



FIXED ANNUITY SUITABILITY FORM

Owner Information

Owner Name:	SSN/Tax ID:	DOB:
Co-Owner Name:	SSN/Tax ID:	DOB:
Annuitant Name (If different from Owner):	SSN/Tax ID:	DOB:
Co-Annuitant Name (If different from Owner):	SSN/Tax ID:	DOB:

Patriot Act Verification (Select government-issued document used for verification)

Owner		Co-Owner	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	
ID#	State Issued	ID#	State Issued
Issue Date / /	Expiration Date / /	Issue Date / /	Expiration Date / /
Legal Address (no PO Box):		Legal Address (no PO Box):	
City	State	Zip	
Country of Citizenship:	Primary Phone:	Country of Citizenship:	Primary Phone:

Annuity Information

Product Name:	Issuing Company:												
Tax Status: <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	Annuity Type: <input type="checkbox"/> Single Premium Immediate Annuity <input type="checkbox"/> Single Premium Deferred Annuity <input type="checkbox"/> Flexible Premium Deferred Annuity <input type="checkbox"/> Linked Benefit Annuity												
Premium Amount / Face Value: \$	Annuity Rate: _____% <input type="checkbox"/> Bonus _____%												
Primary Use of this Annuity (Select all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Immediate income</td> <td><input type="checkbox"/> Asset accumulation</td> </tr> <tr> <td><input type="checkbox"/> Future retirement income</td> <td><input type="checkbox"/> Accumulate for beneficiaries/wealth transfer</td> </tr> <tr> <td><input type="checkbox"/> Guaranteed interest rate</td> <td><input type="checkbox"/> Reduced estate tax liability</td> </tr> <tr> <td><input type="checkbox"/> Tax deferred growth</td> <td><input type="checkbox"/> Avoid cost or delay of probate</td> </tr> <tr> <td><input type="checkbox"/> Capital preservation</td> <td><input type="checkbox"/> Long Term Care benefits</td> </tr> <tr> <td><input type="checkbox"/> Medicaid Planning</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Immediate income	<input type="checkbox"/> Asset accumulation	<input type="checkbox"/> Future retirement income	<input type="checkbox"/> Accumulate for beneficiaries/wealth transfer	<input type="checkbox"/> Guaranteed interest rate	<input type="checkbox"/> Reduced estate tax liability	<input type="checkbox"/> Tax deferred growth	<input type="checkbox"/> Avoid cost or delay of probate	<input type="checkbox"/> Capital preservation	<input type="checkbox"/> Long Term Care benefits	<input type="checkbox"/> Medicaid Planning	<input type="checkbox"/> Other: _____
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For fixed deferred annuities only

What is the intended life of the contract? (*How many years will the contract be in force*) _____ Years

Does the product offer a window for surrender free withdrawals at the end of the rate guarantee period? Yes No

If yes, what is the window time frame? _____ Years

Surrender schedule:

Year 1 _____% Year 2 _____% Year 3 _____% Year 4 _____% Year 5 _____% Year 6 _____% Year 7 _____%

Year 8 _____% Year 9 _____% Year 10 _____%

For fixed immediate annuities only

If the Life Only option is selected for this annuity, do you acknowledge that you are aware that income payments will stop upon the death of the annuitant(s)? Acknowledged Yes No

Is there a period certain for this contract? Yes No If Yes, what is the number of years? _____

Suitability Information

<i>Investment Experience(select all that apply):</i> <input type="checkbox"/> Fixed Annuities # Years _____ <input type="checkbox"/> Variable Annuities # Years _____ <input type="checkbox"/> Bonds (Debt) # Years _____ <input type="checkbox"/> Bank CDs # Years _____ <input type="checkbox"/> None		<i>Please select your Federal Tax Bracket:</i> <input type="checkbox"/> 0 – 15% <input type="checkbox"/> 16 – 25% <input type="checkbox"/> 26 – 30% <input type="checkbox"/> 31 – 35% <input type="checkbox"/> Over 35%	
Annual Income	Annual Expenses	Net Worth	Liquid Net Worth
<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$0 - \$50,000
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$100,001 - \$250,000
<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> \$250,001 - \$500,000
<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> \$500,001 - \$1,000,000
<input type="checkbox"/> > \$1,000,000	<input type="checkbox"/> > \$1,000,000	<input type="checkbox"/> > \$1,000,000	<input type="checkbox"/> > \$1,000,000

Source of funds

Please select the source of funding for this annuity purchase:

Fixed Annuity Certificate of deposit Variable Annuity Life Insurance
 Equity Indexed Annuity Checking / Savings Mutual funds
 Other: _____

Sales of existing investments

Selling or surrendering existing investments to purchase a fixed annuity may involve surrender charges/fees and have significant tax implications. This section provides important disclosure information; please read it carefully.

