

Fortune Financial Services, Inc. • 1010 Third Avenue • New Brighton, PA 15066 • 724-846-2488

NEW BUSINESS TRANSMITTAL FORM

New Business **Update**

DATE: _____

1. Representative Name	Rep ID	Split %
/	/	/
2. Representative Name	Rep ID	Split %
/	/	/

Type of Account	
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> UGMA <input type="checkbox"/> Other Non-Qual.
<input type="checkbox"/> Trad. IRA	<input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP <input type="checkbox"/> 403(b) <input type="checkbox"/> Other Qual.
Is this account for a minor?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name (Individual, Custodian, Guardian, Trust, etc.)		
Street Address (No PO Boxes)		
City, State, and ZIP Code		
Country of Citizenship	SSN/TIN	Birth Date
Day Phone #	Evening Phone #	
Employer's Name	Nature of Business	
Employer's Address		
Job Title	Years Employed	Tax Bracket
Annual Household Income \$	Net-Worth (excluding residence) \$	
Name of Bank	<input type="checkbox"/> Checking <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Savings <input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Joint Tenant, Minor, Trustee, etc.)		
Street Address (If different from first owner)		
City, State, and ZIP Code		
Country of Citizenship	SSN/TIN	Birth Date
Day Phone #	Evening Phone #	
Employer's Name	Nature of Business	
Employer's Address		
Job Title	Years Employed	Tax Bracket
Annual Household Income \$	Net-Worth (excluding residence) \$	
Name of Bank	<input type="checkbox"/> Checking <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Savings <input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er)		
(If joint tenants are spouses, proceed to next section.)		
Spouse Name		
Country of Citizenship	SSN/TIN	Birth Date
Employer's Name	Nature of Business	
Employer's Address		
Job Title	Years Employed	

Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er)		
(If joint tenants are spouses, proceed to next section.)		
Spouse Name		
Country of Citizenship	SSN/TIN	Birth Date
Employer's Name	Nature of Business	
Employer's Address		
Job Title	Years Employed	

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Customer(s) Investment History

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Preferred Stock | <input type="checkbox"/> Options | <input type="checkbox"/> GNMA/FNMA | <input type="checkbox"/> Government Trusts | <input type="checkbox"/> Commodities |
| <input type="checkbox"/> Common Stock | <input type="checkbox"/> Corporate Bonds | <input type="checkbox"/> Corporate Trusts | <input type="checkbox"/> US Treasuries | <input type="checkbox"/> Futures |
| <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Municipal Bonds | <input type="checkbox"/> Mutual Trusts | <input type="checkbox"/> CDs | <input type="checkbox"/> REITs |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Precious Metals/Coins | <input type="checkbox"/> "Wrap Accounts" | <input type="checkbox"/> Other _____ | |

Customer(s) Investment Objectives (Check only one)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Income | <input type="checkbox"/> Speculation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Growth | <input type="checkbox"/> Safety of Principal | |
| <input type="checkbox"/> Growth & Income | <input type="checkbox"/> Tax Shelter | |

Risk Exposure (Check only one)

- Low Moderate High Speculative

Is client or spouse an officer, director or more than 10% shareholder of any public company? Yes No

If Yes, explain _____

Is client or spouse directly or indirectly associated with any brokerage firm, bank, or federal credit union? Yes No

If Yes, explain _____

Is this account a "Power of Attorney" transaction? Yes No

If Yes, explain _____

Was the sale of this product solicited? Yes No

Please describe how client was introduced to the firm:

Description of transaction:

<p>USA PATRIOT ACT (Check one ID type below)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Driver's license</td> <td><input type="checkbox"/> State Issued ID</td> </tr> <tr> <td><input type="checkbox"/> Resident Alien ID</td> <td><input type="checkbox"/> Passport</td> </tr> <tr> <td><input type="checkbox"/> Military ID</td> <td></td> </tr> </table>	<input type="checkbox"/> Driver's license	<input type="checkbox"/> State Issued ID	<input type="checkbox"/> Resident Alien ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Military ID		<p>USA PATRIOT ACT (Check one ID type below)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Driver's license</td> <td><input type="checkbox"/> State Issued ID</td> </tr> <tr> <td><input type="checkbox"/> Resident Alien ID</td> <td><input type="checkbox"/> Passport</td> </tr> <tr> <td><input type="checkbox"/> Military ID</td> <td></td> </tr> </table>	<input type="checkbox"/> Driver's license	<input type="checkbox"/> State Issued ID	<input type="checkbox"/> Resident Alien ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Military ID	
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Complete this section only if updating client records and no new business is attached. Client records are required to be current within the last 36 months. Only pages 1 and 2 are required when just submitting a client records update.

This form reflects a recent change in my client's:
 Home Address Employment Information Martial Status USA Patriot Act Information Other _____

Representative Signature **Date** **Approved Principal Signature** **Date**

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Does this investment involve a switch from another investment vehicle, insurance product, direct participation program or bank product including checking or savings accounts? Yes No

If Yes, complete the "Fortune Financial Services Switch letter." (Usually Required.)

