



Consumer Profile Information Questionnaire

NOTE: This form is to be completed in its entirety with the Consumer pursuant to the instructions.

1. PROPOSED OWNER / ENTITY ("CONSUMER") INFORMATION

OWNER / ENTITY NAME (First, Middle, Last)

[Text input field]

DATE OF BIRTH / AGE (MM/DD/YYYY)

[Text input field]

JOINT OWNER'S NAME (First, Middle, Last)

[Text input field]

DATE OF BIRTH / AGE (MM/DD/YYYY)

[Text input field]

NAME OF PRODUCT

[Text input field]

AMOUNT OF INITIAL PREMIUM

\$ [Text input field]

SURRENDER PENALTY PERIOD (YEARS)

[Text input field]

PRODUCT TAX CLASSIFICATION (Check One)

- Qualified Non-Qualified

2. ANNUAL INCOME

a. ANNUAL INCOME AND EXPENSES

Approximate annual household income (net after taxes/take home): \$ [Text input field]

Approximate annual household expenses: \$ [Text input field]

b. SOURCE OF INCOME: (check all that apply):

- Salary/Wage Pension Social Security Investments Annuity Contracts

Rental Property Other (Specify): [Text input field]

3. FINANCIAL SITUATION AND NEEDS, INCLUDING FINANCIAL RESOURCES FUNDING THIS CONTRACT

a. Do you have a reverse mortgage? Yes No

b. EMPLOYMENT STATUS (Check One)

- Employed Unemployed Self-Employed Homemaker Retired Student

c. WHEN DO YOU EXPECT TO RETIRE? (Check One)

- Retired Less than a year 1 to 3 years 4 to 7 years 8 to 10 years 10+ years

d. MARITAL STATUS (Check One)

- Single Married Widowed Divorced



### 3. FINANCIAL SITUATION AND NEEDS, INCLUDING FINANCIAL RESOURCES FUNDING THIS CONTRACT - Continued

#### e. IDENTIFY THE FINANCIAL RESOURCES FUNDING THIS CONTRACT (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Earnings and Wages     | <input type="checkbox"/> Stock/Bond Redemption       | <input type="checkbox"/> Cash Value from Life Insurance or Annuity |
| <input type="checkbox"/> Mutual Fund Redemption | <input type="checkbox"/> Trust Proceeds              | <input type="checkbox"/> Retirement Fund Transfer/Rollover         |
| <input type="checkbox"/> Legal Settlement/QDRO  | <input type="checkbox"/> CD                          | <input type="checkbox"/> Savings/Checking/Money Market Account     |
| <input type="checkbox"/> Gift                   | <input type="checkbox"/> Sale of Primary Residence   | <input type="checkbox"/> Reverse Mortgage/Home Equity Loan         |
| <input type="checkbox"/> Sale of Business       | <input type="checkbox"/> Sale of Investment Property | <input type="checkbox"/> Death Benefit Proceeds/Inheritance        |

### 4. FINANCIAL EXPERIENCE

How many years of experience do you have with the products below?

- |  |  |       |  |                      |       |
|--|--|-------|--|----------------------|-------|
| <input type="checkbox"/> Fixed and Indexed Annuities | <input type="text"/>   | Years | <input type="checkbox"/> Certificates of Deposit (CDs) | <input type="text"/> | Years |
| <input type="checkbox"/> Equities/Securities         | <input type="text"/>   | Years | <input type="checkbox"/> Variable Annuities            | <input type="text"/> | Years |
| <input type="checkbox"/> Not Applicable              | <input type="checkbox"/> Other (Specify): <input type="text"/> |       |  |                      |       |

### 5. INSURANCE NEEDS

Have you adequately planned for your survivors' needs?  Yes  No

How much in life insurance **face amount** do you currently own? \$

### 6. FINANCIAL OBJECTIVES

#### IDENTIFY THE FINANCIAL OBJECTIVES FOR THIS CONTRACT (Check all that apply)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Tax Deferral    | <input type="checkbox"/> Accumulation       | <input type="checkbox"/> Tax Planning             | <input type="checkbox"/> Principal Protection     |
| <input type="checkbox"/> Income Planning | <input type="checkbox"/> Insurance Benefits | <input type="checkbox"/> Additional Death Benefit | <input type="checkbox"/> Guaranteed Interest Rate |
| <input type="checkbox"/> Wealth Transfer | <input type="checkbox"/> Pay for Education  | <input type="checkbox"/> Other (Specify):         | <input type="text"/>                              |

