- Other Systematic Investment Options may be available. Please see Systematic Investment form (V2375).

Special Dollar Cost Averaging (DCA+)	
%	(\$15,000 contract minimum)
	6-month (030)
	12-month (032)

If DCA+ allocation is 100%, use the Premium Allocation section below to allocate your Designated Option(s).

If DCA+ allocation is less than 100%, use Systematic Investment Form (V2375) to allocate your Designated Option(s).

If selected, the total number of elections in the Premium Allocation section may not exceed 98.

The 6- or 12-month DCA+ account will earn interest at the rate of the 1-Year Fixed Account Option unless a promotional rate applies.

DCA+ is not available if electing the LifeGuard Freedom Flex[®] DB Guaranteed Minimum Withdrawal Benefit, the LifeGuard Freedom Accelerator DB Guaranteed Minimum Withdrawal Benefit, the 5% Roll-Up Guaranteed Minimum Death Benefit or EarningsMax on pages 8 and 9.

Premium Allocation

Tell us how you want your annuity Premiums invested. Whole percentages only. TOTAL ALLOCATION MUST EQUAL 100%.

Total number of allocation selections may not exceed 99.

Certain broker-dealers may limit the Investment Divisions and/or Fixed Account Options available under the Contract. Please see Client Acknowledgments on page 11.

% Traditional Investments	
Equity Investments	
	JNL [®] Multi-Manager Mid Cap (663)
	JNL Multi-Manager Small Cap Growth (116)
	JNL Multi-Manager Small Cap Value (208)
	JNL/American Funds [®] Balanced (150)
	JNL/American Funds Blue Chip Income and Growth (339)
	JNL/American Funds Growth (395)
	JNL/American Funds Growth-Income (342)
	JNL/AQR Large Cap Defensive Style (699)
	JNL/BlackRock Large Cap Select Growth (102)
	JNL/ClearBridge Large Cap Growth (364)
	JNL/DFA U.S. Core Equity (115)
	JNL/DFA U.S. Small Cap (612)
	JNL/Franklin Templeton Growth Allocation (062)
	JNL/Franklin Templeton Income (075)

% Traditional Investments	
Equity Investments (cont. from previous column)	
	JNL/Franklin Templeton Mutual Shares (064)
	JNL/Invesco Diversified Dividend (365)
	JNL/Invesco Small Cap Growth (195)
	JNL/JPMorgan MidCap Growth (101)
	JNL/The London Company Focused U.S. Equity (639)
	JNL/Mellon Dow SM Index (145)
	JNL/Mellon Equity Income (606)
	JNL/Mellon Nasdaq [®] 100 Index (222)
	JNL/Mellon S&P 400 MidCap Index (124)
	JNL/Mellon S&P 500 Index (123)
	JNL/Mellon S&P 1500 Growth Index (366)
	JNL/Mellon S&P 1500 Value Index (367)
	JNL/Mellon Small Cap Index (128)

% Traditional Investments	
Equity Investments (cont. from previous column)	
	JNL/MFS Mid Cap Value (207)
	JNL/PPM America Mid Cap Value (293)
	JNL/PPM America Value Equity (106)
	JNL/T. Rowe Price Established Growth (111)
	JNL/T. Rowe Price Mid-Cap Growth (112)
	JNL/T. Rowe Price Value (149)

PREMIUM ALLOCATIONS CONTINUED ON PAGES 6 AND 7.



Premium Allocation (continued from page 5)

! Total number of allocation selections may not exceed 99.

! Tell us how you want your annuity Premiums invested. Whole percentages only. **TOTAL ALLOCATION MUST EQUAL 100%.**

