

New York Annuity & Life Insurance Suitability Questionnaire

Owner's Name: _____ Owner's Age: _____

Proposed Product _____ Premium Amount: \$ _____ Face Amount: \$ _____

Please select one answer:

- No, I refuse to answer the questions below and I take full responsibility for determining whether the proposed product is suitable for me. Please sign and date the form below.
- _____
- Yes, I agree to answer the questions below and I understand that any recommendations assume that the information provided is both current and accurate. Please answer the following questions 1 to 14.

1. Monthly income: \$ _____ Occupation _____
2. Monthly expenses: \$ _____
3. Are you retired? Yes No . If no, in what year do you plan to retire? _____
4. My estimated net worth (assets less liabilities): \$ _____. Includes liquid assets of \$ _____. Includes other annuities and life policies with cash values of \$ _____
5. Percentage of proposed annuity to estimated net worth _____%
6. Federal Tax Bracket _____%
7. Your investment objectives in purchasing this annuity/life insurance (check all that apply):
 Income Flow Flexibility Tax deferral Growth followed by income
 Growth, possible income Pass on to beneficiaries Other _____
8. My investment risk style: Conservative Moderate Aggressive
9. Do you own or have you ever owned any of the following: Fixed Annuities Variable Annuities
 Certificates of Deposit Stocks/Bonds/Mutual Funds
10. What is the current interest rate on your existing products? _____
11. What is the source of funds to purchase this annuity/life insurance? _____. After purchasing this product, how much money (or liquid assets) will you have available without penalty for emergencies? Specify amount \$ _____
12. Are you considering using funds from existing life insurance policy, annuity contract(s), or certificates of deposit to purchase this annuity? Yes No. If yes, are there any surrender charges associated with the above-mentioned existing policy(ies), contract(s), or certificates of deposit(s)? Yes No.
If yes, do you know what the surrender charge(s) is/are? _____
13. When do you expect to take money out of this contract? under 1 year, Between 1 and 5 years ,
 Between 6 and 9 years, 10 or more years, N/A

14. How do you anticipate taking distributions from this product? (check all that apply) Annuitize

Required Minimum Distribution Lump Sum Free Systematic Withdrawals

Interest only Pass on to Beneficiaries (via death benefit)

15. During the term of this contract, do you expect to need more income than the free withdrawals provided?

Yes No.

I represent that the answers to the questions on this questionnaire are correct to the best of my knowledge. I understand that these answers will be used in evaluating the suitability of any insurance product that may be proposed to me. I understand that my answers are voluntary.

Date: _____ Owner's Signature: _____

I have been advised by my agent that the insurance product proposed to me is not suitable according to established company guidelines, but having considered the matter fully, I nevertheless desire to purchase the product as proposed to me. I take full responsibility for determining whether the proposed product is suitable for me.

Date: _____ Owner's Signature: _____

AGENT'S STATEMENT:

Advantage of purchasing this annuity/life insurance policy: _____

Disadvantage of purchasing this annuity/life insurance policy: _____

Grounds for recommending this annuity/life insurance policy: _____

I have reasonable grounds for believing that the recommendations for this annuitant to purchase/exchange or replace an annuity/life policy is suitable on the basis of the facts disclosed by the client as to their current investments, financial situation, and needs.

Date: _____ Agent's Signature: _____

This form must be submitted with the application before we can offer you an annuity contract or life insurance certificate in the State of New York.