



- NEW ERA LIFE INSURANCE COMPANY
- PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
- NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

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# Suitability Analysis

## 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 Outstanding Debt	\$
Total Liquid Assets (All assets that are readily convertible to cash)	\$

## 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

Please enter any additional information to be considered in determining suitability:

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

- Stocks       Bonds       Mutual Funds       Personal Business  
 Options       Real Estate       Partnerships       Other: \_\_\_\_\_

### Please describe your risk tolerance:

- Conservative     Moderately Conservative     Moderate     Moderately Aggressive     Aggressive

## SECTION 4: THIS ANNUITY PURCHASE

### Primary reason for purchasing this annuity:

- Asset accumulation       Tax deferred growth       Immediate income  
 Future retirement income       Guaranteed interest rate       Transfer to heirs  
 Safety of principal       Other: \_\_\_\_\_

**How long do you plan to keep this annuity?**

- Less than 2 years       2 to 5 years       6 to 10 years       11+ years

**Source of funds used to purchase this annuity (check all that apply)**

- CD/Savings/Checking       Inheritance       Current income  
 Liquidation of assets       Death benefit proceeds       Qualified plan distribution  
 Cash value from existing annuity       Rollover/transfer from qualified account       Other: \_\_\_\_\_

**SECTION 5: EXISTING ACCOUNT INFORMATION**

Do you plan to use funds from an existing annuity policy to purchase this annuity?  Yes (complete the rest of section 5)  
 No (go to section 6)

How long has the annuity been in force? \_\_\_\_\_ years

Is there a surrender charge on the existing annuity?  Yes What is the current charge? \_\_\_\_\_ %  
When will it expire? \_\_\_\_\_  
 No

What type is the existing annuity?  Fixed  Variable  Equity Indexed

What interest rate is currently being credited to the existing annuity? \_\_\_\_\_ %  
Please describe any expected change(s) to this rate in the additional information section below.

If the existing annuity is tax-qualified, are you taking Required Minimum Distributions from it?  Yes  
 No       Not Required due to age

Are you taking any other periodic distributions from the existing annuity?  Yes Describe: \_\_\_\_\_  
 No

Have you exchanged or replaced any other annuity within the preceding 36 months?  Yes Describe: \_\_\_\_\_  
 No

Please enter any additional applicable information: \_\_\_\_\_

**SECTION 6: OWNER'S ACKNOWLEDGEMENT**

Please check the appropriate box and sign below, where indicated:

<input type="checkbox"/> To the best of my/our knowledge, the information provided in this questionnaire is accurate. I/we understand that an annuity is a long term investment and my/our agent has reviewed the features and benefits of this annuity as well as any applicable fees and surrender charges with me/us. I/we believe that the purchase of this annuity product is suitable for my/our financial needs and objectives.	<b>OR</b>	<input type="checkbox"/> I/we choose not to provide complete information related to my/our financial status, situation and/or needs. I/we understand that by doing so, my/our agent will be unable to assist me/us in determining if this annuity is suitable. I/we understand that an annuity is a long term investment and my/our agent has reviewed the features and benefits of this annuity as well as any applicable fees and surrender charges with me/us. I/we wish to proceed with the purchase at this time.
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 \_\_\_\_\_ **Signature of Owner**      \_\_\_\_\_ **Date Signed**       \_\_\_\_\_ **Signature of Spouse, if Joint Owner**

**SECTION 7: AGENT'S ACKNOWLEDGEMENT**

<input type="checkbox"/> 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 an annuity 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.	<b>OR</b>	<input type="checkbox"/> Although I have inquired about the proposed owner's financial information, needs and objectives, I was unable to collect the necessary information to make a recommendation. I am not aware of any circumstances that would cause me to believe that the annuity is not a suitable purchase.
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During the solicitation of this annuity, 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 annuity.

 \_\_\_\_\_ **Signature of Agent**      \_\_\_\_\_ **Date signed**