



# Fixed Annuity Suitability Analysis Form

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7999



***This form must be completed for persons that are purchasing a fixed annuity.***

This form is designed to assist the agent and client in gathering information to determine whether the purchase of an annuity is suitable for the client.

**This form or other documentation that contains substantially the same information that the agent used in evaluating suitability and making a recommendation must be maintained in the agent's client file for a minimum of 5 years in most states and up to 10 years in certain other states, after the insurer completes the recommended transaction.**

## Section 1

To be completed with your agent to determine if the proposed fixed annuity purchase meets your financial needs and objectives.

### A - Personal Identification

Owner Full Name	SS#/Tax ID #	Date of Birth	Age
Joint Owner (if any) Full Name	SS#/Tax ID #	Date of Birth	Age
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Occupation	List Number of Dependents _____	Dependent ages _____

### B - Financial Profile (For Joint Owners, information may be combined.)

#### 1. Annual Gross Income

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - 29,999        | <input type="checkbox"/> \$30,000 - 49,999   | <input type="checkbox"/> \$ 50,000 - 74,999  |
| <input type="checkbox"/> \$75,000 - 99,999   | <input type="checkbox"/> \$100,000 - 149,999 | <input type="checkbox"/> \$150,000 - 249,999 |
| <input type="checkbox"/> \$250,000 - 399,999 | <input type="checkbox"/> \$400,000 - Over    |  |

#### 2. Source of Income (Check all that apply)

- |                                       |                                      |  |  |
|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Salary (W 2) | <input type="checkbox"/> Investments | <input type="checkbox"/> Social Security | <input type="checkbox"/> Pension Plans |
| <input type="checkbox"/> Other _____  |                                      |  |  |

#### 3. What type of investments and insurance products do you own?

- |   |  |                                |                              |   |
|---|--|--------------------------------|------------------------------|---|
| <input type="checkbox"/> Mutual Funds   | <input type="checkbox"/> Stocks          | <input type="checkbox"/> Bonds | <input type="checkbox"/> CDs | <input type="checkbox"/> Savings Account(s) |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Other Annuities |                                |                              |   |

#### 4. What type of life insurance or other annuities do you own? \_\_\_\_\_

#### 5. Estimated Net Worth (Exclude primary residence, furnishings, automobiles.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - 74,999        | <input type="checkbox"/> \$75,000 - 149,999  | <input type="checkbox"/> \$150,000 - 249,999 |
| <input type="checkbox"/> \$250,000 - 499,999 | <input type="checkbox"/> \$500,000 - 999,999 | <input type="checkbox"/> \$1,000,000 - Over  |

#### 6. Liquid Net Worth (After purchasing this annuity - These are assets that can be easily converted to cash without incurring penalty charges.)

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$10,000 - 25,000 | <input type="checkbox"/> \$25,000 - 50,000 | <input type="checkbox"/> \$50,000 - 100,000 | <input type="checkbox"/> Over \$100,000 |
|---|--|--|---|---|

#### 7. Why are you purchasing this annuity? (Check all that apply):

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Income              | <input type="checkbox"/> Stable Growth | <input type="checkbox"/> Tax Deferral | <input type="checkbox"/> Estate Planning |
| <input type="checkbox"/> Safety of Principal | <input type="checkbox"/> Retirement    | <input type="checkbox"/> Other _____  |  |



8. After the purchase of the annuity, will your income and liquid net worth be enough for living expenses and emergencies?  Yes  No  
*(Many financial planners recommend that a person maintain an amount of liquid net worth equal to 3 to 6 months of a person's monthly living expenses in case of emergencies.)*
9. With the exception of any surrender charge free withdrawal, do you expect to withdraw any money from this annuity before the end of the surrender charge period?  Yes  No  
 If "Yes", please explain. \_\_\_\_\_
10. What is your Federal Income Tax Bracket:  15%  28%  33%  38%
11. The agent has discussed with me whether an existing life insurance or annuity will be replaced in connection with the proposed sale of this annuity and whether surrender charges apply.  Yes  No
12. What source of funds will you use to buy this fixed annuity? \_\_\_\_\_

**Note to Producer:** You should maintain in your files any other information you used or considered, not listed above, in making your recommendation.

## Section 2 - Representations and Signatures

### **Complete Either A or B**

**If Box A and B are both signed the annuity will not be issued and a new form must be submitted. Complete only one box.**

#### **Do Not Complete if You Completed Box "B"**

**A.** I acknowledge that the fixed annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives.

Owner/Applicant Signature (or Trustee if owner is Trust)

Date

Joint-Owner Signature (if any)

Date

#### **Agent's Acknowledgement:**

Based on information collected, I believe the purchase of this annuity is suitable.

Agent/Producer Signature

Date

#### **Do Not Complete if You Completed Box "A"**

**B.** I elect not to provide information in Section 1 B or answers to certain questions in Section 1 B and/or I have decided to purchase this fixed annuity without a recommendation from my agent or the Company. I understand that the annuity is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives.

Owner/Applicant Signature (or Trustee if owner is Trust)

Date

Joint-Owner Signature (if any)

Date

#### **Agent's Acknowledgement:**

The Owner(s) has not provided complete information and has decided to purchase this fixed annuity without my recommendation.

Agent/Producer Signature

Date