



Variable Life Purchase Letter of Understanding

Print Client(s) Name: _____

By signing below, you represent that you understand and acknowledge the following:

Applying to this purchase: This section is designed to quantify the costs associated with the proposed investment and to record the reason for and anticipated benefits associated with a purchase and/or transfer.

Investment Objective: _____ Income _____ Growth & Income _____ Growth _____ Speculation

Risk Tolerance: _____ Conservative _____ Moderate _____ Aggressive _____ Aggressive

Years Investing Experience _____ **Are the Investment Objective, Risk Tolerance or Time Horizon different than your Customer Investment Profile indicates?** _____ Yes _____ No

Name of Company _____ Face Amount \$ _____

Name of Product _____ Commission Option: A B C Other

Annual Target Premium \$ _____ Life Company Rating: _____ Insured's Underwriting Rating: _____

Riders:	Name	Expense
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Administrative Expense and/or Annual Fee	\$ _____
	Mortality and Expense Risk Charges	\$ _____
	VUL Total Cost per year	\$ _____

Explain in detail riders, benefits and background information: _____

Free Look Period Begins: _____ Free Look Period Lasts _____ days

Contract will be mailed to the Client _____ Contract will be mailed to the Agent _____

- 1. ADEQUATE INFORMATION.** You have received a current prospectus and an illustration for the insurance applied for. You understand the investment objectives and risks of the insurance for which you are applying. **THERE CAN BE NO ASSURANCE THAT THE OBJECTIVES WILL BE ACHIEVED.**
- 2. CHARGES AND FEES.** All charges and fees are disclosed in the prospectus and/or the contract.
- 3. VALUE OF SHARES/FLUCTUATING YIELD.** The value of your units may go up or down and if you redeem your or units, you may receive more or less than you paid for them. Dividends or interest may also fluctuate, and the amount is not guaranteed.
- 4. MANAGEMENT RESPONSIBILITY.** Harbour Investments, Inc. does not sponsor or manage insurance products. The performance of your insurance will depend upon results achieved by the subaccount managers or insurance companies responsible for managing your contract. Please check your confirmation statements received directly from vendors to make sure all information is correct. Confirmations and statements will come directly from the product issuer.
- 5. REVENUE SHARING ARRANGEMENTS.** Certain companies pay Harbour Investments, Inc. compensation for marketing, access to Harbour Representatives and for other purposes separate from and in addition to commission and compensations paid for the sale of their products as disclosed in the prospectus of each company. This practice is further discussed and reviewed at the Harbour website <http://www.harbourinv.com/clients/disclosures>
- 6. INSURANCE.** Life Insurance policies should not be purchased without the need for insurance. Variable insurance policies may not sustain cash values or insurance benefits if the performance of the underlying investment accounts does not cover all costs to maintain the policy. Early withdrawal penalties can be severe.
- 7. INFORMED CONSENT OF REG BI.** The client hereby makes the following representations about informed consent of the receipt of certain information from Harbour: You acknowledge receipt of Harbour's Form CRS and understand its contents. You agree to receive, and have received, delivery of Harbour's Best Interest Disclosure by visiting <https://harbourinv.com/clients/regulation-bi/>.

Client's Signature: _____ Date: _____

Joint Signature: _____ Date: _____

FINANCIAL PROFESSIONAL STATEMENT. I am appropriately licensed in the client's state of residence. I have reviewed the client's Customer Investment Profile to ensure that the information is current. This purchase aligns with their overall investment objectives and risk tolerance.

Financial Professional Signature: _____ Rep No. _____