

# SAMPLE SUITABILITY PROFILE

## Important Investor Client Disclosure Information

Your agent must ask you certain questions about your financial situation, objectives, and goals. The financial information you share will be used by your agent to determine if the product he/she is recommending is suitable. Information in this document will remain confidential and is not used for any other purpose than to determine the suitability of your purchase. Collection of this information is essential in ensuring that your agent has the opportunity to thoroughly review your financial needs before determining what product to recommend. Note that incomplete or inaccurate information on this Suitability Profile may impact our ability to process your purchase in a timely manner.

Do not sign this form if any item has been left blank, before carefully reviewing the information recorded or if any of the information recorded is not true and correct to the best of your knowledge.

If more room is needed to answer any question, please attach additional pages as needed.

<b>Owner</b>	Owner/Applicant name (first, middle initial, last)		Trust <input type="checkbox"/>	SSN
	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital status	Number of dependents
	Primary occupation (If retired, please note former occupation. If Active Military, also submit form LU-894.) <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired			
	Please list current source(s) of income other than employment			
<b>Joint Owner</b>	Joint Owner name (first, middle initial, last)			SSN
	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Owner	
<b>Annuitant</b>	Annuitant if other than Owner			
<b>Trust</b>	If Owner is a Trust, name of person representing the trust			

## Current Financial Status

Please complete the Financial Status and Financial Objectives below on behalf of the annuitant.

1. Gross Annual Household Income \$ \_\_\_\_\_  
Please include income from wages, Social Security, pension/retirement benefits and investments. Do not include income from funds used to purchase this annuity.
2. Total Net Worth \$ \_\_\_\_\_  
Including existing assets, real estate, investment and cash value life insurance holdings, cash, savings, etc.
3. Liquid Net Worth \$ \_\_\_\_\_

- 4a. After purchasing this product, are you able to sufficiently cover your living expenses and emergencies?  Yes  No
- 4b. Annual Living Expenses (Monthly Expenses x 12 = Annual Expenses) \$ \_\_\_\_\_
- 5a. Source of funds used to purchase this annuity (Check all that apply.)
- |  |   |
|--|---|
| <input type="checkbox"/> Annuity                           | <input type="checkbox"/> Life Insurance Surrender |
| <input type="checkbox"/> IRA                               | <input type="checkbox"/> Employer Retirement Plan |
| <input type="checkbox"/> Inheritance                       | <input type="checkbox"/> Savings/Checking         |
| <input type="checkbox"/> Sale of Stocks/Bonds/Mutual Funds | <input type="checkbox"/> Certificate of Deposit   |
| <input type="checkbox"/> Reverse Mortgage                  | <input type="checkbox"/> Other (Specify) _____    |
- 5b. Even if you are not using a reverse mortgage as a source of funds to purchase this annuity, please indicate if you have a reverse mortgage.  Yes  No  
Please explain the use of the reverse mortgage funds: \_\_\_\_\_
6. Federal income tax bracket:  
 Exempt  10%  15%  25%  28%  33%  35% +

### Financial Objectives

7. Owner's current financial experience:
- None (In the past two years, the owner has not personally engaged in financial transactions.)
  - Limited (Includes: credit card, bank account, and transactions for managing monthly expenses.)
  - Moderate (Includes items above, plus: auto purchase/lease, retirement/pension accounts, certificate of deposit, etc.)
  - Extensive (Includes items above, plus: stocks, bonds, mutual funds, real estate, or other material investments.)
8. Owner's risk tolerance:
- Conservative (Cautious investments with little volatility)
  - Moderate (Cautious investments with some volatility)
  - Moderately Aggressive (Investments that may fluctuate significantly short term)
  - Aggressive (Investments that may fluctuate significantly)
- 9a. What is the time horizon anticipated for the first withdrawal/disbursement from this product?
- Less than 1 year
  - 1 to 5 years
  - 6 to 9 years
  - 10 or more years
  - Combination (Explain) \_\_\_\_\_
- 9b. If the time horizon in 9a is within the surrender period of the recommended product, indicate the reason for withdrawal/disbursement.
- Repetitive Payments
  - Systematic Withdrawal (Explain) \_\_\_\_\_
  - Other (Explain) \_\_\_\_\_
  - Not Applicable
  - Required Minimum Distribution
10. The purchase of this product is for (Check all that apply):
- Income now
  - Contract guarantees provided
  - Tax-deferred growth
  - 10% maximum withdrawal per year
  - Future income
  - Pass inheritance to beneficiaries
  - Better interest rate than current contract
  - Other (Specify) \_\_\_\_\_

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**Information About This Purchase**

11. Does the purchase of this product involve replacement of an existing annuity or life insurance policy?

Yes  No

If no, skip to Question 12

If yes, please answer all three of the following:

a. Enter the amount or the percentage of any surrender charge or fee incurred.

