

Acknowledgement & Consent

To ensure that we provide the best possible service to our clients, we ask you, by signing below, to certify that the information you will provide your representative for your Financial Needs Analysis (“FNA”) will be accurate and is the information you want us to use. We also want you to understand how the information you provide will be used.

The FNA is designed to assist you in identifying your financial needs and goals so that you can make better decisions in managing your money. Your FNA will be developed based on the information you provide and on certain generally accepted assumptions and reasonable estimates. The FNA is provided to you as a complimentary no-obligation product by Primerica.

The calculations and assumptions are based on your current financial situation and today’s economic environment, which are subject to change. We recommend that you review your financial needs and goals periodically to determine if you are making progress, especially when there is a change in jobs, a change in marital status, or an addition to your family. As time passes and your financial situation changes, you should ask your representative to do a new FNA to see how the FNA’s suggestions change.

The personal information you provide in preparation of your FNA may also be shared with other Primerica Representatives in your Representative’s organization. This may be done in order to offer you products that may be appropriate for you.

I/we are providing this information to you, as my/our representative, and to Primerica and its affiliates, to prepare a Financial Needs Analysis (FNA) in order to assist me/us in identifying financial needs and solutions. I/we understand that the results of this FNA are largely dependent on the information I/we provide.

I/we understand that this FNA is not an application for any financial product. By separate application, I/we may apply for one or more of the products mentioned in the FNA presentation, and be considered under the applicable qualification criteria. I/we understand you may also share this information with other Primerica Representatives to offer me/us products that may be appropriate for me/us.

I/we understand that to avoid a need to provide this information in any subsequent applications, information provided for this FNA can be imported into any Primerica application (including any application to be a Primerica Representative) I/we complete in the future, regardless of the Representative assisting me/us with the application. I/we will be sure that the information imported or otherwise included in an application is current and correct at the time the application is submitted.

I/We certify that the information I/we will provide to you for my FNA will be accurate and complete and is the information I/we want to be used. I/We have received a privacy notice. I/We also hereby consent to and authorize the use of the information by Primerica and its Representatives as described above.

Client’s Name (please print name)

X

Client’s Signature

Date

Spouse’s Name (please print name)

X

Spouse’s Signature

Date

Representatives may represent the following affiliated companies: (a) as insurance agents in these jurisdictions: National Benefit Life Insurance Company (Home Office, Long Island City, NY) in New York; and Primerica Life Insurance Company (Executive Offices, Duluth, GA) in all other U.S. jurisdictions; (b) if securities licensed, PFS Investments Inc.; (c) Primerica Client Services, Inc. for various other products, as well as (d) Primerica Financial Services, Inc.

For use in U.S. (including New York)