% Traditional Investments		% Traditional Investments		% Traditional Investments	
Equity Investments (cont. from previous page)		International (cont. from previous column)		Specialty	
	JNL/Vanguard® Capital Growth (373)		JNL/Mellon MSCI World Index (183)		JNL/DoubleLine® Shiller Enhanced CAPE® (659)
	JNL/Vanguard Equity Income (374)		JNL/Oppenheimer Global Growth (173)		JNL/Mellon Index 5 (242)
	JNL/Vanguard U.S. Stock Market Index (668)		JNL/Vanguard International (375)		JNL/Mellon MSCI KLD 400 Social Index (667)
	JNL/WMC Balanced (104)		JNL/Vanguard International Stock Market Index (670)		JNL/Morningstar Wide Moat Index (690)
	JNL/WMC Value (179)		JNL/WCM Focused International Equity (640)		JNL/RAFI® Fundamental Asia Developed (298)
% Traditional Investments		% Traditional Investments			JNL/RAFI® Fundamental Europe (299)
International		Sector			JNL/RAFI® Fundamental U.S. Small Cap (702)
	JNL/American Funds Capital Income Builder (685)		JNL/Mellon Communication Services Sector (191)		JNL/RAFI® Multi-Factor U.S. Equity (703)
	JNL/American Funds Global Growth (638)		JNL/Mellon Consumer Discretionary Sector (185)		JNL/S&P 4 (292)
	JNL/American Funds Global Small Capitalization (341)		JNL/Mellon Consumer Staples Sector (368)		JNL/S&P Competitive Advantage (274)
	JNL/American Funds International (343)		JNL/Mellon Energy Sector (190)		JNL/S&P Dividend Income & Growth (278)
	JNL/American Funds New World (344)		JNL/Mellon Financial Sector (189)		JNL/S&P International 5 (654)
	JNL/BlackRock Advantage International (700)		JNL/Mellon Healthcare Sector (188)		JNL/S&P Intrinsic Value (279)
	JNL/Causeway International Value Select (126)		JNL/Mellon Industrials Sector (369)		JNL/S&P Mid 3 (363)
	JNL/DFA International Core Equity (701)		JNL/Mellon Information Technology Sector (187)		JNL/S&P Total Yield (280)
	JNL/Franklin Templeton Global (069)		JNL/Mellon Materials Sector (370)	% Traditional Investments	
	JNL/Franklin Templeton International Small Cap (250)		JNL/Mellon Real Estate Sector (371)	Fixed Income	
	JNL/GQG Emerging Markets Equity (675)		JNL/Mellon Utilities Sector (635)		JNL/American Funds Global Bond (340)
	JNL/Harris Oakmark Global Equity (656)				JNL/Crescent High Income (660)
	JNL/Invesco China-India (273)				JNL/DoubleLine® Core Fixed Income (127)
	JNL/Invesco International Growth (113)				JNL/DoubleLine® Emerging Markets Fixed Income (661)
	JNL/Lazard Emerging Markets (077)				JNL/DoubleLine® Total Return (636)
	JNL/Lazard International Strategic Equity (630)				JNL/Fidelity Institutional Asset Management® Total Bond (110)
	JNL/Mellon Emerging Markets Index (349)				
	JNL/Mellon International Index (129)				

**PREMIUM ALLOCATIONS
CONTINUED ON PAGE 7.**


Premium Allocation (continued from pages 5 and 6)

! Tell us how you want your annuity Premiums invested. Whole percentages only. **TOTAL ALLOCATION MUST EQUAL 100%.**

! Total number of allocation selections may not exceed 99.

- Fixed Account Options are not available if electing the LifeGuard Freedom Flex DB Guaranteed Minimum Withdrawal Benefit, the LifeGuard Freedom Accelerator DB Guaranteed Minimum Withdrawal Benefit, the 5% Roll-Up Guaranteed Minimum Death Benefit or EarningsMax on pages 8 and 9.