### 7. INTENDED USE OF THE CONTRACT, INCLUDING ANY RIDERS

#### a. What is the intended use of this contract? (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fund Life Insurance      | <input type="checkbox"/> Supplement Current Income | <input type="checkbox"/> Provide Death Benefit           |
| <input type="checkbox"/> Maximize Social Security | <input type="checkbox"/> Supplement Future Income  | <input type="checkbox"/> Avoid Forced Annuity (Maturity) |
| <input type="checkbox"/> Growth                   | <input type="checkbox"/> Tax Planning              | <input type="checkbox"/> Estate Planning                 |
| <input type="checkbox"/> Other (Specify):         | <input type="text"/>                               |  |

#### b. What is the intended use of any riders attached to this contract? (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Generate Income | <input type="checkbox"/> Increase Death Benefit |
|---|--|---|



## 8. FINANCIAL TIME HORIZON, INCLUDING THE DURATION OF EXISTING LIABILITIES AND OBLIGATIONS

Liabilities And Obligations	Amount	Years to Satisfy
a. Mortgages: .....	\$ _____	_____
b. Personal Debt (e.g., Vehicles, Credit Card Debt): .....	\$ _____	_____
c. Other (please explain): _____	\$ _____	_____
<b>Total existing liabilities and obligations: \$ _____</b>		

d. What is your financial time horizon for this product? (Check One)

- Less than 1 year   
  1 to 3 years   
  4 to 6 years   
  7 to 9 years   
  10+ years

e. When do you plan to begin taking distributions from this contract? (Check One)

- Less than 1 year   
  1 to 3 years   
  4 to 6 years   
  7 to 9 years   
  10+ years

f. How do you plan to access the funds in this contract? (Check all that apply)

- Penalty-Free Withdrawals   
  Annuitization   
  Required Minimum Distributions   
  Lump Sum  
 Immediate Annuity   
  Income Rider   
  Deferred Income Annuity   
  Not Applicable

## 9. EXISTING ASSETS, INCLUDING INVESTMENTS AND INSURANCE HOLDINGS

(List assets prior to this purchase, including the funds being used to purchase this contract)

Liquid Assets (Exclude primary residence/home and personal belongings)	Amounts*
a. Cash/Checking/Savings/Money Market/CDs (if qualified assets include if over 59 ½): .....	\$ _____
b. Non-Qualified Annuities (out of surrender): .....	\$ _____
c. Qualified Annuities (out of surrender) (if qualified assets include if over 59 ½): .....	\$ _____
d. Stocks/Bonds/ETFs/Mutual Funds (if qualified assets include if over 59 ½): .....	\$ _____
e. Retirement Plans (401(k)/403(b)) (if qualified assets include if over 59 ½): .....	\$ _____
f. Life Insurance <b>Cash Value</b> (out of surrender): .....	\$ _____
g. Other (please explain): _____	\$ _____
<b>Liquid Net Worth (total liquid assets): \$ _____</b>	

Non-Liquid Assets (Includes any assets not included above and exclude primary residence/home and personal belongings)	Amounts*
h. Annuities (in surrender or if qualified assets include if under 59 ½): .....	\$ _____
i. Stocks/Bonds/ETFs/Mutual Funds (if qualified assets include if under 59 ½): .....	\$ _____
j. Retirement Plans (401(k)/403(b)) (if under 59 ½): .....	\$ _____
k. Investment Real Estate (excludes primary residence/home): .....	\$ _____
l. Life Insurance <b>Cash Value</b> (in surrender): .....	\$ _____
m. Other (please explain): _____	\$ _____
<b>Non-Liquid Net Worth (total non-liquid assets): \$ _____</b>	

\* Should include the funds being used to make this purchase



## 10. LIQUIDITY NEEDS

a. Do you have adequate resources to address emergency needs, including, but not limited to, out-of-pocket medical expenses?  Yes  No

b. Do you anticipate any changes in monthly income in the next 12 months?  Yes  No

