



# SECURITIES PURCHASE FORM

NON-MUTUAL FUND

Rep Name: \_\_\_\_\_

Rep Number: \_\_\_\_\_

NEW ACCOUNT

EXISTING ACCOUNT #: \_\_\_\_\_

### 1. OWNER INFORMATION

Primary Owner Name:	Social Security #/ TIN	Date of Birth
Joint Owner / Minor / Trustee Name:	Social Security #/ TIN	Date of Birth

**Product Selection:** The purchases listed are:  Solicited by my rep  My own selection (Unsolicited)

VARIABLE ANNUITY

FIXED INDEXED ANNUITY

EQUITY INDEXED ANNUITY

VARIABLE LIFE

### 2. SOURCE OF FUNDS (6 month look back on all sources of funds)

Source of Funds (Investment Switch)	W/D Type	Amount	Surrender Period Remaining	Surrender Charges	Redeemed Product
<input type="checkbox"/> CD Prior to maturity <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Annuity (Variable / Fixed / Index) <input type="checkbox"/> Mutual Fund / Stock / Bond <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full  <input type="checkbox"/> Partial		<input type="checkbox"/> None  ___Months		
Source of Funds (Non-Switch)				Amount	
<input type="checkbox"/> Checking/Savings <input type="checkbox"/> QDRO / Legal Stlmt <input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/> Death Claim / Insurance Proceeds <input type="checkbox"/> Payroll Deferral <input type="checkbox"/> Other _____			\$ _____	

### 3. PURCHASE INFORMATION

Product Name \_\_\_\_\_ Purchase Amount: \$ \_\_\_\_\_

Client Annual Income \$ \_\_\_\_\_ Client Current Source of Income \_\_\_\_\_

Client Annual Expenses (approximate) \$ \_\_\_\_\_ Annuities are \_\_\_% of client investable assets.

### 4. INVESTMENT RESTRICTIONS

<input type="checkbox"/> Sales Charges	<input type="checkbox"/> Internal Fees / Expenses	<input type="checkbox"/> Surrender Charges	<input type="checkbox"/> Surrender Period
<input type="checkbox"/> Limited withdrawals	<input type="checkbox"/> Required holding period	<input type="checkbox"/> Limited participation	<input type="checkbox"/> Advisory Fees
<input type="checkbox"/> Reallocation limits	<input type="checkbox"/> Gains limited with caps	<input type="checkbox"/> Other _____	

### 5. EQUITY-INDEXED ANNUITIES INFORMATION

Not Applicable

Market Index: \_\_\_\_\_ Earnings Cap/Limit \_\_\_\_\_%

Participation Rate \_\_\_\_\_% Spread/Margin/Admin Fee \_\_\_\_\_%

**Indexing Method**  Annual Reset (Ratchet)  Biennial  High Water Mark  Point to Point  Other \_\_\_\_\_

**6. ANNUITY DETAILS**

	<b>New Annuity</b>	<b>Replaced Annuity</b>	<b>Replaced Annuity</b>
<b>Surrender Schedule</b>	_____ years	<i>Issue Date</i>	<i>Issue Date</i>
<b>Surrender Percentages (Provide Schedule)</b>	_____ %	_____	_____
<b>Death Benefit Type</b>	<input type="checkbox"/> Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> Account Value Only <input type="checkbox"/> Other: _____	<input type="checkbox"/> Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> Account Value Only <input type="checkbox"/> Other: _____	<input type="checkbox"/> Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> Account Value Only <input type="checkbox"/> Other: _____
<b>Death Benefit Base Amount</b>	\$ _____	\$ _____	\$ _____
<b>Contract Riders (Name &amp; Type)</b>	Name: _____ <input type="checkbox"/> Guar Min Withdrawal <input type="checkbox"/> Guar Min Income <input type="checkbox"/> Guar Min Accumulation <input type="checkbox"/> Other: _____	Name: _____ <input type="checkbox"/> Guar Min Withdrawal <input type="checkbox"/> Guar Min Income <input type="checkbox"/> Guar Min Accumulation <input type="checkbox"/> Other: _____	Name: _____ <input type="checkbox"/> Guar Min Withdrawal <input type="checkbox"/> Guar Min Income <input type="checkbox"/> Guar Min Accumulation <input type="checkbox"/> Other: _____
<b>Rider Benefit Base Amount</b>	\$ _____	\$ _____	\$ _____
<b>Rider Costs</b>	_____ %	_____ %	_____ %
<b>Administrative Fees</b>	\$ _____	\$ _____	\$ _____
<b>M&amp;E Expenses</b>	_____ bps	_____ bps	_____ bps
<b>Advisory Fee</b>	_____ %	_____ %	_____ %

**BONUS ANNUITY INFORMATION**

- Please describe the bonus feature advantages: \_\_\_\_\_
- Bonus recapture provisions: \_\_\_\_\_
- The surrender period is increased by \_\_\_\_\_ years by adding this bonus feature to this purchase.

