



Fee Based Annuity Purchase Form

Advisor Name _____

Advisor PCS Code _____

Owner Information

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

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

Owner			Co-Owner		
Driver's License	Passport	Other	Driver's License	Passport	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	City	State	Zip
Country of Citizenship:		Primary Phone:	Country of Citizenship:		Primary Phone:

Suitability Information

Investment Experience	Net Worth	Liquid Net Worth
☐ Fixed Annuities _____ years ☐ Variable Annuities _____ years ☐ Bonds (debt) _____ years ☐ Bank CDs _____ years ☐ Other _____ years	☐ \$0 - \$50,000 ☐ \$50,001 - \$100,000 ☐ \$100,001 - \$250,000 ☐ \$250,001 - \$500,000 ☐ \$500,001 - \$1,000,000 ☐ \$1,000,001 - \$5,000,000 ☐ > \$5,000,000	☐ \$0 - \$50,000 ☐ \$50,001 - \$100,000 ☐ \$100,001 - \$250,000 ☐ \$250,001 - \$500,000 ☐ \$500,001 - \$1,000,000 ☐ \$1,000,001 - \$5,000,000 ☐ > \$5,000,000
Annual Income : \$	Approximate Annual Expenses: \$	
Current Source(s) of Income:	Tax Bracket	
	☐ 0 – 15% ☐ 15.1 – 32% ☐ 32.1 – 50% ☐ Over 50%	

Source of Funds - PCS uses a 6 month look back on all source of funds disclosures

Select all that apply	
Fixed Annuity	CD / Checking / Savings
Variable / Equity Indexed Annuity	Insurance / Death Claim
Mutual Funds	Stock / ETF / Bonds
Other - describe _____	

Liquidated Product is: Commission Based Fee Based Both Other _____	
Liquidated Product Name:	
Liquidated Amount \$	Client will pay \$ _____ in surrender costs
	Remaining surrender months _____
If the liquidated product has additional riders, please provide the name, cost and details of each rider.	
Describe what specific features the client is giving up with liquidation (example: income rider, death benefit, market protection, etc)	
Explain the benefit to the client from this liquidation / transaction	

Annuity Purchase Information

Product Name & Issuing Company:	
Annuity Concentration (% of investable assets) _____ %	Purchase Amount \$ _____
Advisory fee being charged _____%	Surrender Schedule: _____ years

Additional Rider Information

Guaranteed Minimum Withdrawal	Guaranteed Minimum Income
Guaranteed Minimum Accumulation	Other _____
Name of rider _____	
Cost of Rider _____ %	

Death Benefit Information

Premium less withdrawals or Account Value	Enhanced
Account Value Only	Other _____

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

Additional client disclosures available at pcsb.net/disclosures