

## Suitability Analysis

All sections of this form must be completed.

### SECTION 1: PERSONAL INFORMATION

Owner Full Name \_\_\_\_\_

Joint Owner Full Name (if any) \_\_\_\_\_

### SECTION 2: FINANCIAL INFORMATION OF OWNER

a. TOTAL HOUSEHOLD ASSETS - total liquid and non-liquid assets \$ \_\_\_\_\_

b. TOTAL HOUSEHOLD DEBT – exclude debt on primary residence \$ \_\_\_\_\_

c. ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_

d. MONTHLY HOUSEHOLD LIVING EXPENSES - including housing, food, transportation, health care, etc. \$ \_\_\_\_\_

e. FEDERAL INCOME TAX BRACKET ☐ 0% ☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37% Other \_\_\_\_\_

### SECTION 3: FINANCIAL SITUATION AND NEEDS OF OWNER

- |   |  |                               |
|---|--|-------------------------------|
| a. Does your income cover all of your living and medical expenses?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain below:  |
| b. Do you expect changes in your living expenses?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain below: |
| c. Do you anticipate changes in your out-of-pocket medical expenses?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain below: |
| d. Is your income sufficient to cover future changes in your living and out-of-pocket medical expenses during the surrender charge period?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain below:  |
| e. Do you have an emergency fund for unexpected expenses?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain below:  |
| f. (California 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain below:  |

g. Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

h. Describe your risk tolerance:

☐ Conservative ☐ Moderately Conservative ☐ Moderate ☐ Moderately Aggressive ☐ Aggressive

i. Reasons for purchasing this product (check all that apply):

☐ Asset Accumulation ☐ Tax Deferred Growth ☐ Guaranteed Crediting Rate ☐ Future Retirement Income

☐ Transfer to Heirs ☐ Safety of Principal ☐ Immediate Income ☐ Other: \_\_\_\_\_

### SECTION 3: FINANCIAL SITUATION AND NEEDS OF OWNER (continued)

j. Intended Hold Period for the annuity:

- ☐ Short (0-4 years)    ☐ Intermediate (5-9 years)    ☐ Long (10+ years)

k. Source of Funds to purchase this annuity (check all that apply):

- ☐ Annuity                      ☐ Life Insurance                      ☐ Mutual Fund/Brokerage Account                      ☐ Certificate of Deposit  
☐ Checking/Savings                      ☐ Money Market Fund                      ☐ Inheritance                      ☐ Qualified Plan Distribution  
☐ Reverse Mortgage  
☐ Other: \_\_\_\_\_

### SECTION 4: OTHER

You are being asked to complete this form because you are buying a financial product – an annuity. To recommend a product that effectively meets your needs, objectives and situation, your agent or broker needs information about you, your financial situation, your insurance needs, and your financial objectives.

a. Which, if any, of the following persons assisted you in your decision to purchase this product? (check all that apply)

- ☐ None                      ☐ Accountant                      ☐ Attorney                      ☐ Family Member  
☐ Financial Planner                      ☐ Other (please specify): \_\_\_\_\_

b. Please choose **one** of the following:

- ☐ You are buying an annuity recommended by your agent or broker.  
☐ You understand that you are buying an annuity, but the agent, broker or company did NOT recommend that you buy it. If you are buying it without a recommendation, you understand that you may lose protections under the Insurance Code of your state.

c. Please choose **one** of the following so the insurance company better understands the information you have provided herein:

- ☐ You have REFUSED to provide your agent, broker, or the company with any information needed to decide if the annuity effectively meets your needs, objectives, and situation. You may lose protections under the Insurance Code of your state if you sign this form or provide inaccurate information.  
☐ You have provided your agent, broker, or the company with LIMITED information needed to decide if the annuity effectively meets your needs, objectives, and situation. You may lose protections under the Insurance Code of your state if you sign this form or provide inaccurate information.  
☐ You have provided your agent, broker, or the company with ALL the information needed to decide if the annuity effectively meets your needs, objectives, and situation.

## SECTION 5: REPLACEMENT INFORMATION

If you are using funds from an existing life insurance or annuity policy to purchase this annuity, please complete this section.

Otherwise, proceed to Section 6.

**Life Only:** (Do not complete Replacement Information Grid)

a. Death benefit amount ..... \$ \_\_\_\_\_

b. Cash surrender value..... \$ \_\_\_\_\_

c. Please explain why you are replacing a life insurance policy with an annuity:

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**Annuities Only:** (Complete Replacement Information Grid)

	Existing Annuity #1	Existing Annuity #2	Existing Annuity #3
a. Company Name			
b. Product Name			
c. Type of Insurance	<input type="checkbox"/> Fixed <input type="checkbox"/> Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Indexed <input type="checkbox"/> Variable
d. Date of Issue			
e. Full or Partial Withdrawal?	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
f. Premium Amount to LBL/CLIC	\$ _____	\$ _____	\$ _____
g. Surrender Charge Amount	\$ _____	\$ _____	\$ _____
h. Surrender Charge Period Remaining	Years	Years	Years
i. Is there an MVA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Current Declared Interest Rate	%	%	%
k. Expected Change in Current Declared Rate	%	%	%
l. When will change occur?			
m. Please describe why you are replacing these contracts (choose all that apply):			
<input type="checkbox"/> Guaranteed Crediting Rate <input type="checkbox"/> Tax Deferred Treatment <input type="checkbox"/> Death Benefit Features <input type="checkbox"/> Transfer of Wealth <input type="checkbox"/> Life Income Payment <input type="checkbox"/> Other _____			
n. Within the past 60 months have you either exchanged or replaced another annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please provide details below)			

(Attach additional copies of this page if more than 3 annuities will be replaced.)

