

Annuity Suitability Questionnaire



Owner _____ Social Security No. _____

Telephone Number _____ Driver's License Number _____ Expiration Date _____ State of Issue _____

Are you a U.S. Citizen? Yes No See application for additional identification information.

Joint Owner _____ Joint Owner Social Security No. _____

Joint Owner Telephone Number _____ Joint Owner Driver's License No. _____ Expiration Date _____ State of Issue _____

Are you a U.S. Citizen? Yes No See application for additional identification information.

1. Owner/Joint Household Financial Information

Please estimate your...	Annual Income ¹ (from all sources)		Net Worth ² (excluding residence)		Liquid Net Worth ³		Tax Rate (highest marginal)		
	Owner	Joint Owner	Owner	Joint Owner	Owner	Joint Owner	Owner	Joint Owner	Joint Owner
Less than \$25,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-15%	<input type="checkbox"/>	<input type="checkbox"/>
\$ 25,000 49,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16-25%	<input type="checkbox"/>	<input type="checkbox"/>
\$ 50,000 74,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26-30%	<input type="checkbox"/>	<input type="checkbox"/>
\$ 75,000 99,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31-35%	<input type="checkbox"/>	<input type="checkbox"/>
\$ 100,000 ... 149,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over 35%	<input type="checkbox"/>	<input type="checkbox"/>
\$ 150,000 ... 199,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$ 200,000 ... 299,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$ 300,000 ... 399,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$ 400,000 ... 499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$ 500,000 ... 749,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$ 750,000 ... 999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$1,000,000 . 1,499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$1,500,000 and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Source of Income: Check all that apply.
 Wages Investments Pension Social Security Required Minimum Distribution (RMD) Other

Owner's Occupation(s): _____

Joint Owner's Occupation(s) - if applicable: _____

2. Overall Investment Profile

(If Custodial, must be Custodian's objectives for the Minor. If non-natural owner, must be non-natural owner's objectives.)

Investment Objectives: Check at least one. Multiple objectives can be ranked based on importance to you. Primary=1, Secondary=2, etc.
 Long Term Gain Short Term Gain Income Tax Advantaged Safety of Principal

Risk Tolerance: Rank based on your level of risk. Tolerable=1, Least Tolerable=4.
 Low Risk Moderate Risk Speculative Risk High Risk

Time Horizon: Check one.
 3 years or less 4 - 8 years 9 - 11 years 12+ years

Prior Investment Experience: Check all that apply.

<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Options/Margin	<input type="checkbox"/> Variable Annuities	Years of Investment Experience _____	Number of Dependents _____
<input type="checkbox"/> Stocks	<input type="checkbox"/> Limited Partnerships	<input type="checkbox"/> Variable Life Insurance		
<input type="checkbox"/> Bonds	<input type="checkbox"/> Other Brokerage Accounts	<input type="checkbox"/> Other		

3. I am purchasing this annuity for the following reason(s):

- Guaranteed crediting rates
- Tax deferred treatment of earnings
- Death benefit features
- Transfer of wealth
- Lifetime income payments or Annuity payout options that can provide guaranteed income for life
- Index Allocation Options (If funded with liquidation of securities, AIC Registered Representatives must complete form AIC 297)
- Other: _____

This purchase was initiated by: Client Producer

4. The funds I am using to purchase this annuity come from (check all that apply):

- Liquid funds (These funds must not be from a liquidation of another product within the past 6 months.)
 - Checking or savings account
 - Sale of stocks/bonds
 - CD or money market
 - Funds remitted by employer
 - Other: _____
- Surrender or liquidation of another product, either currently or within the past 6 months.
 - Annuity
 - Life Insurance
 - Mutual Fund
 - Certificate of Deposit (within penalty period)
 - Retirement Plan Distribution
 - a. Optional
 - b. Required: plan sponsor discontinued the plan or terminated employee has a minimum account balance \$5,000 or less.
- Other: _____

I have/will liquidate the following products/investments, in conjunction with my annuity purchase:

Company Name	Product Liquidated (i.e., mutual fund, variable annuity, fixed annuity, life insurance)	Full or Partial	Amount Liquidated	Length of Time Held	Surrender Charges or Redemption Fee (\$ Amount)
1.					
2.					
3.					
4.					

5. Annuity to Annuity Replacements Only (to be completed by the Producer)

Does the client have an exchange feature with the annuity they intend to replace? Yes No
If yes, why are they not taking advantage of the exchange feature?

What is the economic benefit to the client of this replacement?

6. Important Acknowledgments – Please Read Carefully

- I. The Producer has explained to me and I'm willing to accept the features, benefits, costs and the non-guaranteed elements associated with the purchase of an annuity.
- II. I understand that an annuity is a long-term investment. My annuity includes a surrender charge of _____%, declining for a period of _____ years. If I make a partial withdrawal at any age, surrender charges may apply if the withdrawal is more than the terms of the contract allow.
- III. I may be subject to capital gain/loss resulting in a tax consequence for any replacement transactions and have been advised to contact a qualified tax professional to inquire about my individual situation.
- IV. I hereby acknowledge my understanding of the statements in this questionnaire and attest that their contents have been explained to my satisfaction.
- V. I understand that my identity may be verified by the Company in accordance with U.S. Patriot Act of 2001. This verification may include, but is not limited to, contact with financial institutions, consumer reporting agencies and government agencies.

Owner

Signature **X**

Date

Owner

Signature (if Joint) **X**

Date

I certify that **I personally met with all owner(s) and reviewed the identification documents.** To the best of my knowledge, the documents accurately reflect the identity of the owner(s).

I did not meet in person with the owner(s) or was otherwise unable to personally review the identification documents.

I certify that, to the best of my knowledge, the information provided by the owner, either by mail or by phone, is true and accurate.

I have appropriately acted on behalf of my client by reviewing all points in this questionnaire and any supporting information provided. I believe the information provided in this questionnaire is complete and accurate to the best of my knowledge and that this transaction is in the best interest of the client.

Producer

Signature **X**

Date
