

QUALIFIED “BEST INTEREST” STATEMENT (PTE 84-24)

This PTE 84-24 form is being provided to you as required by law under what is known as the ERISA Prohibited Transaction Exemption 84-24 (PTE 84-24). This statement contains information that you should read and understand prior to using funds from an individual retirement or qualified plan retirement account to purchase an annuity.

Annuity Contract: National Slovak Society of the USA (NSS Life)
Contract Form #AA-05

IRA or Plan: _____

Agent: _____ Agent # _____

Agent is Independent of Insurer and Able to Recommend Other Annuity Contracts:

Agent is independent of National Slovak Society of the USA (NSS Life). Agent is NOT contractually limited to recommending only annuity contracts of National Slovak Society of the USA (NSS Life).

Commissions:

National Slovak Society of the USA (NSS Life) will pay a commission for each purchase payment made to National Slovak Society of the USA and/or NSS Life. The total commission to be received by the agent and/or an affiliate of the agent is equal to _____ % of the purchase payment amount. Commissions are not subtracted from the purchase payments or from annuity contract values.

Other Material Conflicts of Interest:

A material conflict of interest exists if the agent has a financial interest that a reasonable person would conclude could affect the exercise of the agent’s judgment in rendering advice as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest:

Contract Charges:

Early Withdrawal Charge (Premature Use Charge): An early withdrawal charge will be deducted from contract values if you took a withdrawal during the first _____ contract years. No further early withdrawal charges will apply to this contract.

ACKNOWLEDGEMENT AND CONSENT

(To be completed by the IRA owner or by the employer or other Fiduciary with respect to the employee benefit plan)

I hereby acknowledge receipt of this Disclosure Statement prior to additional purchase payments to an existing National Slovak Society of the USA (NSS Life) annuity contract. As IRA owner or fiduciary of the employee benefit plan, I hereby approve additional purchase payments to such annuity contract.

IRA Owner or Plan Fiduciary Signature

Print or Type Name

Title (if Plan Fiduciary)

Date