\$ \_\_\_\_\_ or \_\_\_\_\_ %

b. Please explain how the features of the annuity you are purchasing today are beneficial to your needs.

\_\_\_\_\_

c. Will the replacement of your existing annuity or life insurance policy result in the loss of death benefit or policy value?  Yes  No

If yes, enter the amount of any death benefit value lost as a result of this transaction \$ \_\_\_\_\_

12a. Have you had another exchange or replacement of an annuity within the preceding 36 months?

Yes  No

If application is signed in California: Have you had another exchange or replacement of

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an annuity within the preceding 60 months?

Yes  No

12b. If yes, enter the amount or the percentage of any surrender charge or fee incurred.

\$ \_\_\_\_\_ or \_\_\_\_\_ %

13. Is there a surrender or withdrawal charge for the product that you are considering purchasing today?

Yes  No If yes, indicate the withdrawal percent associated with the annuity to be purchased:

Year 1 \_\_\_\_\_ % Year 2 \_\_\_\_\_ % Year 3 \_\_\_\_\_ % Year 4 \_\_\_\_\_ % Year 5 \_\_\_\_\_ %

Year 6 \_\_\_\_\_ % Year 7 \_\_\_\_\_ % Year 8 \_\_\_\_\_ % Year 9 \_\_\_\_\_ % Year 10 \_\_\_\_\_ %

14. Are you aware that there may be tax penalties associated with a withdrawal from the product you are considering purchasing today?

Yes  No

If yes, please specify. \_\_\_\_\_

## Owner Acknowledgement

I understand that the product recommendation made is based on the accuracy and completeness of the financial information, goals, and objectives I discussed with my agent. I understand withdrawals in excess of 10% of the contract value per contract year may result in a penalty. I acknowledge that I was given a comparison of the costs, advantages and disadvantages if I am replacing existing policies. I understand that I should consult my tax advisor regarding possible tax implications of the purchase of an annuity or the exchange of an existing annuity or life insurance contract. If I am purchasing an Immediate Annuity, I understand the need to carefully consider the payout option selected as payments may not be advanced, accelerated or commuted except as specifically stated in the contract. I have been informed that fixed annuity contracts have a free look provision, that I may cancel the policy within the free look period and receive all monies paid without penalty minus any withdrawals/disbursements, and that I will not be entitled to interest. Also, I have informed any family members that are required to be involved in this financial decision.

**I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by state statute or regulation regarding the suitability of this purchase.**

15. Please check **one** box:

The product I am purchasing was recommended by my agent. At this time, I believe it meets my financial objectives. **OR**

The product I am purchasing was **not** recommended by my agent or I choose **not** to provide personal financial information. I understand this may impact the ability of the agent and/or the insurance company to gauge suitability of the selected annuity and may result in further review or a rejection of my application.

Signature of Annuitant

Date

Signature of Owner

Date

Signature of Joint Owner (if applicable)

Date

## Agent Acknowledgement

I, the agent, discussed the investment objectives, time horizon, risk tolerance, and liquidity needs with the owner / client named in this document. I understand I must maintain my Client File for five (5) years (or longer if required by law). My Client File supports the data presented on this form and is evidence that a thorough discussion and suitability review occurred with the client prior to making a product recommendation. I believe this product is suitable for the financial needs and objectives of the owner(s). I base this belief on the information the client provided and on what I know at this time.

**Agent, if your client refuses to disclose certain data, please provide an explanation on Page 4. Please note that any missing information may affect our ability to gauge the suitability of a purchase.**

16. I verified the identity of the owner(s) using the following unexpired government-issued ID and believe it is true and accurate:

Driver's License     Passport     Other (specify) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Agent signature	Date
Print name	Agent ID#
Name of Agency/Bank/Firm	Agent Phone Number

## Additional Remarks