Selling existing investments to provide the funds to purchase a fixed annuity may create capital gains or losses, and may involve transaction costs or other fees. You should carefully consider such costs and the tax issues around any potential sale before the assets are liquidated. **In particular, mutual funds, variable annuities and variable life insurance are products primarily designed to meet long-term investment goals and objectives and/or insurance needs, and can have significant expenses involved with their sale if you have owned them for only a short period of time.** Only you can decide whether replacing your existing product is appropriate for your situation.

Sales of existing investments (continued...)

Select Product Type being liquidated	Full or Partial Withdrawal	Total Amount Liquidated	Original Purchase Date	Total Surrender Charges / Fees
<input type="checkbox"/> CD Prior to maturity <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed / Index Annuity <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Variable Annuity / Life <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial			
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The product being exchanged was sold to me by the same advisor selling me this product. Yes No
 Period of time old product held: _____ Years

If source of funds is a variable annuity / Variable Life contract surrender:

Is there a loss of Death Benefit? Yes No If yes, Amount of loss: \$ _____

Does the current Variable Annuity Contract have a Living Benefit rider? Yes No

If Yes, list rider name and indicate type: GMWB GMIB Other: _____

If source of funds is an existing insurance policy:

What is the minimum guarantee on the existing product? % _____

Is the existing product a flexible premium annuity? Yes No

What is the minimum rate guarantee on the new product? % _____

If the existing product is a Single Premium Deferred Annuity was a hypothetical illustration run comparing the existing product to the new product? Yes No (*Attach copy*)

Please check all applicable reason(s) for the decision to sell or exchange your existing investment(s):

- Dissatisfaction with the existing product
- Desired features not available with the existing product
- Significant changes in life insurance needs, financial goals and/or investment objectives
- Other _____

Owner Attestation

- Do you believe this annuity will meet your insurance needs and objectives? Yes No
- Do you understand and acknowledge that annuity contracts are long-term financial products? Yes No
- Have you been advised about current benefits and features of this annuity, including the free withdrawal provisions, income options and any applicable surrender charges? Yes No
- Did you discuss ways to access your money in this annuity? Yes No
- If this annuity does not have a return of premium feature, have you been advised that after the free look period expires, you cannot return the annuity for a refund without penalties? Yes No

The issuing insurance company and my Financial Advisor may rely on the information I have provided herein and it is true and accurate to the best of my knowledge. By signing below, I acknowledge that this annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I acknowledge my agent has fully explained the surrender charges and surrender charge period and I have reviewed any applicable disclosure statement with my Financial Advisor in determining this annuity is suitable for my financial needs and objectives.

CLIENT(S) SIGNATURES		
Primary Owner Name:	Primary Owner Signature:	Date:
Joint Owner Name:	Joint Owner Signature:	Date:

ADVISOR SIGNATURE <i>(Advisor & Broker-Dealer Use Only)</i>			
<p><i>I have reviewed an unexpired, government-issued identification for this client and attest to the fact that the identification has been issued to the current client. I am also familiar with the current client and have satisfied myself that the source(s) of funds used for this transaction do not appear to be related to money laundering. I will contact Private Client Service's Anti-Money Laundering Compliance Officer if I suspect that this transaction is part of a scheme to engage in money laundering.</i></p> <p><i>I recommend the purchase of this proposed annuity. I have provided the Owner a copy of any applicable annuity product disclosure for which the Owner has applied. I have reviewed the Owner's financial information and believe the purchase of this annuity is suitable based on the information provided by the Owner regarding his/her financial needs and objectives.</i></p>			
Advisor Name:	Advisor Signature:	Date:	Rep #:
Managing Principal Name:	Managing Principal Signature:	Date:	

HOME OFFICE USE:		
Principal Review Comments:		
<hr/> <hr/> <hr/>		
Principal Review Name:	Principal Review Signature:	Date:

