



# INVESTORS HERITAGE

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## Annuity Owner Profile & Suitability Questionnaire

**This entire form must be completed and the signed original submitted with the Application. Please read the questions and statements very carefully. Your privacy is a high priority to us and your information will be treated with the highest degree of confidentiality.**

**TYPE OF APPLICATION:**  Individual  Custodial (UGMA/UTMA)  Trust (Annuitant must be the Trust Grantor)  Inherited IRA

**TYPE OF ANNUITY:**  Non-Qualified  Qualified - ( IRA,  Roth IRA,  Roth Conversion)

### 1. OWNER INFORMATION

#### Section 1a. Complete this section for Individual Ownership

**Owner / Annuitant Name** (First, Middle Initial, Last) \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY) \_\_\_\_\_

**Citizenship Status:**  US Citizen  Resident Alien  Non-resident Alien **Owner actively employed?**  Yes  No  Retired

**Occupation:** (Or source of income if not employed) \_\_\_\_\_

**Where does the Owner currently reside?**  
 personal residence  with family members  assisted living facility  nursing home

**Joint Owner Name** (First, Middle Initial, Last) \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY) \_\_\_\_\_

**Citizenship Status:**  US Citizen  Resident Alien  Non-resident Alien **Joint Owner actively employed?**  Yes  No  Retired

**Occupation** (Or source of income if not employed) \_\_\_\_\_

**Where does the Joint Owner currently reside?**  
 personal residence  with family members  assisted living facility  nursing home

#### Section 1b. Complete this section for Trust Ownership

**Trust Name** \_\_\_\_\_ **Date of Trust** (MM/DD/YYYY) \_\_\_\_\_

**Name of Trust Grantor** (First, Middle Initial, Last) \_\_\_\_\_ (Annuitant must be the Trust Grantor)

### 2. FINANCIAL OBJECTIVES/RISK ANALYSIS (Complete for Individual Owner or Trust Annuitant)

**Current Financial Objective** (Select all that apply)  
 Market Growth  Conservation Growth  Income  Capital Preservation  Tax Deferred Growth

### 3. HOUSEHOLD FINANCIAL INFORMATION (Complete for Individual Owner or Trust Annuitant)

**(A) Average Monthly Income**..... \_\_\_\_\_  
**(B) Average Monthly Living Expenses**..... \_\_\_\_\_  
(Rent, Mortgage, Utilities, Taxes, Assessments, Food, Transportation Costs, Other)  
**Average Net Monthly Income** ..... \_\_\_\_\_  
(Subtract A - B)

**Tax Bracket**  
 0 - 15%  
 16 - 25%  
 26 - 35%  
 Over - 35%

**Source of Income** (Check all that apply)  
 Employment  
 Reverse Mortgage  
 Pension / Social Security  
 Investments  
 Other: \_\_\_\_\_

**3. HOUSEHOLD FINANCIAL INFORMATION (Continued)**

a. Do you anticipate significant changes to your income or living expenses?  Yes  No  
 (If Yes, please describe below (ex. Pension Income, social security, mortgage paid, balloon note due, rent increase, etc.)

b. Do you have sufficient funds or other assets available, without penalty, for living expenses and in case of emergencies?  Yes  No  
 (If No, please explain below)

**4. HOLDINGS (Complete for Individual Owner or Trust Annuitant)**

**FINANCIAL INFORMATION**  
 (Complete for Individual Owner or Trust Annuitant)

**A. Net Worth** ..... \_\_\_\_\_  
 (Exclude primary residence)

**B. Total Annuities with surrender charges** ..... \_\_\_\_\_  
 (Including proposed annuity)

**C. % of Net Worth** ..... \_\_\_\_\_  
 (Divide B ÷ A)

**D. Please check which financial product(s) you have prior experience with and for how many years?**

CDs ..... \_\_\_\_\_

Mutual Funds ..... \_\_\_\_\_

Stocks/Bonds ..... \_\_\_\_\_

Fixed Annuities ..... \_\_\_\_\_

Indexed Annuities..... \_\_\_\_\_

Variable Annuities ..... \_\_\_\_\_

Life Insurance ..... \_\_\_\_\_

None

**E. In order for a complete review of liquidity, please include all assets.**

Assets	Current Amount	Amount to be used for Annuity
(1) Liquid Assets ..... <i>(Checking, Savings, Money Market, CDs with less than 1 year to maturity, Cash Value of Life Insurance, Annuities that are out of surrender charge and Stocks, Bonds and Mutual Funds held outside of Retirement Accounts)</i>	_____	_____
(2) CDs (more than 1 yr. to maturity).....	_____	_____
(3) 401k plan/403(b) plan / 455 plan.....	_____	_____
(4) IRA (Traditional) .....	_____	_____
(5) IRA (Roth) .....	_____	_____
(6) Annuities (with surrender charges).....	_____	_____
(7) Reverse Mortgage .....	_____	_____
(8) Other Assets (excluding primary residence).....	_____	_____
<b>TOTAL ASSETS (1-8)</b> .....	_____	_____

**F. (1) What are your reasons for purchasing this annuity? (Check all that apply)**

Funding Retirement                       Future Income                       Safety of Principal

Minimum Guarantees                       Tax Deferral                       Other \_\_\_\_\_

**F. (2) Benefits of purchasing this annuity?**

**G. What do you consider your "Risk Tolerance"? (Check one)**

Conservative     Moderately Conservative     Moderate     Moderately Aggressive     Aggressive

**4. HOLDINGS** (Continued - Complete for Individual Owner or Trust Annuitant)

H. Did your agent explain the liquidity aspects of this product including surrender charges?  Yes  No

I. Will this annuity replace a current annuity or life insurance policy? *complete comparison form*  Yes  No

J. How long do you expect to keep this annuity?  Less than 2 yrs  2-4 yrs  4-7 yrs  8-12 yrs  13+ yrs

K. Do you believe that this annuity will meet your financial needs?  Yes  No

**FOR CALIFORNIA APPLICANTS ONLY:**  
Do you intend to apply for means-tested government benefits, including, but not limited to Medi-Cal or the veterans' aid and attendance benefit?  Yes  No

**5. DISCLOSURES/OWNER STATEMENT**

**FOR MASSACHUSETTS APPLICANTS ONLY:**  
List existing policies or contracts previously sold by this producer to the annuity owner or annuitant if a trust.

Product _____	Carrier _____	Date of Issue _____
Product _____	Carrier _____	Date of Issue _____
Product _____	Carrier _____	Date of Issue _____
Product _____	Carrier _____	Date of Issue _____

**FOR NEW JERSEY APPLICANTS ONLY:**  
I acknowledge and understand that the sale and suitability of annuities are regulated by the New Jersey Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, by visiting the Department's website at [www.njdobi.org](http://www.njdobi.org), or by writing to Consumer Inquiry and Response Center, NJDOBI, P.O. Box 471, Trenton, NJ 08625-0471

I (we) have been given, have read, and understand the "Understanding Your Single Premium Deferred Annuity" form for this annuity, which informs me (us) of various features of the annuity, such as potential surrender period and surrender charge, potential tax penalty if I (we) sell, exchange, surrender or annuitize the annuity, and how purchase payments, interest, and renewals are handled.

I (we) have discussed with my (our) producer my (our) anticipated financial needs and my (our) risk tolerance, and I (we) have determined that buying this annuity product will help me (us) in meeting my (our) insurance needs and/or financial objectives)

I (we) have reviewed the information supplied about me (us) in this suitability form and acknowledge its accuracy. Further, I (we) understand that Investors Heritage Life Insurance Company will be using this information to review the recommendation made by my (our) producer as to the suitability of the annuity being applied for.

**Signature of Owner** **Date**  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Joint Owner** **Date**  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Annuitant if Trust Owner** **Date**  
\_\_\_\_\_  
\_\_\_\_\_