



This form will be rejected if any fields are left blank or whiteout is used. A new form will be required. Any changes made to this form require the owner's initials.

Owner Name U.S. Citizen
Joint Owner Name U.S. Citizen

Financial Assessment

1a. Approximate Annual Household Net Income: \$
1b. Source of Income (Check all that apply):
1c. Approximate Household Net Worth: \$
1d. Approximate Annual Household Expenses: \$
1e. Do you anticipate any significant changes in your future income or liquidity need, net income, household expenses or net worth?
1f. Federal Income Tax Bracket (Including income to be provided by this annuity):
1g. Please list the amount of liquid assets available to you after the purchase of this annuity:

Needs Assessment

2a. What are your financial objectives in purchasing this annuity? (Check all that apply):
2b. Do you currently own or have you previously owned any of the following financial products? (Check all that apply):
2c. Do you have Medical Insurance, a Medicare Supplement Policy, Long Term Care Policy, Veterans Benefits or other insurance policy that will cover medical expenses?
2d. How would you describe your general risk tolerance? (Select only one):
2e. How many years from today will you need access to the premium for this annuity without penalty? (Select only one):

Needs Assessment – continued

- 2f. Do you expect to take any lump sum payments out of this annuity that will incur a penalty? Yes No
 If “YES,” please explain: _____
- 2g. Did your producer explain that if you withdraw more than the Free Withdrawal Amount outside the 30-day Window Period, your contract’s value will be subject to a surrender charge, if the withdrawal is taken during the surrender charge period, and a Market Value Adjustment, which could be negative or positive? Yes No

Source of Funds

- 3a. What is the source of premium for this annuity? **(Check all that apply):**
 Stocks/Bonds/Mutual Funds Certificate of Deposit Fixed Annuity Variable Annuity Indexed Annuity 401k
 Profit Sharing Plan Checking/Savings Life Insurance Pension Plan Death Proceeds Money Market
- 3b. Do you currently have a reverse mortgage? Yes No
 If “YES,” are you using proceeds from a reverse mortgage to fund this annuity? Yes No
- 3c. Is there a surrender charge, bonus recapture charge, loss of value, or any other penalty or fee associated with using the source(s) of funds listed above to purchase this annuity? Yes No

IF THIS IS A REPLACEMENT OF AN EXISTING LIFE INSURANCE OR ANNUITY CONTRACT, YOU MUST COMPLETE THE ANNUITY REPLACEMENT COMPARISON WORKSHEET – OL5205.

If source of funds is other than a replacement of an existing Life Insurance or Annuity Contract, you must complete the grid below:

Company	Source of Funds	Premium Amount	Penalty Amount	Penalty Percentage
		\$ _____	\$ _____	_____ %
		\$ _____	\$ _____	_____ %

General

- 4a. Do you or any proposed Owner, Annuitant or Covered Person currently reside in a hospital, hospice facility or nursing home or participate in any assisted living program? Yes No
- 4b. Have you or any proposed Owner, Annuitant or Covered Person been diagnosed with a terminal illness by a licensed medical professional or health care provider? Yes No
- 4c. Do you or any proposed Owner, Annuitant or Covered Person have any known indications of cognitive impairment or diminished capacity, such as dementia, Alzheimer’s disease, Parkinson’s disease or other neurological disorders? Yes No
- 4d. Have you or any proposed owner entered into, or is any Owner planning to enter into an arrangement with a third party to sell this annuity? Yes No
- 4e. Is the purchase of this annuity in any way connected to or based on information provided during the establishment of a trust? Yes No
 If “YES,” please explain: _____
- 4f. Do you have any existing life insurance policies or annuity contracts that were previously sold by the same producer? Yes No
 If “YES,” please explain: _____
- 4g. **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

Owner's Confirmation

PROPOSED OWNER(S): DO NOT SIGN THIS FORM IF ANY QUESTIONS HAVE BEEN LEFT BLANK, BEFORE YOU HAVE CAREFULLY REVIEWED THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

- 1. Was your decision to purchase this annuity based on your producer's recommendation? Yes No
- 2. I authorize my producer to communicate information related to this Annuity Application and Suitability Questionnaire to the Company on my behalf. Yes No

I acknowledge the information I provided on this form and any other information requested by my producer is true and accurate to the best of my knowledge. I further acknowledge that neither the Company nor its representatives offer legal, tax, or investment advice. I have been advised to consult my own personal attorney or tax advisor on any tax matters. **I acknowledge that the Fixed Annuity I am applying for is a long term contract with substantial penalties for early withdrawal.** I am aware that withdrawals taken from the annuity may result in a taxable event. **I understand that this contract provides a specific rate of interest and that rate may be no less than 1%.** Overall, I believe the annuity I am applying for is suitable according to my financial needs and/or objectives.

Owner's Signature	State Signed In	Date (mm/dd/yyyy)
Joint Owner's Signature	State Signed In	Date (mm/dd/yyyy)

Producer's Confirmation

- 1. Is the Owner or Annuitant an active duty service member of the United States Armed Forces, including reserves? Yes No
 If "YES," I have provided the Military Disclosure form OL5037 to my client.
- 2. Was the Owner's decision to purchase this annuity based on your recommendation? Yes No
- 3. How long have you known the proposed Owner?
 Less than 1 year 1-3 years 4-7 years 8-10 years 10 or more years
- 4. The basis for my recommendation to purchase the proposed annuity or to replace or exchange the proposed Owner(s) existing annuity(ies):

By signing below, I confirm the answers and information I have provided above. I further confirm that I have made a reasonable effort to obtain information from the Owner(s) concerning the Owner(s) financial status, investment objectives, investment experience, liquid assets, and other information required by the Company. I hereby represent that I have truly and accurately recorded on this Annuity Suitability Questionnaire the information supplied by the Owner(s). I have not included the value of the Owner(s) home(s) or vehicle(s) in the reported approximate household net worth, nor have I included the premium used to purchase this annuity in the reported liquid assets. I am not aware of any discrepancies or misrepresentations in the information recorded on this form. It is my belief that based on the information the Owner(s) provided to me and all the circumstances known to me at the time I recommended this annuity, that the annuity being applied for is suitable for the Owner(s) financial needs and objectives.

Producer's Signature	Date (mm/dd/yyyy)
Second Producer's Signature	Date (mm/dd/yyyy)