

RetireOne[®]

Personal Retirement Series

RetireOne is a flexible premium deferred annuity designed for personal retirement contributions and transfers.

Concerned about Saving for Your Future?

- Do you worry about saving for your future?
- Are the choices and options confusing?
- *LSW's professional agents have the answers to your questions and will work with you on an individual basis to create a retirement plan that meets your needs for the future.*

The Benefits of Tax-Deferral . . .

- Annuities accumulate tax-deferred until withdrawn.
- This tax deferral feature has two primary benefits. First, interest compounds on amounts you would otherwise pay in taxes during the accumulation period. Second, you may be in a lower tax bracket when you receive the untaxed values than you are today.

Additional Interest

- Each premium received in the first Policy Year will receive an additional 1% interest for 12 months.

Minimum Guarantees and Credited Interest

- Interest credited to your annuity is guaranteed never to be less than 1%.
- *RetireOne* allows for multiple payments into the annuity. Each time you make a premium payment, the interest rate credited will be LSW's then current credited interest rate. The current interest rate at the time the new premium is received may be higher than the original rate you received on your first premium payment. It could be less, dependent upon LSW's current credited rate at the time of receipt, but it is guaranteed never to be below the minimum guarantee of 1%.

† Withdrawal charges apply on amounts withdrawn in excess of free amount. Withdrawals are permitted only as allowed by law.

†† Benefits at annuitization could be reduced if a misstatement of age or sex has occurred.

A Member of the  NATIONAL LIFE GROUP[®]

Access to Your Money†

- 10% Free Withdrawal† annually after the first Policy Year.
- Annuitization†† and payout options, including an income stream you can't outlive.

Death Benefit

- Withdrawal Charges are waived on the death of the Annuitant.
- If you are the Annuitant and you die while this annuity is in-force, the full Accumulation Value will be paid to your Beneficiary as a Death Benefit, and any remaining Withdrawal Charges will be waived. If you die and you are the Owner, but not the Annuitant, the Death Benefit will equal the Cash Value. The Cash Value includes any applicable Withdrawal charges during the first seven Policy Years.
- In many states, a named beneficiary of an annuity can avoid the expense and publicity of probate.

Planning for the Future . . .

Will your present financial plan provide you with ample savings for retirement? Does your current savings plan ensure you a comfortable standard of living in the future? Do you want to know more about an LSW tax-deferred annuity and the benefits of tax-deferral? There are many features and benefits of an LSW annuity. ***Call your LSW agent today to discuss your options and to make sure your retirement plan is on track. Preparing for your future starts today.***

Please Note: Neither LSW nor any of its agents or representatives give legal, tax, or accounting advice. The information provided here is a summary of our understanding of the current tax laws and regulations as they relate to annuities. All prospective purchasers should consult with their own attorneys, accountants, and tax advisors.

- Enjoy Tax-Deferred Growth
- Partial Withdrawal Provisions
- Nursing Care Benefit Rider where approved at no additional cost.
- Quarterly statements on active accounts
- 1% additional interest for 12 months on each premium received in the first Policy Year
- Plan options: Non-Qualified and Qualified plans excluding 403(b) and 457
- Minimum premium- \$5,000 Non-Qualified/\$3,000 Qualified single premium or \$100/month salary reduction or PACP/bank draft
- Issue age: Annuitant – up to 85
Owner – Unlimited
- This annuity is not contestable unless due to fraud
- Withdrawal Charges waived upon death of the Annuitant
- Customized annuitization†† options are available. All annuitizations after the 5th year, with at least a ten year payout, will be calculated without application of withdrawal charges.
- Additional premiums accepted at anytime

| Policy Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
|--------------------|-----|----|----|----|----|----|----|----|
| Withdrawal Charge† | 10% | 9% | 8% | 7% | 6% | 4% | 2% | 0% |

‡ Withdrawal charges apply on amounts withdrawn in excess of free amount.

RetireOne is Policy Form No. 7925: Issued by Life Insurance Company of the Southwest, Dallas, Texas.

If you want further information on this annuity, please contact your LSW agent or call LSW at the telephone number shown below.

Life Insurance Company of the Southwest
1300 West Mockingbird Lane, Dallas, TX 75247-4921

214-638-9271 or 800-579-2878

www.lifeofsw.com

LSW

Protecting Your Retirement Savings



Application for Annuity

Life Insurance Company of the Southwest (LSW) • 1300 W. Mockingbird Ln. • Dallas, TX 75247-4921 • Customer Service 800-579-2878

Section I - Owner/Joint Owner/Annuitant

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Owner's Name | SS No or Taxpayer ID | DOB (m/d/yy) | Age | Sex |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Home Address | City | County | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Home Phone Number | Home Fax Number | Home e-mail Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|---|----------------------|----------------------|----------------------|----------------------|
| Annuitant's Name (if different from Owner) | SS No or Taxpayer ID | DOB (m/d/yy) | Age | Sex |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Home Address | City | County | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Home Phone Number | Home Fax Number | Home e-mail Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|---|----------------------|----------------------|----------------------|----------------------|
| Joint Owner's Name (if applicable, non-qualified only) | SS No or Taxpayer ID | DOB (m/d/yy) | Age | Sex |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Home Address | City | County | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Home Phone Number | Home Fax Number | Home e-mail Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Employer | Work e-mail Address |
| <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Work Address | City | County | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|-------------------------|----------------------|----------------------|
| Work Phone Number | Work Fax Number | Occupation or Job Title | Hire Date (m/d/yy) | Annual Salary |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

