



Mailing
 deeproot Funds
 PO Box 691610
 San Antonio, TX 78269

Physical
 deeproot Funds
 12621 Silicon Dr
 San Antonio, TX 78249

ANNUITY SURRENDER PROGRAM PRE-APPROVAL FORM

This form is to be used to obtain pre-approval for your investor's qualification in our annuity surrender program. Please legibly fill out the following information. **If there are multiple annuities:** Please use as many copies of the back of this form for as many additional annuities need to be submitted. Statements must be attached. Minimum surrender value from like-titled annuities must be > \$100k.

INVESTOR(S) INFORMATION

Name(s): _____ Age(s): _____
 Address: _____ Reasons for wanting to surrender: _____
 City/State/ZIP: _____
 Phone: (_____) _____ - _____

ANNUITY INFORMATION

Ins. Carrier: _____ Last Statement Date: ____ / ____ / ____
 Orig. Premium: \$ _____ Stmt AV: \$ _____ Stmt SV: \$ _____
 Issue Date: ____ / ____ / ____ Maturity Date: ____ / ____ / ____
 Stmt Surrender: ____ % Stmt Surrender: \$ _____
 Writing Agent: _____
 Tax Status: Non-Qualified Qualified
 Annuity Type: Index Fixed Variable
 Income Rider: Yes No → In-Payout In-Deferral
Totals from Inception (as of Stmt Date):
 Stmt Rider Costs: \$ _____ Stmt Partial Sur: \$ _____
 Stmt Interest Credits: \$ _____ Stmt Overall Return: ____ %

CURRENT ANNUITY VALUES (must be obtained from carrier within a week prior to submitting this form)

Current AV: \$ _____ Current SV (including MVA): \$ _____ Current MVA: \$ _____ (+/-)

THE FINE PRINT

- a. We agree to reimburse, as a credit on the Call Date, the actual net surrender charge up to the maximum amounts set forth below in (e) or (f). The *net surrender charge* is the surrender charge, less any items in (b) that we do not reimburse. We typically only reimburse (original premium + accum. interest) – (surrender value)
- b. We will not reimburse: any prior surrenders or withdrawals, negative market value adjustment, any bonus (whether original or recaptured), any prior or current rider fee or costs, or tax liability (if any).
- c. We do not pay Priority Returns on the net surrender charge during the initial term.
- d. If combining multiple annuities, the annuities must have the same Tax Status.
- e. For surrender values under \$350k, the investor may choose **the575™*** or the **dGRD**, and the net surrender charge to original premium ratio may not exceed 10%.
- f. For surrender values \$350k or higher *, the net surrender charge to original premium ratio may not exceed 15%.
- g. * **the575™** Periodic Election under \$150k is not available, and net surrender charge may never exceed 10%.
- h. For qualified accounts, the annual IRA fees will be charged as per the PPM.
- i. **In order to be credited, the investor must submit an authentic accounting on insurance carrier letterhead, or check stub enumerating how the surrender charge or surrender value was calculated after the transfer occurs.**

INVESTOR SIGNATURE (as to Fine Print): _____ DATE SIGNED: _____

FINDER/ADVISOR/BROKER: _____ DATE SUBMITTED: _____

INVESTOR(S) INFORMATION

Name(s): _____

Age(s): _____

Address: _____

Reasons for wanting to surrender: _____

ANNUITY INFORMATION

Ins. Carrier: _____

Last Statement Date: ____ / ____ / _____

Orig. Premium: \$ _____

Stmt AV: \$ _____ Stmt SV: \$ _____

Issue Date: ____ / ____ / _____ Maturity Date: ____ / ____ / _____

Stmt Surrender: ____ % Stmt Surrender: \$ _____

Writing Agent: _____

Tax Status: Non-Qualified Qualified**Totals from Inception (as of Stmt Date):**Annuity Type: Index Fixed Variable

Stmt Rider Costs: \$ _____ Stmt Partial Sur: \$ _____

Income Rider: Yes No → In-Payout In-Deferral

Stmt Interest Credits: \$ _____ Stmt Overall Return: ____ %

CURRENT ANNUITY VALUES (must be obtained from carrier within a week prior to submitting this form)

Current AV: \$ _____

Current SV (including MVA): \$ _____

Current MVA: \$ _____ (+/-)

INVESTOR(S) INFORMATION

Name(s): _____

Age(s): _____

Address: _____

Reasons for wanting to surrender: _____

ANNUITY INFORMATION

Ins. Carrier: _____

Last Statement Date: ____ / ____ / _____

Orig. Premium: \$ _____

Stmt AV: \$ _____ Stmt SV: \$ _____

Issue Date: ____ / ____ / _____ Maturity Date: ____ / ____ / _____

Stmt Surrender: ____ % Stmt Surrender: \$ _____

Writing Agent: _____

Tax Status: Non-Qualified Qualified**Totals from Inception (as of Stmt Date):**Annuity Type: Index Fixed Variable

Stmt Rider Costs: \$ _____ Stmt Partial Sur: \$ _____

Income Rider: Yes No → In-Payout In-Deferral

Stmt Interest Credits: \$ _____ Stmt Overall Return: ____ %

CURRENT ANNUITY VALUES (must be obtained from carrier within a week prior to submitting this form)

Current AV: \$ _____

Current SV (including MVA): \$ _____

Current MVA: \$ _____ (+/-)