% Traditional Investments		% Alternative Strategies (cont. from previous column)		% Asset Allocation (cont. from previous column)	
Fixed Income (cont. from previous page)					
	JNL/Franklin Templeton Global Multisector Bond (348)		JNL/FAMCO Flex Core Covered Call (398)		JNL/American Funds Moderate Growth Allocation (357)
	JNL/JPMorgan U.S. Government & Quality Bond (109)		JNL/JPMorgan Hedged Equity (688)		JNL/American Funds Growth Allocation (358)
	JNL/Mellon Bond Index (133)		JNL/Neuberger Berman Currency (614)		JNL/DFA Moderate Growth Allocation (665)
	JNL/Neuberger Berman Strategic Income (361)		JNL/Nicholas Convertible Arbitrage (603)		JNL/DFA Growth Allocation (664)
	JNL/PIMCO Income (372)		JNL/Westchester Capital Event Driven (658)		JNL/S&P Managed Conservative (227)
	JNL/PIMCO Investment Grade Credit Bond (604)	% Tactically Managed Strategies			JNL/S&P Managed Moderate (226)
	JNL/PIMCO Real Return (078)		JNL iShares Tactical Moderate (389)		JNL/S&P Managed Moderate Growth (117)
	JNL/PPM America Floating Rate Income (346)		JNL iShares Tactical Moderate Growth (390)		JNL/S&P Managed Growth (118)
	JNL/PPM America High Yield Bond (136)		JNL iShares Tactical Growth (391)		JNL/S&P Managed Aggressive Growth (119)
	JNL/PPM America Total Return (662)		JNL/BlackRock Global Allocation (345)		JNL/Vanguard Moderate ETF Allocation (672)
	JNL/T. Rowe Price Short-Term Bond (076)		JNL/FPA + DoubleLine® Flexible Allocation (305)		JNL/Vanguard Moderate Growth ETF Allocation (673)
	JNL/Vanguard Global Bond Market Index (671)		JNL/JPMorgan Global Allocation (644)		JNL/Vanguard Growth ETF Allocation (674)
	JNL/WMC Government Money Market (107)		JNL/T. Rowe Price Capital Appreciation (637)		
% Alternative Investments		% Asset Allocation		% Fixed Account Options	
Alternative Assets			JNL Conservative Allocation (380)		1-Year (041)
	JNL/BlackRock Global Natural Resources (066)		JNL Moderate Allocation (381)		3-Year (043)
	JNL/First State Global Infrastructure (347)		JNL Moderate Growth Allocation (070)		5-Year (045)
	JNL/Heitman U.S. Focused Real Estate (687)		JNL Growth Allocation (071)		7-Year (047)
	JNL/Invesco Global Real Estate (206)		JNL Aggressive Growth Allocation (072)		
% Alternative Strategies			JNL Institutional Alt 25 (301)	NOTE: The Contract permits Jackson, without advance notice (state variations may apply), to restrict the amount of Premium payments into, and the amount and frequency of transfers between, into and from, any Fixed Account Option; to close any Fixed Account Option; and to require transfers from a Fixed Account Option. Accordingly, you should consider whether investment in a Fixed Account Option is suitable given your investment objectives.	
	JNL/AQR Large Cap Relaxed Constraint Equity (068)		JNL Institutional Alt 50 (303)		
	JNL/Boston Partners Global Long Short Equity (653)				
	JNL/Eaton Vance Global Macro Absolute Return Advantage (629)				



Add-On Guaranteed Minimum Withdrawal Benefits

May select only **one** For Life GMWB or GMWB.

- All Add-On GMWBs may not be available in all states or through all broker-dealers, and once selected cannot be changed.

LifeGuard Freedom Flex[®] For Life GMWB with Step-Up (Ages 35-80)

! Must select **one of each** option: Lifetime Coverage, Bonus%, Income Stream, and Step-Up for Good Order.

Lifetime Coverage Option: ☐ Single Life¹ ☐ Joint Life^{1,3,4,5}

Bonus% Option: ☐ 5% ☐ 6% ☐ 7%

Income Stream[®] Option (GAWA%)²: ☐ Income Stream Max ☐ Income Stream Value

Step-Up Option: ☐ Annual ☐ Annual to Highest Quarterly Contract Value

- **Add-On GMWBs:** Additional charges will apply. Please see the prospectus for details.

LifeGuard Freedom Flex DB^{1,6,8} For Life GMWB with 6% Bonus, Step-Up, and Death Benefit (Ages 35-75)

! Must select **one of each** option: Income Stream and Step-Up for Good Order.

Income Stream Option (GAWA%)²: ☐ Income Stream Max ☐ Income Stream Value

Step-Up Option: ☐ Annual ☐ Annual to Highest Quarterly Contract Value

LifeGuard Freedom Net[®] For Life GMWB with 6% Bonus, Step-Up, and Earning-Sensitive Withdrawal Amount (Ages 35-80)

! Must select **one of each** option: Lifetime Coverage, Income Stream, and Step-Up for Good Order.

Lifetime Coverage Option: ☐ Single Life¹ ☐ Joint Life^{1,3,4,5}

Income Stream Option (GAWA%)²: ☐ Income Stream Max ☐ Income Stream Value

Step-Up Option: ☐ Annual ☐ Annual to Highest Quarterly Contract Value

- Election Age limitations apply based on the age of the Owner(s) or Covered Lives.

LifeGuard Freedom AcceleratorSM For Life GMWB with Deferral Credits and Annual Step-Up (Ages 45-80)

! Must select **one** Lifetime Coverage Option for Good Order.

Lifetime Coverage Option: ☐ Single Life¹ ☐ Joint Life^{1,3,4,5}

☐ **LifeGuard Freedom Accelerator DB^{1,6,8}** For Life GMWB with Deferral Credits, Annual Step-Up, and Death Benefit (Ages 45-75)

☐ **AutoGuard[®] 5¹**
5% GMWB with Annual Step-Up (Ages 0-80)

☐ **MarketGuard Stretch[®] 7**
GMWB (Ages 0-80)

Original Owner's Date of Death (mm/dd/yyyy)

¹ May not be selected on beneficiary Stretches or Non-Qualified Stretches.