S0105

SECTION II - Beneficiary

| Beneficiary | Relationship | Share |
|-------------|----------------------|-------|
| 1) | <input type="text"/> | % |
| 2) | <input type="text"/> | % |

| Contingent Beneficiary | Relationship | Share |
|------------------------|----------------------|-------|
| 1) | <input type="text"/> | % |
| 2) | <input type="text"/> | % |

S0201

SECTION III - Premium

| | | |
|------------------------------|---------------------------------|---|
| Amount Paid with Application | Rollover/Transfer (Approximate) | <input type="checkbox"/> Documentation Submitted With App: Single Transfer(s) or Rollover(s) |
| <input type="text"/> | <input type="text"/> | |

| | |
|----------------------|--|
| Planned Premium | Payable How? |
| <input type="text"/> | <input type="checkbox"/> Salary Reduction <input type="checkbox"/> Pre-Authorized Check Plan <input type="checkbox"/> Direct (Check) |

Salary Reduction Only:

| | |
|--|--|
| First Salary Reduction To Be Made (m/d/yyyy) | Circle Months to Skip Payments: |
| <input type="text"/> | Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec |
| Payable How Often? <input type="checkbox"/> Bi-Weekly (every two weeks) <input type="checkbox"/> Single <input type="checkbox"/> Other | <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly (twice a month) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually |
| Special Instructions for Future Billing Change _____ | |

S0302

SECTION IV - Plan Selected
 RetireOne
 S0403
SECTION V - Plan Qualification
 Non-Qualified 401(k) Pension/Profit Sharing IRA ROTH IRA IRA Rollover Other (specify) _____
 S0502
SECTION VI - Existing Insurance
 Does the applicant have any existing policies and/or annuities? Yes No (Applicant to check box)

 If yes, will the annuity applied for replace any of the existing insurance or annuity? Yes No (Applicant to check box)

 If yes, provide _____ and complete appropriate replacement and exchange forms.
 S0602 (Name of Company)
SECTION VII - Remarks

S0701

SECTION VIII - For Home Office Endorsement Only: (Not applicable in Pennsylvania or West Virginia)

S0801

SECTION IX - Fraud Warnings and Notices:

Florida - Notice: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Kentucky/Maine/Ohio** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **Louisiana** - Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **New Jersey - Notice:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Arkansas/New Mexico/Pennsylvania** - Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Virginia** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law. **Notice to Residents of Arizona:** The annuity to which this application is attached may be returned within 31 days after it is received. Return it to our Home Office or to the agent through whom it was purchased. If returned, we will cancel the annuity and return any premium paid. Upon written request from the Owner, we will provide within a reasonable time, factual information regarding the benefits and provisions of the annuity to which this application is attached.

S0901

SECTION X - Acknowledgments

The Annuitant and the Owner, if other than the Annuitant; (1) represents, to the best of their knowledge and belief, that all statements and answers contained herein are full, complete and true as written and are correctly recorded; and, (2) expressly agrees as follows:

1. This application and the answers and agreements contained herein shall be the basis of, a part of the consideration for and a part of the annuity hereby applied for.
2. The payment of premium constitutes consideration to the Company for the granting of an annuity and upon payment becomes the absolute property of the Company.
3. If proof of age is not given with this application, the Annuitant(s) will furnish the Company with such proof before annuity payments begin.
4. The annuity applied for shall take effect on the date the premium is received by the Company in its Home Office. The *SecurePlus* single premium deferred annuities shall take effect on the 7th, 14th, 21st or 28th of the month following or coincident with the date the premium is received by the Company in its Home Office.
5. The Company is authorized to amend this application by an appropriate notation in the space designated "For Home Office Endorsement Only" in order to correct apparent errors or omissions. The acceptance of any annuity issued on this application shall constitute acceptance and ratification of the beneficiary designation, if any, in such annuity and of any amendments contemplated above except that no change shall be made in the plan of annuity or benefits without the written acceptance of the Annuitant(s) or of the Owner if other than the Annuitant(s).

W9: Under the penalties of perjury, I certify that: (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). *You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.*

S1003

SECTION XI - Signature and Agent Information

Dated at (city/state) _____ on (month/day/year) _____

Signature of Owner _____ Signature of Annuitant (other than Owner) _____

Signature of Joint Owner (if any) _____

 To the best of my knowledge, a replacement is is not involved in this transaction. (Agent to check box.) Florida License ID No. _____

Signature of Agent _____ Soliciting Agent (print) _____ Agent No. _____ Percent _____

Agent Phone Number _____ Other Agent (print) _____ Agent No. _____ Percent _____

S1101