

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Suitability Analysis

PO Box 224, Brownwood, Texas 76804-0224 • 5750 County Road 225, Brownwood, Texas 76801 (Overnight) • 800-745-4927 • 866-505-9377 (Fax)

All Sections of this form must be fully completed.

SECTION 1: PERSONAL INFORMATION

	Owner	Spouse (if any)
Full Name		
Current Age		
Gender		
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Work-Full Time <input type="checkbox"/> Work-Part Time	<input type="checkbox"/> Retired <input type="checkbox"/> Work-Full Time <input type="checkbox"/> Work-Part Time
Current Occupation		
Dependents (number and ages)		

SECTION 2: FINANCIAL INFORMATION OF OWNER

Annual Household Income	\$
Source of Income	
Income Tax Bracket (Federal & State)	%
Total Assets (Total Liquid and Non-Liquid Assets prior to purchase of this annuity)	\$
Total Liquid Assets (All assets that are readily convertible to cash after the purchase of this annuity)	\$
Total Outstanding Debt	\$

SECTION 3: FINANCIAL SITUATION AND NEEDS OF OWNER

Does your income cover all of your living and medical expenses? Yes No **If no, please explain:**

Do you expect changes in your living expenses? Yes No **If yes, please explain:**

Do you anticipate changes in your out-of-pocket medical expenses? Yes No **If yes, please explain:**

Is your income sufficient to cover future changes in your living and out-of-pocket medical expenses during the surrender charge period? Yes No **If no, please explain:**

Do you have an emergency fund for unexpected expenses? Yes No **If no, please explain :**

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What other investments do you currently own? (Check all that apply)

- | | | | |
|----------------------------------|--------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Bonds | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Personal Business |
| <input type="checkbox"/> Options | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Partnerships | <input type="checkbox"/> Other: _____ |

Please describe your risk tolerance:

- | | | | | |
|---------------------------------------|--------------------------------------------------|-----------------------------------|------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Moderately Conservative | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderately Aggressive | <input type="checkbox"/> Aggressive |
|---------------------------------------|--------------------------------------------------|-----------------------------------|------------------------------------------------|-------------------------------------|

SECTION 4: THIS PRODUCT PURCHASE

Reason(s) for purchasing this product: (Check all that apply)

- | | | |
|---------------------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Asset accumulation | <input type="checkbox"/> Tax deferred growth | <input type="checkbox"/> Immediate income |
| <input type="checkbox"/> Future retirement income | <input type="checkbox"/> Guaranteed interest rate | <input type="checkbox"/> Transfer to heirs |
| <input type="checkbox"/> Safety of principal | <input type="checkbox"/> Other: _____ | |

Do you plan to withdraw any portion of the funds in this product during the surrender charge period?

- Yes No **If yes, please explain:**

When do you anticipate needing access to these funds?

- 0-2 years from now 3-4 years from now 5-6 years from now 7-8 years from now 9 or more years from now

Source of funds used to purchase this product (Check all that apply)

- | | | |
|-----------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> CD/Savings/Checking | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Current income |
| <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Death benefit proceeds | <input type="checkbox"/> Qualified plan distribution |
| <input type="checkbox"/> Cash value from existing annuity | <input type="checkbox"/> Rollover/transfer from qualified account | <input type="checkbox"/> Other: _____ |

SECTION 5: EXISTING ACCOUNT INFORMATION

Do you plan to use funds from an existing life or annuity policy to purchase this product?	<input type="checkbox"/> Yes (complete the rest of section 5) <input type="checkbox"/> No (go to section 6)
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How long has the life insurance or annuity been in force?	_____ years
Is there a surrender charge on the existing product?	<input type="checkbox"/> Yes What is the current charge? _____% When will it expire? _____ <input type="checkbox"/> No
What type is the existing product?	<input type="checkbox"/> Life Insurance Annuity: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Equity Indexed
What interest rate is currently being credited to the existing product? Please describe any expected change(s) to this rate in the additional information section below.	_____ %

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If the existing product is a tax-qualified annuity, are you taking Required Minimum Distributions from it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required due to age
If the existing product is an annuity, are you taking any other periodic distributions from the existing annuity?	<input type="checkbox"/> Yes Describe: _____ <input type="checkbox"/> No

SECTION 6: OTHER

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): _____

Please enter any additional relevant information to be considered in determining suitability of this product:

SECTION 7: OWNER'S ACKNOWLEDGEMENT

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

I/we 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

Owner Signature Date Print Name

Spouse Signature, if Joint Owner Date Print Name

SECTION 8: AGENT'S ACKNOWLEDGEMENT

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 five (5) 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 sales 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 brochure and disclosure form. I have attached to this form any and all supplementary information used in the solicitation of this product.

Agent Signature Date Print Name