If yes, please explain:

c. Do you anticipate any changes in monthly expenses in the next 12 months?  Yes  No

If yes, please explain:

d. Do you anticipate any significant liquidity needs (e.g. home purchase, college, wedding) in the next 12 months?  Yes  No

If yes, please explain:

## 11. RISK TOLERANCE

What is your risk tolerance for this annuity application? (Check one)

- Conservative:** I want to preserve my principal, with minimal risk, even if this account does not generate significant income or returns and does not keep pace with inflation.
- Moderately Conservative:** I am willing to accept low risk to my principal, and I am seeking a modest level of return.
- Moderate:** I am willing to accept some risk to my principal and I am seeking higher returns, and understand I could lose a portion of the money invested in variable products.
- Moderately Aggressive:** I am willing to accept high risk to my principal, and seek high returns over time, and understand I could lose a portion of the money invested including high volatility.
- Aggressive:** I am willing to accept maximum risk to my principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested in variable products.

Note: Fixed deferred annuities are not suitable for clients with moderately aggressive to aggressive risk tolerances.

## 12. TAX STATUS

IDENTIFY YOUR FEDERAL TAX BRACKET (Check One):

- 0%  10%  12%  22%  24%  32%  35%+

## 13. OTHER INFORMATION – PRODUCT SPECIFIC QUESTIONS

**Single Premium Immediate Annuities** (This section applies to Life Only, Temporary Life and Period Certain SPIA recommendations)

a. For Life Only or Temporary Life payouts, apart from the writing agent, identify who assisted you with this decision. (Check all that apply)

- Spouse  Children  Attorney  Tax Advisor  Financial Advisor  Not Applicable

Other (Specify):



### 13. OTHER INFORMATION – PRODUCT SPECIFIC QUESTIONS - Continued

**Single Premium Immediate Annuities** (This section applies to Life Only, Temporary Life and Period Certain SPIA recommendations) - Continued

**b. For Life Only or Temporary Life payouts,** have you planned for your beneficiaries/heirs? (Check one)

I have adequately planned for my beneficiaries/heirs outside of this contract

I do not plan to leave assets to a beneficiary/heir

Not Applicable

**c. For Period Certain payouts,** do you have adequate assets and plans for income after the period expires? (Check one)

Yes  No  Not Applicable

#### Fixed Indexed Annuities

**d. For fixed indexed annuities,** if a fixed interest crediting allocation option is selected at 100%, explain why you are not using an indexed crediting allocation? (Check all that apply)

You plan to use indexed crediting options in the future  You want access to income rider

Other (Explain):   Not Applicable

#### Multiple Recommendations

**e.** Is this contract being purchased in combination with additional annuity contracts with this insurance company?  Yes  No

**f.** If Yes, please identify the strategy being employed (Check all that apply)

You are seeking flexibility with regard to the timing of annuitization and withdrawals

You are seeking to obtain immediate income and to maximize income riders on other products

You are seeking to provide multiple beneficiaries ease of processing claims in the future

Other (Explain):

### 14. OTHER INFORMATION – REPLACEMENT INFORMATION

**a.** Have you replaced other annuity contracts within the preceding 60 months?  Yes  No

If Yes, explain:

**b.** Will this annuity contract be funded by a replacement or exchange from a life insurance or annuity contract?  Yes  No

If Yes:

**For New York Only** - Complete the New York Annuity Suitability Replacement Addendum Form and Regulation 60 replacement process and associated forms.

