



AuguStar® Life Insurance Company

Telephone & Internet Trade

Authorization Agreement

Form #: V-4832

Regular Mail

AuguStar Financial
P.O. Box 5308
Cincinnati, OH 45201-5308

Overnight Delivery

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Telephone & Internet Trade Authorization Agreement

Annuity Contract Number: _____

Annuitant Name: _____

Owner Information

Name: (First) _____ (MI) _____ (Last) _____

Telephone Number _____ Email Address _____

Address _____

Owner Authorization of Telephone and Internet Account Access

- 1. Personal Identification: TeleAccess or AuguStar Pro Online will prompt you to enter, or a customer service representative will ask you to provide, certain personal identifying information that may include, but is not limited to, your Social Security number, contract/policy number, date of birth, or a password (collectively, "Personal Identification"). You have the sole responsibility to maintain the confidentiality of your non-public Personal Identification. Any person who can present your Personal Identification may gain access to and conduct transactions in your AuguStar account. Accordingly, if you learn or have reason to believe that an unauthorized person has or may have access to your Personal Identification, you must notify us as soon as reasonably possible. During the lifetime of your contract, it is your responsibility to provide prompt notice of any change in address to AuguStar.
2. Terms of Use: AuguStar maintains a record of each transaction, including, but not limited to, obtaining account/unit values, making partial/full transfers, and changing future allocations (collectively, "Transaction"). Each Transaction is recorded at the time you confirm the Transaction which is distinct from the time you accessed your account online. A Transaction confirmed by 4:00 PM EST on a regular business day for AuguStar and New York Stock Exchange (NYSE) will be made in accordance with the unit value determined at the close of that business day. All other transactions will be executed using unit value determined at the close of AuguStar's next business day when the NYSE is open. AuguStar, in our sole discretion, may request additional Personal Identification, and may refuse to execute a Transaction for which insufficient or inaccurate Personal Identification has been provided or if other circumstances warrant our refusal. AuguStar, its directors, officers, employees, sales associates, and assignees assume no responsibility for, and shall not be liable for, any damage, loss, or injury incurred: (a) as a direct or indirect result of any unauthorized access to your account using your Personal Identification; or (b) due to client's inability to access account information or to conduct a Transaction for any reason, including, but not limited to, system or network errors, unusual system usage, or loss or interruption of services with any telephone, Internet, or any other service provider.
3. Owner Representation: I represent and warrant that I have the right to enter into this Agreement. If I am acting on behalf of a trust, partnership, or a corporation, I understand that it is my responsibility to provide immediate notice to AuguStar if my authority is revoked.
4. Owner Indemnification: I hereby agree, to the extent allowed by law, to indemnify and hold harmless AuguStar, its affiliates, their directors, trustees, officers, employees, agents, vendors, and assignees from any costs, damages, and expenses, including, but not limited to, court costs and attorney's fees, directly or indirectly resulting from: (a) any unauthorized access to your account so long as AuguStar procedures for proper identification has been followed; or (b) refusing, within the sole discretion of AuguStar, to execute any transaction for which insufficient or inaccurate Personal Identification has been provided or if other circumstances warrant such refusal.

Financial Professional Access to Owner Account (optional)

Registered Representative Name: (First)

(MI)

(Last)

Company

Telephone

The Financial Professional (FP) represents and warrants that he/she is a duly registered member in good standing of the SEC and/or other applicable Self Regulating Organization(s). The FP agrees that any partial or full transfers or changes to how future contributions are to be allocated that are submitted, as directed by the Owner(s), will be substantiated by office records documenting or recording a conversation with the Owner(s) in which historic performance and investment objectives of the applicable portfolio options were discussed (as required by applicable law and regulations) in relation to the risk profile of the Owner(s); and that AuguStar, in its sole discretion, may refuse to execute any such transaction that the FP submits and may require that the transaction be made by the Owner(s). The FP agrees to indemnify and hold harmless AuguStar, its affiliates, their directors, trustees, officers, employees, agents, vendors, and assignees from any loss, costs, damages, and expenses, including, but not limited to, court costs and attorney's fees, directly or indirectly resulting from: (a) any transaction executed by AuguStar that the FP submitted, so long as AuguStar procedures for proper identification have been followed; or (b) refusing, within the sole discretion of AuguStar, to execute a transaction for which insufficient or inaccurate Personal Identification has been provided or if other circumstances warranted such refusal.

Signature of Financial Professional

Date

Financial Professional Authorization for Owner and Financial Professional

I hereby authorize AuguStar to perform transactions submitted via TeleAccess, our automated telephone system, AuguStar Pro and/or AuguStar customer service representatives (collectively, "Telephone and Internet Access") by undersigned Owner, Joint Owner, and the designated FP (if applicable). **I understand that if I do not want to authorize FP listed to act on my behalf, I must check the box below and place my initials.** I further understand that this authorization does not affect my right to Telephone and Internet Access nor grant discretionary control over my account. I acknowledge that I have the right to revoke or replace the FP's authorization at any time by providing written notice to AuguStar.

I **DO NOT** authorize a Financial Professional to act on my behalf. _____ (Initial here – **required**)

To the extent authorized above, AuguStar shall act upon any transactions resulting from verbal, written, or electronic instructions reasonably believed to have originated from any and all acts of the authorized individuals per this Agreement. I acknowledge that it is my responsibility to review the confirmation of transactions and provide a written notice within ten (10) days of the transaction to report any unauthorized transaction. I understand that AuguStar may, upon receiving timely and satisfactory proof, rescind the transaction and restore the account. I understand that this authorization is binding upon my agents, heirs, and assignees and shall continue until AuguStar receives written notice revoking the same or until AuguStar discontinues this privilege. I further understand that a revocation will not affect the validity of any transaction initiated before AuguStar had a reasonable amount of time to act upon such notice.

Tax Certification

Under penalties of perjury, I certify all of the following:

1. The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me,) and
2. I am not subject to back up withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3.
 - a. I am a U.S. citizen or U.S. resident alien, as indicated above, or
 - b. A partnership, corporation, company or organization created or organized in the United States under laws of the United States, or
 - c. An estate (other than a foreign estate,) or
 - d. A domestic trust (as designed under Regulations section 301.7701-7,) and
4. I am exempt from FATCA reporting.

Signatures are Required on page 3.

Signatures

Signature* of Owner** : _____ Date: _____

Daytime Phone Number: _____ Social Security Number: _____

Signature* of Joint Owner** _____ Date: _____

*If signing pursuant to a power-of-attorney, guardian, or conservator, you must indicate this after signature (e.g., Attorney-in-Fact, Guardian, Conservator, etc.)

****Certification:** I/We hereby certify that I/we, the above-signed, am/are the Owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I/we am/are an authorized signatory thereof and that this request is being submitted in my/our capacity as an authorized signatory of the trust, custodial account, corporation or partnership. I/we agree/s, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless the AuguStar, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.