Consumer Profile Form

CLEAR ALL

NORTH AMERICAN®

P.O. Box 14432, Des Moines, IA 50306-0385

We value your privacy and have implemented a variety of security approaches to safeguard your confidential information. Please note, if this form is not completed in full, signed and dated, we are unable to consider your application. **Prior to completion or submission of this form, all producers must complete the Agent (Producer) Disclosure for Annuities form and maintain it in their records.**

Applicant/Owner's name (First, Middle Initial, Last)	Contract number
Joint Applicant/Owner's name (First, Middle Initial, Last)	

A. Household income & expenses (Include your information as well as that of your spouse or domestic partner)

1. **Total monthly household income**
   Examples: Employment salary, pension, Social Security, investment income, disability income, annuity lifetime income payments
   $ _____

2. **Total monthly household debts or other expenses**
   Examples: Groceries, utilities, mortgage/rent, car, health/long term care, auto/home insurance, loan repayments
   $ _____

B. Household financial information

Do not include primary residence, cars, or other personal possessions in either asset category below.

Household liquid assets

1. Stocks/bonds/mutual funds/money market/brokerage accounts $ _____
2. Checking/savings/CDs $ _____
3. Pension/401(k) over 59 1/2 $ _____
4. Cash value of life insurance $ _____
5. Death claim proceeds $ _____
6. Annuities out of surrender period $ _____
7. **Total liquid assets** $ _____

Household non-liquid assets

8. Annuities in surrender $ _____
9. Pension/401(k) under 59 1/2 $ _____
10. Limited partnership $ _____
11. **Total non-liquid assets** $ _____

Household liabilities (debt) Exclude primary mortgage

		Years left to payoff
12. Second mortgage	$ _____	_____
13. Credit card outstanding balance	$ _____	_____
14. Student loans	$ _____	_____
15. Other	$ _____	_____
16. Total liabilities	$ _____	

17. **Total household net worth** (Liquid assets + Non-liquid assets – liabilities) $ _____

18. Do you anticipate a material change in any of the following during the surrender charge period that would impact your purpose for purchasing this annuity?
    - Income
    - Expenses
    - Household liquid net worth

    ☐ **Yes** ☐ **No** a. If yes, please explain: _____

C. Source of funds & liabilities

1. (Reverse mortgage and home equity funds are not an allowable source of funds for the purchase of this annuity – applicants must check all items below that apply):

☐ Death claim proceeds	☐ Checking/savings/CDs	☐ Stocks/bonds/mutual funds	☐ Money market/brokerage account
☐ Sale of primary residence	☐ Inheritance	☐ Traditional fixed annuity	☐ Salary Reduction
☐ Fixed life insurance	☐ Variable life insurance	☐ Annuitized payment(s)	
☐ Pension/401k	☐ Fixed index annuity	☐ Variable annuity	

D. Financial experience & tax status

1. Tax filing status: ☐ Single ☐ Head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed
2. What is your general risk tolerance? Check one.

Conservative	Moderately conservative	Moderate	Moderately aggressive	Aggressive
☐	☐	☐	☐	☐

3. What is your experience with financial products, including investment, annuity, and insurance holdings? Check one option for each category.

	1-4 years of experience	5-9 years of experience	10+ years of experience	None
Stocks/bonds/mutual funds/ brokerage accounts	☐	☐	☐	☐
CDs	☐	☐	☐	☐
Life insurance/annuities (fixed/variable)	☐	☐	☐	☐
Pension/401k/403(b)	☐	☐	☐	☐

E. Financial objectives, insurance & distribution needs – basis for the recommendation of the sales

1. Your financial objective & insurance need for purchasing this annuity and any elected optional benefit riders, for all objectives selected please provide a description of the basis of the recommendation. (check all that apply):

☐ Preservation of principal
☐ Principal growth/accumulation
☐ Pass assets to beneficiaries
☐ Income tax deferral
☐ Withdrawal options/Annuitization
☐ Other product features

E. Financial objectives, insurance & distribution needs – basis for the recommendation of the sales (continued)

2. Withdrawals - If planning to take distributions or exercise withdrawal options, indicate the options you anticipate utilizing during the life of the contract:

	Immediate	1-5 years	6-10 years	11+ years	Unknown
a. Penalty-free withdrawal	☐	☐	☐	☐	☐
b. Annuitization	☐	☐	☐	☐	☐
c. Required minimum distribution	☐	☐	☐	☐	☐
d. Guaranteed living withdrawal benefit (GLWB Payments)	☐	☐	☐	☐	☐
e. Lump sum distribution	☐	☐	☐	☐	☐

F. Replacements

1. Excluding this transaction, have you exchanged or replaced any other life policy or annuity contract within the last five years?
   ☐ **Yes** ☐ **No**

G. Means Tested and Reverse Mortgage

1. Do you intend to apply for any means-tested government benefits and/or are you seeking qualification of any state or federal aid programs? (examples – Medicaid, veterans aid and attendance benefit, etc.) ☐ **Yes** ☐ **No**
   a. If yes, please explain: _____
2. Are the proceeds from a reverse mortgage being used to purchase this annuity? ☐ **Yes** ☐ **No**

H. Applicant/Owner Signature

By signing this form, I certify that the information provided is accurate and may be relied upon by North American in the performance of its required review. I further confirm that the form presented was completed with information that I provided to my agent/representative and no required questions were blank at signature.

Initial each statement below to confirm your understanding of the annuity product you are applying for:

Owner	**Joint Owner**	
_____	_____	1. I agree the annuity applied for is appropriate in light of my insurance needs, financial objectives, and risk tolerance. I have reviewed the features and intent of this annuity, including the non-guaranteed elements, and I agree that it meets my financial and insurance needs and objectives. I have assessed my financial situation, including cash for living and other related expenses, and determined this Contract is suitable and supports my objectives.
_____	_____	2. After considering my net worth, source of funds, liquidity needs and time horizon, I believe this annuity contract effectively addresses my financial situation, insurance needs and financial objectives.
_____	_____	3. I understand North American has the right to change the non-guaranteed interest rate(s), or the factors used in calculating the interest rate impacting the potential index returns I will receive.
_____	_____	4. Potential disadvantages - Below is a list of potential disadvantages of this annuity. These include: • Surrender charge schedule • Penalty-free withdrawal limits • Any applicable fee or rider charge • Limited growth potential • Premium contribution limits
_____	_____	5. I further confirm that the basis of the recommendation was provided to me by the producer both orally and in writing.

I acknowledge and agree that during the purchase of this insurance contract, North American, its employees, and any of its agents/representatives acting in their capacity as an independent agent/representative of North American have not suggested that I liquidate securities, otherwise provided any investment advice, or made any representations regarding losses or gains in respect to my portfolio. I have been advised to discuss any liquidation of securities with a properly licensed securities advisor, and I acknowledge that anyone (including my agent/representative if properly registered) who provided me any such advice with respect to this purchase was not doing so in his/her role as an agent/representative of North American.

Do not sign this form if any required question has been left blank.

Applicant/Owner signature	Date (mm/dd/yyyy)
Joint Applicant/Owner signature	Date (mm/dd/yyyy)

I. Agent statement - acknowledgment of responsibility for annuity recommendations

By signing below, I certify that:

1) I have completed a needs analysis review regarding the purchase of this annuity;
2) I have a reasonable basis to believe that my recommendation to purchase this annuity effectively addresses the applicant/Owner's financial situation, insurance needs and financial objectives over the life of the annuity;
3) I understand that only properly registered investment advisors or registered representatives are allowed to recommend the sale or liquidation of securities and acknowledge if I am not properly securities licensed, I did not make such a recommendation to the applicant/Owner;
4) I understand that if I have made a qualified annuity recommendation as a "fiduciary" (within the meaning assigned to that term by ERISA and the Internal Revenue Code) I am solely responsible for complying with the conditions of an available U.S. Department of Labor prohibited transaction exemption (e.g., PTE 84-24) covering my receipt of sales-related compensation; and
5) I agree to maintain records of the information provided by the applicant/Owner and any other information used as the basis for my recommendation. I also understand that the maintenance of records may be required by state law and I agree to make such records available for review upon request by North American or by any regulatory body as required.

Agent/Representative signature	Date (mm/dd/yyyy)
Agent/Representative number	