² Availability of the Income Stream Options (Guaranteed Annual Withdrawal Amount percentage (GAWA%) table options) are subject to change. Please consult your advisor for availability. Varying charges apply.

³ For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on page 2 (including the "Relationship to Owner" box) is properly completed.

⁴ For Qualified plans, excluding custodial accounts, 100% primary spousal Beneficiary designation is required. Please ensure the Primary Beneficiary section on page 3 (including the "Relationship to Owner" box) is properly completed.

⁵ For Qualified plan custodial accounts, Annuitant's spouse must be designated as Contingent Annuitant.

⁶ May not be selected in combination with an Add-On Guaranteed Minimum Death Benefit on page 9.

⁷ May only be selected on beneficiary Stretches and Non-Qualified Stretches. May not be selected in combination with an Add-On Guaranteed Minimum Death Benefit on page 9.

⁸ Premium payments may not be allocated to the Systematic Investment Program DCA+ on page 5 or to the Fixed Account Options on page 7.

Add-On Benefits are continued on page 9.



Add-On Guaranteed Minimum Death Benefits

- If no Add-On GMDB is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details.

May select only **one** GMDB.

☐ **Highest Quarterly Anniversary Value Guaranteed Minimum Death Benefit**¹ (Ages 0-79)

5% Roll-Up Guaranteed Minimum Death Benefit^{1,2} (4% if the Owner is age 70 or older on the date of issue) (Ages 0-79)

☐ With Highest Quarterly Anniversary Value Guaranteed Minimum Death Benefit

☐ Without Highest Quarterly Anniversary Value Guaranteed Minimum Death Benefit

¹ May not be selected on beneficiary Stretches, Non-Qualified Stretches or in combination with LifeGuard Freedom Flex DB, LifeGuard Freedom Accelerator DB or MarketGuard Stretch on page 8.

² Premium payments may not be allocated to the Systematic Investment Program DCA+ on page 5 or to the Fixed Account Options on page 7.

- All Add-On Benefits may not be available in all states or through all broker-dealers, and once selected cannot be changed.

Other Add-On Benefits

Withdrawal Options

- Add-On GMDBs and Other Add-On Benefits: Additional charges will apply. Please see the prospectus for details.**

☐ **4-Year Withdrawal Charge Schedule**^{1,2} (Ages 0-85)

¹ If selected, Premium payments will not be accepted after the first Contract Year.

² Notice to Advisor only: If selected, all Program Options may not be available.

Earnings Protection Benefit

- Election Age limitations apply based on the age of the Owner(s) or Covered Lives.

☐ **EarningsMax**^{1,2} (Ages 0-75)

¹ May not be selected on beneficiary Stretches, Non-Qualified Stretches or in combination with MarketGuard Stretch on page 8.

² Premium payments may not be allocated to the Systematic Investment Program DCA+ on page 5 or to the Fixed Account Options on page 7.

Telephone/Electronic Authorization

- If no election is made, Jackson will default to "No."**

By checking "Yes," I (we) authorize Jackson to accept instructions to initiate or discontinue Systematic Investment options (Rebalancing, Dollar Cost Averaging, Earnings Sweep) or transfer contract values between investment options via telephone, internet, or other electronic medium from me, or in the case of Joint Owners, from any Joint Owner, or from my (our) Advisor, subject to Jackson's administrative procedures.

Do you consent to Telephone/Electronic Transfer Authorization? ☐ **Yes** ☐ **No**

- This authorization is not extended to Authorized Callers.

Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures. I (We) release Jackson, its affiliates, subsidiaries, and advisors from all damages related in any way to its acting upon any unauthorized telephone/electronic instruction. I (We) understand and agree that Jackson reserves the right to terminate or modify these telephone/electronic privileges at any time, without cause and without notice to me (us).



Authorized Caller

- This authorization is not extended to Telephone/Electronic Authorization.

If you want to authorize an individual other than your Advisor to receive Contract information via telephone and/or in writing, please list that individual's information here.

First Name	Middle Name	Last Name

Social Security Number	Date of Birth (mm/dd/yyyy)

Electronic Delivery Authorization

- If no election is made, Jackson will default to "No."

Do you consent to Electronic Delivery of documents?

☐ Yes ☐ No

GO GREEN. IT'S ONLY NATURAL.



Check the box(es) next to the types of documents you wish to receive electronically. If Electronic Delivery is authorized, but no document type is selected, the selection will default to "All Documents."