## SECTION 6: AGENT INFORMATION & DISCLOSURE FOR ANNUITIES

Agent First Name: \_\_\_\_\_ Agent Last Name: \_\_\_\_\_

Agent Business/Agency Name: \_\_\_\_\_ Agent Website \_\_\_\_\_

Agent Business Mailing Address: \_\_\_\_\_

Agent Business Telephone Number: \_\_\_\_\_ Agent Email Address: \_\_\_\_\_

Agent National Producer Number in Your State: \_\_\_\_\_

I am licensed to sell annuities to you in accordance with state law. **If I recommend that you buy an annuity, it means I believe that is effectively meets your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bond, and mutual funds, may also meet your needs.**

a. I offer the following products (choose all that apply):

☐ Fixed or Fixed Indexed Annuities ☐ Variable Annuities ☐ Life Insurance

b. I need a separate license to provide advice about or to sell non-insurance financial products. The non-insurance financial products that I am licensed and authorized to provide advice about or to sell are as follows (choose all that apply):

☐ Mutual Funds ☐ Stocks/Bonds ☐ Certificates of Deposit

c. I am authorized to sell (choose one):

☐ Annuities from Only One (1) Insurer ☐ Annuities from Two or More Insurers ☐ Annuities from Two or More Insurers although I primarily sell annuities from: \_\_\_\_\_

d. It's important for you to understand how I'm paid for my work. Depending on the annuity you purchase, I may be paid a commission or a fee. Commissions are generally paid to me by the insurance company while fees are generally paid to me by the consumer. If you have questions about how I'm paid, and how I will be paid for your transaction, please ask me. Depending on the annuity you buy, I will or may be paid cash compensation as follows (choose all that apply):

☐ Commission, which is usually paid by the insurance company or other sources. If other sources, describe: \_\_\_\_\_

☐ Fees, such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer (You).

☐ Other, describe: \_\_\_\_\_

e. Indirect Compensation (choose One):

☐ I do not receive other indirect compensation (sometimes called "non-cash" compensation) resulting from this transaction.

☐ I may also receive other indirect compensation (sometimes called "non-cash" compensation) resulting from this transaction such as:  
☐ payment of licensing fees and costs, ☐ health or retirement benefits, ☐ office rent and support, or ☐ other incentives from the insurance company or other sources, as follows: \_\_\_\_\_.

f. Material Conflict of Interest in Your Transaction:

"Material conflict of interest" means I have a financial interest in the sale of Your annuity that a reasonable person would expect to influence the impartiality of my recommendation that I have not already disclosed to you above. (choose one):

☐ I do **Not** have a material conflict of interest in your transaction.

☐ I **Do** have a material conflict of interest in your transaction.

## SECTION 7: OWNER ACKNOWLEDGMENT

Do Not Sign Unless All Sections of this Form Are Answered, and You Have Read and Understand the Information in this Form.

To the best of your knowledge, the information provided in this questionnaire is accurate. You understand that a life insurance or annuity is a long-term investment, and your agent has reviewed the features and benefits of this product as well as any applicable fees and surrender charges with you. You believe that the purchase of this product is suitable for your financial needs and objectives.

- ◆ You have been provided with and read a product disclosure statement that discloses the surrender charge period and the surrender charge percentages for this contract. ☐ Yes ☐ No

*For New Jersey residents:* I understand that the solicitation, negotiation and sale of the annuity and its suitability are subject to the regulatory oversight of the New Jersey Department of Banking and Insurance. You may contact their Consumer Assistance Services at 800-446-7467.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## SECTION 8: AGENT (PRODUCER) ACKNOWLEDGMENT

I certify that I have complied with my duty of care and disclosure regarding the proposed purchase. Based on the facts disclosed by the proposed owner and joint owner, I have reasonable grounds for believing that the recommendation for the purchase or exchange of the product is suitable. I agree to maintain the information collected and used as the basis for this recommendation for a period of at least six (6) years and make it available upon request to the Company or the insurance commissioner.

- ◆ During the solicitation of this product, I ☐ did ☐ did not use any sale materials other than pre-printed product brochures and other material provided by the Company. I certify that the applicant was given a copy of the applicable product brochures and disclosure form. I have attached to this form and all supplementary information used in the solicitation of this product.

I understand and acknowledge that some annuity recommendations such as those related to “rollovers” or transfers from certain retirement plans or IRAs could be “fiduciary” investment advice recommendations as that term is defined by ERISA and the Internal Revenue Code. If I make such a fiduciary recommendation, I acknowledge that I am responsible for complying with the requirements of an applicable U.S. Department of Labor prohibited transaction exemption covering any receipt of sales-related compensation.

I understand and acknowledge that if I choose to rely on PTE 84-24, an 84-24 disclosure form must be completed, signed by the applicant and the producer, and a copy left with the applicant. I understand that the 84-24 disclosure form should not be sent to Liberty Bankers or Capitol Life.

I certify that I have met the annuity training and continuing education requirements for the owner’s state of residence listed on the application.

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name