

Large Case Approval Request



MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

General Information

Complete this form for any application when the expected aggregate premium for the contract is equal to more than \$2 million. This form may be submitted with the application or prior to submission of the application. Submit completed form to sales@knightheadinsurance.com.

1. CASE INFORMATION

Proposed Owner Name(s)	
Type of Ownership	<input type="checkbox"/> Natural Person(s) <input type="checkbox"/> Trust <input type="checkbox"/> Corporate entity
State of Issue	
Agent Name	
IMO / Distributor	
Date of Request	

2. PRODUCT & PREMIUM DETAILS

Product Name	
Premium Amount	
Withdrawal Charge Period	
Premium Bonus	
Rider(s)	
Tax Status	<input type="checkbox"/> Non-Qualified <input type="checkbox"/> Qualified

Initial Allocation of Premium

Complete this section only if the application is for a Fixed Indexed Annuity (FIA). Allocations should sum to 100%.

Model Portfolios	Allocation %
Global Diversified Balance	%
American Benchmark Collection	%
Cap Amplifier	%
Individual Accounts	Allocation %
1-Year S&P 500 with Cap	%
1-Year Nasdaq-100 with Cap	%

1-Year Down Jones Industrial Average with Cap	%
1-Year STOXX Europe 600 with Cap	%
1-Year S&P 500 Daily Risk Control 15% with Participation Rate	%
1-Year NYSE Bonds and Commodities with Participation Rate	%
Fixed Account	%
Total Allocation: 100%	

3. OWNER / ANNUITANT INFORMATION

Provide information about the Owner or Annuitant when the contract is owned by a non-natural entity.

Owner Name	Date of Birth
Is Owner a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Owner Name	Date of Birth
Is Joint Owner a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. FINANCIAL INFORMATION

Owner's Net Worth	
Annual Income	
Annual Expenses	
Source of Funds	