

ANNUITY SUITABILITY PREQUALIFICATION FORM

This form is used to pre-screen for the most prevalent suitability concerns and does not cover every possible circumstance. Prior review does not guarantee issuance of any contract.

BASIC INFORMATION

Agent's Name	Agent's Number	Agent's Phone Number
Owner's Name	Owner's Age	Owner's State of Residence
Joint Owner's Name (if applicable)	Joint Owner's Age (if applicable)	
Annuitant's Name (if different than owner)	Annuitant's Age (if applicable)	
Joint Annuitant's Name (if applicable)	Joint Annuitant's Age (if applicable)	
Product	Issue State	Source of Funds
Expected Premium	Tax Qualification Status:	
	Roth IRA	IRA
	Other	SEP IRA
		Non-Qualified

SUITABILITY CONCERNS

Total Net Worth	\$ _____
<small>Total of all investable assets including this annuity (exclude primary residence, automotive, and personal property)</small>	
Total Liquid Assets	\$ _____
<small>Checking, savings, money market, mutual funds, CDs, stock & bonds (Do not include funds invested to purchase this annuity)</small>	
Amount in Equitable Annuities	\$ _____
Amount in Non-Equitable Annuities	\$ _____
Annual Income	\$ _____
Source of Income	\$ _____
Does the Owner have other investments?	YES NO
<small>If "YES" list the type and amount of the owner's other investment's:</small>	Type: _____ Amount: \$ _____

ADDITIONAL INFORMATION

Please only check a box if it applies:	Client(s) income includes unemployment or Social Security Disability (SSDI)
<input type="checkbox"/> Owner is an entity (e.g., Trust, Corporation, Non-Profit)	<input type="checkbox"/> Expected Premium is from inherited IRA
<input type="checkbox"/> Person signing application is signing as AIF/POA, Trustee, Conservator, etc.	

REPLACEMENT INFORMATION

Will premium include funds from an annuity or life insurance replacement?		YES NO
<small>If yes, please complete the section below:</small>		
Replacement Company: _____	Type of Replacement:	Index Life Insurance Variable Non-Qualified
Type of Withdrawal: Full Partial	Issue Date: _____	
Surrender Charge % _____	Anticipated Surrender Charge: _____	
Does the product have an Income Rider/GLWB/GMBD? YES NO	Has the policy been in force less than 2 years?	Yes No
Does the product have a fee? If so, what is it? _____		
What are the current caps, participation rates, etc from current product? _____		
What are client's objectives? Principal protection, accumulation, etc. _____		
If the client/will incur surrender charges please include a statement of why the sale is suitable: _____		

_____ Date: _____