

Annuity Suitability Questionnaire

The Slovak Catholic Sokol is required by the state insurance department to ask information that will help determine whether an annuity contract that you are applying for is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose **and will remain confidential**.

You have the legal right to decline to provide this information. If this is your wish, please read the following statement, sign, date, and return this form with your Application for Annuity.

Waiver of Annuity Suitability Questionnaire

No, I will not answer the questions on this Annuity Suitability Questionnaire and I take full responsibility for determining whether the proposed annuity is suitable for me.

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that the Slovak Catholic Sokol may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

Proposed Annuitant: _____

Phone No: _____ **Social Security No:** _____ **Occupation:** _____

Marital Status: Married Single Widowed Divorced **Age:** _____

Primary Financial Objectives: *(Check all that apply)*

Preservation of Capital Future Income Wealth Accumulation Inheritance
 Charitable Giving Education Planning Tax Deferral Immediate Income

Time Frame for this Investment: When will you need the money you are investing in this annuity? *(Check One)*

1 year or less 1 – 3 years 3 – 7 years 7 – 10 years 10 years Never *(money for charity/Inheritance)*

Financial Information: Annual Household Income: \$ _____ **Liquid Net Worth:** \$ _____

Source of Income: Employment Investments Social Security Retirement Other

Tax Bracket: 10% 15% 25% 28% 33% 35% **Proposed Annuity represents:** ____% of Net Worth

Do you have any funds available to you in case of emergency? Yes No

Other relevant information *(financial constraints, health concerns, long-term care considerations, etc.)* _____

Existing Accounts:

Are you considering using funds from existing life insurance policy, contract, or certificate of deposit to purchase this annuity? Yes No

How long has the policy, contract, or certificate of deposit been in force? _____ # of years

Is there any surrender charges associated with the above-mentioned existing policy, contract, or certificate of deposit?
 Yes No Not Applicable.

If yes, what are the current surrender charges? _____

New Jersey - The sale and suitability of annuities is regulated by the Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at www.njdobi.org.

Proposed Annuitant Signature _____

Date _____