





# Fixed Annuity / Fixed Index Annuity Purchase Form

## Annuity Purchase Information (Complete for all purchases)

Product Name & Issuing Company:	Purchase Amount \$												
Tax Status <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	Annuity Rate _____%												
<b>Annuity Type:</b> <input type="checkbox"/> Single Premium Immediate Annuity <input type="checkbox"/> Single Premium Deferred Annuity <input type="checkbox"/> Fixed Indexed Annuity <input type="checkbox"/> Flexible Premium Deferred Annuity <input type="checkbox"/> Linked Benefit Annuity	<b>Primary Use of this Annuity</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Immediate Income</td> <td style="width: 33%;"><input type="checkbox"/> Asset accumulation</td> </tr> <tr> <td><input type="checkbox"/> Future Income</td> <td><input type="checkbox"/> Wealth transfer</td> </tr> <tr> <td><input type="checkbox"/> Guarantee interest rate</td> <td><input type="checkbox"/> Reduce estate tax</td> </tr> <tr> <td><input type="checkbox"/> Tax deferred growth</td> <td><input type="checkbox"/> Avoid probate costs</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 Income	<input type="checkbox"/> Wealth transfer	<input type="checkbox"/> Guarantee interest rate	<input type="checkbox"/> Reduce estate tax	<input type="checkbox"/> Tax deferred growth	<input type="checkbox"/> Avoid probate costs	<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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How many years will contract be in force? _____	Surrender Schedule: _____ years												
Surrender Percentages (Provide Schedule)													
After this transaction, annuities will represent _____% of client's investable assets.													
If using an IMO for this transaction, please list the IMO: _____													

## Fixed Indexed Annuity Purchase

Market Credit Index: _____	Selected rider name:
Earnings Cap/Limit _____%	Cost: _____%
Participation Rate _____%	Type:
Spread/Margin/Admin Fee _____%	Date of expected use:
Benefit base: \$ _____	
<b>Indexing Method</b> <input type="checkbox"/> Annual Reset (Ratchet) <input type="checkbox"/> Biennial <input type="checkbox"/> High Water Mark <input type="checkbox"/> Point to Point <input type="checkbox"/> Other _____	

## Fixed Immediate Annuity Purchase

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? \_\_\_\_\_



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## 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: \_\_\_\_\_

Liquidated Product Name	W/D Type	Amount	Months remaining on surrender	Surrender Charges	Original Purchase Date
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$ _____	_____	\$ _____	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$ _____	_____	\$ _____	

Was the liquidated product sold to me by the same representative selling me this product?     Yes     No

Does liquidated product have a death benefit?     Yes     No

If yes, please list death benefit amount  
\$ \_\_\_\_\_

<p>Does liquidated product have any riders?</p> <p><input type="checkbox"/> Yes (If yes, complete questions on right)</p> <p><input type="checkbox"/> No</p>	<p><b>Name of rider:</b> _____</p> <hr/> <p><b>Benefit base of rider: \$</b> _____</p> <hr/> <p><b>Type of rider:</b> _____</p> <hr/> <p><b>Had rider been used/turned on?</b>    ___ Yes    ___ No</p>
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If there is a change in benefits, please provide additional detail explaining this change.

  
  
  

***Reason(s) to sell or exchange your existing investment(s):***

Desired features not available with the existing product  
 Dissatisfaction with the existing product  
 Changes in life insurance needs, financial goals or investment objectives  
 Other: (Please Explain) \_\_\_\_\_

Disclosure: 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.



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## Owner Attestation

By signing below, you acknowledge:

- The annuity will meet your insurance needs and objectives
- The annuity contract is a long-term financial product
- Understanding the current benefits and features of this annuity including the free withdrawal provisions, income options and applicable surrender charges.
- Discussing with your Representative ways to access the money
- Understanding without a return of premium feature, after the free look period, you can not return the annuity for a refund without penalty

## Signatures

Owner Name:	Signature	Date
Co-Owner Name	Signature	Date
Rep Name	Signature	Date
OSJ Name (if applicable)	Signature	Date
PCS Managing Principal Name	Signature	Date