- **Selection of "ALL DOCUMENTS" currently excludes quarterly statements and tax documents.**

☐ **ALL DOCUMENTS**
☐ Prospectuses and prospectus supplements
 ☐ Annual and Semiannual reports
☐ Transaction confirmations
 ☐ Other Contract-related correspondence

My email address is:

- Please provide one email address and print clearly.

I (We) will notify the company of any new email address.

- If you authorize Electronic Delivery but do not provide an email address or the address is illegible, Electronic Delivery will not be initiated.

This consent will continue until revoked and will cover delivery to you in the form of an email or by notice to you of a document's availability on Jackson's website. For jointly owned contracts, all Joint Owners are consenting to electronic delivery and use of the single email address above. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery or request paper copies. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website (www.jackson.com) is required for electronic delivery of Contract-related correspondence.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with internet access, an active email account and Adobe Acrobat Reader. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

There is no charge for electronic delivery of electronic communications, although you may incur the costs of internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any documents or communications in paper form.

Notice to Applicant

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Important Information related to Systematic Investments:

Systematic Investing does not ensure a profit or protect against loss. Principal value and investment return of the Investment Divisions will fluctuate with changes in market conditions. When redeemed, unit values may be more or less than the original purchase price. Please see the prospectus for additional information related to Systematic Investment options.



Client Acknowledgments

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
3. I (We) certify that the date of birth of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant, Joint Annuitant, or Contingent Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
4. **I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.**
5. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
6. The Contract I (we) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
7. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
8. I (We) understand that the Contract's Fixed Account Minimum Interest Rate will be re-determined each Redetermination Date. The re-determined rate, which may be higher or lower than the Initial Fixed Account Minimum Interest Rate, will apply for that entire Redetermination Period. (Only applicable to Contracts with a Fixed Account Option.)
9. **I (We) understand that allocations to the Fixed Account Options, with certain exceptions, are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred. (Only applicable to Contracts with a Fixed Account Option.)**
10. I (We) understand that Jackson issues other annuities with similar features, benefits, limitations and charges. I (We) have discussed the alternatives with my (our) financial advisor.
11. I acknowledge and represent that I have executed this application, and that my signature below (including my electronic signature) is my true and valid signature. I further authorize Jackson to accept any electronic signature that I may make to this application.
12. I (We) understand that certain broker-dealers may limit the Investment Divisions, Fixed Account Options, and/or Add-On Benefits available under the Contract. I (We) have discussed these limitations with my (our) advisor and have been provided with a list of Investment Divisions, Fixed Account Options and Add-On Benefits currently available for election through my (our) broker-dealer. I (We) understand that any application including an allocation to an Investment Division or Fixed Account Option or election of an Add-On Benefit not available through my (our) broker-dealer will not be accepted. I (We) understand that the Investment Divisions, Fixed Account Options, and/or Add-On Benefits not available through my (our) broker-dealer may be available through other broker-dealers.

Client Signatures

! It is required for Good Order that all applicable parties to the Contract sign here.

! Required replacement forms must be signed on or before the application signature date.

Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
Owner's Title (required if owned by an Entity)		
<div style="border: 1px solid black; height: 30px;"></div>		
Joint Owner's Signature	Date Signed (mm/dd/yyyy)	
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	
Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	

**Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency**



Advisor Acknowledgments

Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

AND

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

I certify that:

- ☐ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
3. The Advisor's Certification Regarding Sales Material has been answered correctly.
4. I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) and ensure that this replacement (if applicable) is consistent with that position.
5. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
6. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
7. I have complied with requirements for disclosures and/or replacements as necessary.
8. I have discussed all applicable limitations to Investment Divisions, Fixed Account Options, and/or Add-On Benefit availability with the applicant and have provided the applicant with a list of Investment Divisions, Fixed Account Options, and Add-On Benefits currently available for election.

- Program Options Note: If no option is indicated, the designated default will be used.

All Advisor certifications, licenses and trainings must be completed prior to application execution.

Advisor # 1 Signature

Date Signed (mm/dd/yyyy)

Jackson Advisor No.

First Name

Middle Name

Last Name

Email Address (print clearly)

Business Phone Number (include area code) Extension

Program Options

Percentage

☐ A ☐ B ☐ C ☐ D ☐ E

%

- If Percentage is left blank, all Advisors will receive equal shares.

If more than one Advisor is participating in a Program Option on this case, please provide the additional Advisor names, Jackson Advisor numbers and percentages for each (Advisor # 1-4 totaling 100%).

Advisor # 2 Name

Jackson Advisor No.

Percentage

 %

Advisor # 3 Name

Jackson Advisor No.

Percentage

 %

Advisor # 4 Name

Jackson Advisor No.

Percentage

 %