**ANNUITY REPLACEMENT / EXCHANGE (Clarifications)**

- Was the previous product sold to me by the same representative selling me this product?  Yes  No
- Client has had a deferred variable annuity replacement/exchange within the preceding 36 months?  Yes  No
  - Name of Product replaced: \_\_\_\_\_ Year replaced: \_\_\_\_\_
  - Reason for Replacement: \_\_\_\_\_

**NEW YORK ANNUITY PURCHASES ONLY**

<b>Liability (mortgage, student loan etc.)</b>	<b>Dollar amount</b>	<b>Duration</b>
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	

Willingness to accept non-guaranteed elements in the contract, including variability in premium, death benefit, or fees  YES  NO

Please provide detail related to the following items, how the products differ, and how the new investment is in the best interest of the client.	<b>Replaced Product(s)</b>	<b>New Product</b>
<p><b>Product Features</b></p> <p>Explain the features of both products</p>		
<p><b>Death Benefit</b></p> <p>Explain how the DB works</p>		
<p><b>Product Riders</b></p> <p>Explain the details of any rider being added or already on existing products. Including, withdrawal rates, step ups, payout percentages, dates it will be used, etc</p>		
<p>Other considerations or information relevant to this transaction</p>		

**7. INVESTMENT SELECTION DETAIL**

Please identify the client purpose / goal / objective of this investment (Select all that apply):

- Investment Growth       Current Income       Education       Preserve Capital
- Retirement Planning       Retirement Income       Estate Planning       Cash Management
- Market Downside Protection       Other \_\_\_\_\_

How does this investment achieve the goals selected above?

<b>8. VUL PURCHASES</b>	<b>**Must provide client signed copy of illustration**</b>	<input type="checkbox"/> <b>Not Applicable</b>
-------------------------	------------------------------------------------------------	------------------------------------------------

Premium Amount: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Other _____	Surrender % (Provide Schedule) _____%
-----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

M&E Cost \_\_\_\_\_%      Other additional costs \_\_\_\_\_% Explain add'l costs \_\_\_\_\_

Will client use future cash value to cover premium?     YES     NO

Does client own other life insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will existing policies remain in place? <input type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

<b>9. CLIENT(S) ACKNOWLEDGMENTS:</b>
--------------------------------------

*By initialing below I/we hereby acknowledge:*

➤ *The investments listed above have been presented to me/us by my/our representative listed below, including the objectives, risks, costs, features and limitations. This information is also contained in the prospectus for the investment product(s) listed above. I/we have received a copy of the product prospectus for each investment listed above.*  
*Client Initial:* \_\_\_\_\_

➤ *I/We have received a copy of the Client Disclosures page attached to this form. The disclosure page provides additional clarification information related to the investments I/We have selected above.*  
*Client Initial:* \_\_\_\_\_

➤ *My Representative has explained to me/us, and I/we understand the following risks or fees that may apply to my/our investments:*

1. *Administrative Fees*
2. *Sales and Set-up Charges*
3. *Variable Product Sub-Account (Including Index Options if selected)*
4. *Variable Product Death Benefit options and selection*
5. *Surrender and Liquidation Charges*
6. *Internal Portfolio Management Fees*
7. *Fluctuation of Yields*
8. *Fluctuation of Share Values*

*Client Initial:* \_\_\_\_\_

<b>10. CLIENT SIGNATURES:</b>
-------------------------------

Primary Owner Name:	Primary Owner Signature:	Date:
Joint Owner Name:	Joint Owner Signature:	Date:

<b>11. REGISTERED REPRESENTATIVE SIGNATURE (Broker &amp; Broker-Dealer Use Only)</b>
--------------------------------------------------------------------------------------

Representative Name:	Representative Signature:	Date:	Rep #:

<b>HOME OFFICE USE:</b>
-------------------------

OSJ Manager Name:	OSJ Manager Signature:	Date:
Home Office Principal Name:	Home Office Principal Signature:	Date:

\*PLEASE VISIT [PCSBD.NET](http://PCSBD.NET)/DISCLOSURES TO REVIEW ALL DISCLOSURE RELATED TO THIS FORM\*