

Nepsis, Inc. and its affiliated Advisor, Nepsis Advisor Services, Inc., (Nepsis) through its Investment Advisor Representatives and affiliated firm, Nepsis Insurance Services, Inc., may from time to time recommend the purchase of insurance products, including life insurance, annuities, and long-term care insurance. These products will be recommended when they fulfill a basic need for the client and thus are deemed by the firm to be in the best interest of the client. In certain circumstances, the Investment Advisor Representative may receive a commission from the respective insurance company, and Nepsis may receive a portion of the commission (usually called an "override"). This is compensation outside of the Investment Advisor relationship through an affiliate company.

The following constitutes disclosure of the details of such a transaction involving you, including whether a commission is to be paid and the reasons the transaction is in your best interest.

Advisor Info

Advisor Name:

Client Info

Contract Owner:

Insured(s):

Household income: \$

Net Worth: \$

Liquid Assets: \$

Retired?

Yes

No

Nepsis Investment client?

Yes

No

Transaction & Policy Details

Application Date:

Carrier:

Insurance Type:

Life Insurance (Term Universal Life Index Universal Life Whole Life Survivorship)

Annuity (Fixed Fixed Index SPIA Deferred Income Annuity QLAC)

Long-term Care (Traditional LTC Asset-Based Life Policy Rider)

Disability

Insurance Amount:

Surrender Period:

Planned Premium: \$

One-time

Annually

Quarterly

Monthly

Source of Premium:

Income

Savings

Investment Portfolio

Existing Insurance

If from Existing Insurance: Is this a Replacement?

Yes

No

Surrender change on existing insurance: \$

Advisor and/or Nepsis

WILL

WILL NOT be paid a commission on this policy.

Best Interest Rationale

Purpose of the Insurance:

Reason for Recommendation:

Acknowledgements

Owner(s) and Insured(s) hereby acknowledges receipt of the disclosures contained herein. It is further acknowledged that this form does not replace or supersede the promotional materials supplied by the carrier, the insurance application, or the insurance contract.

Owner(s), Insured(s), and Advisor believe this purchase of insurance to be in the best interest of the owner(s) and insured(s).

Owner Signature:

Date:

Co-Owner Signature:

Date:

Insured Signature:

Date:

(if different than Owner)

Co-Insured Signature:

Date:

(if different than Co-Owner)

Advisor Signature:

Date:

Nepsis Approval:

Date: