

Important Information You Should Know Before Purchasing an Annuity

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 annuity product he or she is recommending is suitable to meet your needs. The information you share 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. Please take time to discuss all of your questions with your agent and to review any sales materials that he or she may have given you. When your questions have all been answered and you fully understand the recommendation your agent has made and agree that it does meet your needs, please review this form for accuracy before signing. Note that incomplete or inaccurate information on this Annuity Suitability Profile form 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.

| | | | | | |
|--|--|--|----------------|-----------------------------------|-----|
| Owner | 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 | | | | | |

| | | | | |
|--------------------|--|--|-----------------------|-----|
| Joint Owner | Joint Owner name (first, middle initial, last) | | | SSN |
| | Date of birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Relationship to Owner | |

Annuitant Annuitant if other than Owner

Trust If Owner is a Trust, name of person representing the trust

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

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 \$ _____
Checking, savings, CDs under 1 year to maturity, bonds, annuities with no surrender fee, etc.
Exclude funds used to purchase this annuity.



- 4a. After purchasing this annuity, are you able to access sufficient funds to cover your living expenses and emergencies without incurring a penalty? 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"/> Other 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 annuity?
- Less than 1 year 1 to 5 years 6 to 9 years 10 or more years
- Combination (Please explain) _____
- 9b. If the time horizon in 9a is within the annuity's surrender period, please indicate the reason for withdrawal/disbursement.
- Repetitive Payments Required Minimum Distribution
- Systematic Withdrawal (Please explain) _____
- Other (Please explain) _____
- Not Applicable
10. The purchase of this annuity is for (Check all that apply):
- | | |
|--|---|
| <input type="checkbox"/> Income now | <input type="checkbox"/> Future income |
| <input type="checkbox"/> Contract guarantees provided | <input type="checkbox"/> Pass inheritance to beneficiaries |
| <input type="checkbox"/> Tax-deferred growth | <input type="checkbox"/> Better interest rate than current contract |
| <input type="checkbox"/> 10% maximum withdrawal per year | <input type="checkbox"/> Other (Specify) _____ |

Information About This Purchase

11. Does the purchase of this annuity 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 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 annuity 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 annuity 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

The owner(s) and I discussed their investment objectives, time horizon, risk tolerance, and liquidity needs. I maintain a Client File of the interview(s) and data collected that support my product recommendation. This Suitability Form was completed using data maintained in my Client File. 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 fixed annuity 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. If we are unable to gauge the suitability, the application may be rejected.

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