Customer Acknowledgements

- I acknowledge that I have received a current prospectus for each mutual fund, variable annuity and/or variable life insurance product I have chosen to purchase. I understand that it is my responsibility to read the prospectus provided to me by my financial representative as it contains important disclosures about this investment that I should know. Federal securities laws require its distribution to me. Should I have questions regarding the prospectus, I will contact my registered representative or the Fortune Financial Services, Inc compliance department at 724-846-2488.
- I understand that mutual funds shares, variable/equity-indexed annuity and life insurance products and/or their sub-accounts are not deposits or obligations of, or guaranteed by, any bank and are not federally insured by any agency of the US Government; any guarantee on this product is based solely on the claims-paying ability of the issuing insurance company.
- If I am purchasing a variable annuity or life insurance product, I understand that underlying portfolio performance may differ from mutual funds bearing similar names and that the investment's past performance does not necessarily indicate how the investment will perform in the future.
- I understand that my registered representative will receive compensation from the sponsoring company as described in the prospectus/policy.
- I understand that liquidation proceeds may be more or less than my initial investment depending on market conditions and product stipulations, as all investments involve a level of risk. Such risks are described in the prospectus/policy given to me. Should I have any questions about such risks, I will consult with my registered representative or the Fortune Financial Services compliance department.
- If I am purchasing a mutual fund, I acknowledge that my representative has advised me regarding levels, or breakpoints, of mutual fund purchases that may qualify me for reduced sales charges. Breakpoint levels are described in the mutual fund's prospectus.
- I have been advised by my representative of possible additional fees incurred by selling one investment and purchasing another. Those fees may include up-front fees, additional back-end surrender charges, or higher annual ongoing fees. Due to these reasons, short-term trading of mutual funds shares and annuity/life insurance policies is not recommended.
- I understand that mutual fund shares and annuity/life insurance products are designed to be long-term investments and I have other assets for short-term liquidity needs.
- I confirm that I am in receipt of the *FINRA Customer Identification Program Notice* and the *Fortune Financial Services, Inc Public Disclosure Notice*, including the Company *Privacy Notice* and *Business Continuity Plan*, which are required to be given to me by my financial representative. Should I have questions regarding these notices, I will contact my registered representative or the Fortune Financial Services, Inc compliance department.

To be completed by the Registered Representative in the sale of Equity-Indexed products:

Instruction for the home office:

Please forward the enclosed documentation to the following IMO for processing: _____
 (If no IMO is indicated, documentation will be forwarded directly to the insurance carrier.)

Client Signature	Date
<input type="text"/>	<input type="text"/>

Joint Client Signature	Date
<input type="text"/>	<input type="text"/>

1. Representative Signature	Date
<input type="text"/>	<input type="text"/>

2. Representative Signature	Date
<input type="text"/>	<input type="text"/>

Approved Principal Signature	Date
<input type="text"/>	<input type="text"/>

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Acknowledgement of Investment Product Change

SWITCH FORM

If switching from a mutual fund, annuity, or life insurance product attach a recent account statement.

A. Client Name _____ **Client SSN** _____

Client Name _____ **Client SSN** _____

B. Existing Account/Policy Account # _____
 Type of Investment: Variable Life Variable Annuity Mutual Fund Other _____
 Equity-Indexed Life Equity-Indexed Annuity Bank Product

C. Proposed Investment
 Type of Investment: Variable Life Variable Annuity Mutual Fund Other _____
 Equity-Indexed Life Equity-Indexed Annuity Bank Product

D. For Completion by Client – please answer the following questions:

1. Will you incur a surrender charge on your existing investment as a result of this transaction? Yes No
 If Yes, list approximate dollar amount of surrender charge \$ _____ and percentage of investment value this represents: _____ %.
2. Will your new product be subject to a surrender charge or Contingent Deferred Sales Charge (CDSC)? Yes No
 If Yes, the maximum surrender or CDSC period is _____ years with an initial surrender or CDSC of _____ %.
3. Will the proposed investment be subject to any front end sales charge? Yes No
4. Have you discussed the possible impact of any change in death benefits as a result of this switch? Yes No
5. As a result of this switch, my investment risk is: **increased**, **decreased**, or **about the same**.

E. Explanation for Switch (attach additional page, if necessary)

1. Material facts on which the recommendation to liquidate the original investment is based.

2. Material facts on which the recommendation to purchase the new investment is based.

F. Customer Acknowledgement

- I understand that it is not the Company's policy to recommend the sale and purchase of securities unless a person's investment or personal objectives can be better served.
- I understand that I may incur a capital gain tax liability on any profit realized thus reducing my investment capital by the extent of such capital gain, if any. For retirement accounts, there may be federal income tax penalties for withdrawals before age 59½. I have been advised to consult my tax advisor for information on the tax implications of this change.
- If I am changing mutual funds, the original fund family may have a fund with similar objectives as the proposed purchase and it may be to my financial advantage to change investments within the existing fund family rather than investing with a different mutual fund family.
- If I am changing my life or annuity policy, I have evaluated the original policy and applicable riders that could be exercised to my benefit and any other exchange program available from the original insurance company. Upon completion of this review, I believe that the existing company policy, riders, and programs are not in my best interest to achieve my investment objectives.
- I understand that management, administrative, and other fees, such as 12b-1 distribution expenses, vary by fund family and insurance company. I have received the prospectus/policy for specific information about any additional fees associated with the proposed investment.
- I understand that by changing investments, my registered representative may earn a new commission.

Client Signature	Date

Joint Client Signature	Date

1. Representative Signature	Date

2. Representative Signature	Date

Approved Principal Signature	Date