**For All Other States excluding Florida-** Complete the Consumer Profile Information Replacement Addendum Form.



**15. OTHER INFORMATION - STATE SPECIFIC**

**For California Only**

- a. Does the client intend to apply for means-tested government benefits, including, but not limited to, MediCal or the veteran's aid and attendance benefit?  Yes  No

**For Massachusetts Only**

- b. Has the contract owner previously purchased annuity contracts with the same financial professional listed on the application?  Yes  No

If Yes, provide information on those contracts below:

Company Name	Product Name	Contract Value	Length of Time Held
1.		\$	Years
2.		\$	Years
3.		\$	Years
4.		\$	Years

**16. OTHER INFORMATION**

**WILLINGNESS TO ACCEPT NON-GUARANTEED ELEMENTS IN THE CONTRACT, INCLUDING VARIABILITY IN PREMIUM, CASH VALUE, DEATH BENEFIT OR FEES**

Non-guaranteed elements are those contract elements that may be changed at the insurance company's discretion without your consent or request and that affect the contract charges or benefits. Non-guaranteed elements may include:

**Fixed Annuity:** Interest crediting rates (subject to the guaranteed minimum interest rate).

**Fixed Indexed Annuity:** Interest crediting rates on the fixed allocation option (subject to the guaranteed minimum interest rate), step-ups to the income riders, withdrawal percentage for optional income riders, the income rider charge percentage for the optional income rider and cap rate, participation rate, and spread (subject to contractual maximums and minimums).

**Variable Annuity:** Interest crediting rates on the fixed account (subject to the guaranteed minimum interest rate), mortality and expense charges, optional death benefit riders, step-ups to the income riders, withdrawal percentage for optional income riders and the income rider charge percentage for the optional income rider.

- c. Do you understand and accept these non-guaranteed elements applicable to this contract?  Yes  No

**17. ADDITIONAL NOTES**



**STATEMENT OF UNDERSTANDING AND CONSUMER ATTESTATION**

**Statement of Understanding:** I have been reasonably informed of the various features of the proposed annuity contract and potential consequences of the sales transaction, both favorable and unfavorable, such as the potential surrender period and surrender charge, any secondary guarantee period, equity-index features, availability of cash value, potential tax implications if I sell, modify, surrender or annuitize the annuity contract, death benefit, mortality and expense fees, cost of insurance charges, investment advisory fees, policy exclusions or restrictions, potential charges for and features of riders, limitations on interest returns, guaranteed interest rates, insurance and investment components, and market risk, and the manner in which the Producer is compensated for the sale and servicing of the policy.

**Consumer Attestation:** As evidenced by my signature below, I attest to the Statement of Understanding and I acknowledge that I have completed this form and/or reviewed this completed form and to the best of my knowledge, the information provided is complete and accurate. I understand that the insurer may contact me to verify the information provided or to seek further information. I acknowledge that the Producer does not provide legal or tax advice. I believe that the purchase of this annuity contract is suitable for my financial needs and objectives.

**For New Jersey Residents:** As evidenced by my signature below, I acknowledge that the solicitation, negotiation and sale of this annuity and its suitability are subject to the regulatory oversight of the New Jersey Department of Banking and Insurance (DOBI). I understand that I may contact the Department by calling 800.446.7467 or visiting the Department’s website [www.state.nj.us/dobi.org](http://www.state.nj.us/dobi.org) for assistance.

Sign Here \_\_\_\_\_  
CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)

Date \_\_\_\_\_

Sign Here \_\_\_\_\_  
JOINT CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)

Date \_\_\_\_\_

**Consumer Contact Information**

**TELEPHONE NUMBER** (include area code)

**E-MAIL ADDRESS**

**PRODUCER ATTESTATION**

As evidenced by my signature below:

- I have delivered information to the Consumer consistent with the Statement of Understanding above;
- I have made a reasonable effort to obtain information from the Consumer that is reasonably appropriate to determine the suitability of a recommendation commensurate with the materiality of the transaction to the Consumer’s financial situation at the time of the recommendation and the complexity of the transaction recommended;
- In furtherance of the Consumer’s needs and objectives under the circumstances now prevailing, based upon the suitability information provided by the Consumer and all products, services, and transactions available to me, believe this recommendation is suitable; and
- I agree to maintain and make available upon request to the insurer or a regulator, records of the information collected, including any additional analysis forms and other information used as the basis for this annuity contract recommendation as required by state laws and regulations.

I understand the insurer may contact the Consumer for additional information.

Sign Here \_\_\_\_\_  
PRODUCER’S SIGNATURE

Date \_\_\_\_\_

**Producer Contact Information**

**TELEPHONE NUMBER** (include area code)

**E-MAIL ADDRESS**

