

ANNUITY SUITABILITY INFORMATION AND ACKNOWLEDGMENT

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form, initial all pages and submit all pages.

GENERAL INFORMATION

OWNER	JOINT OWNER
OWNER NAME	JOINT OWNER NAME
CURRENT LIVING ARRANGEMENT: <input type="checkbox"/> LIVING AT HOME <input type="checkbox"/> NURSING HOME / ASSISTED LIVING	CURRENT LIVING ARRANGEMENT: <input type="checkbox"/> LIVING AT HOME <input type="checkbox"/> NURSING HOME / ASSISTED LIVING
EMPLOYMENT STATUS: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED	EMPLOYMENT STATUS: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED
HOW DO YOU RATE YOUR INVESTMENT KNOWLEDGE? <input type="checkbox"/> LIMITED <input type="checkbox"/> AVERAGE <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> PROFESSIONAL	HOW DO YOU RATE YOUR INVESTMENT KNOWLEDGE? <input type="checkbox"/> LIMITED <input type="checkbox"/> AVERAGE <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> PROFESSIONAL

INVESTMENT OBJECTIVES AND SOURCE OF FUNDS

1. Please rate your financial risk tolerance (Check one): Conservative Moderate Aggressive

2. What is the total estimated amount of this annuity purchase? \$ _____

3. What is the source of funds for this annuity purchase? (Check all that apply)

Checking/Savings CD Annuity Life Insurance Brokerage Account

401k Reverse Mortgage\Home Equity Loan (See question 14) Other: _____

4. (a) Will any existing life insurance or annuity policy be surrendered, withdrawn or borrowed from, reduced in value, or otherwise replaced in connection with the proposed purchase of this annuity?

Yes No

(b) Have you surrendered, withdrawn or borrowed from any life insurance or annuity policy within the last 4 months?

Yes No

If you answered "Yes" to either 4(a) or (b), answer question 5 and complete the Replaced Policy Worksheet.

5. Explain how the replacement will provide a substantial financial benefit over the life of the new policy.

6. Have you replaced any other annuity policies in the last 60 months? Yes No

If "Yes", please provide an explanation for each replacement transaction, including the reason for replacement, the source of premium for the replaced policy and the amount of all surrender charges and other penalties (e.g., any bonus recapture or negative market value adjustment).

Owner's Initials _____ Joint Owner's Initials _____

REPLACED POLICY WORKSHEET

If replacing more than two policies, make copies of this Replaced Policy Worksheet as needed. Make sure the applicant initials each Replaced Policy Worksheet. Provide the amount of any surrender charge, bonus recapture or other penalty. Do not reduce the penalty amount by any positive market value adjustment on the source of funds or any bonus on this annuity.

Product Information and Features	1 st Replaced Policy	2 nd Replaced Policy
Company Name		
Product Name		
Policy Type	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable <input type="checkbox"/> Life Insurance	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable <input type="checkbox"/> Life Insurance
Issue Date		
What was the source of funds used to purchase the replaced policy?		
Current Accumulation Value		\$
Full or Partial Replacement?	<input type="checkbox"/> Full <input type="checkbox"/> Partial If partial, does amount exceed the available free withdrawal amount? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full <input type="checkbox"/> Partial If partial, does amount exceed the available free withdrawal amount? <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Surrender Charge Period From Issue Date	_____ Years	_____ Years
Surrender Charge Amount if Replaced in This Transaction	\$ _____	\$ _____
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount (\$)(+/-): \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount (\$)(+/-): \$ _____
Premium Bonus/Interest Enhancement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount (\$ or %): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount (\$ or %): _____
Bonus Recapture if Replaced in This Transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ _____
Current Interest Rate	_____ %	_____ %
Investment Advisory Fee		
Mortality and Expense Fee		
Death Benefit		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, annual allowance: _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, annual allowance: _____ %
Additional Required Information for Fixed Indexed Annuities		
Minimum Caps on Indexed-Linked Interest		
Current Caps on Indexed-Linked Interest		
Index Participation Rate	_____ %	_____ %
Spread	_____ %	_____ %

Owner's Initials _____ Joint Owner's Initials _____

7. What are your primary goals in purchasing this annuity? (Check all that apply)
 Tax Deferral* Growth Safety of Principal Future Income Current Income
 Pass Assets to Heirs *Buying an annuity within an IRA or other tax-deferred plan does not provide any extra tax benefits compared to other investments held in a tax-deferred plan.
8. How long to you plan to keep this annuity? 1 2 3 4 5 6 7 8 9 10 or more
9. How and when do you anticipate taking money from this annuity? (Check all that apply):

	Less than 1 year	1 to 5 years	6 to 10 years	More than 10 years
Penalty free withdrawals				
Lump Sum (other than Annuitization)				
Required minimum distributions (RMDs)				
Guaranteed Lifetime Withdrawal Benefit (GLWB)				
Other (please describe):				

FINANCIAL INFORMATION

10. Use this chart to calculate your **NET MONTHLY INCOME**, **LIQUID NET WORTH** and **TOTAL NET WORTH**: (Exclude any funds being used to purchase this annuity. When calculating totals, use **HOUSEHOLD** income, i.e. combined spousal values)

INCOME/EXPENSES				
Monthly Income	Minus	Monthly Expenses	Equals	NET MONTHLY INCOME
\$	-	\$	=	\$

INVESTABLE ASSETS

Liquid Assets					
Asset Type	Non-Qualified	Plus	Qualified	Equals	Totals
Checking, Savings, CDs, Money Market Funds	\$	+	\$	=	\$
Stocks, Bonds, Mutual Funds	\$	+	\$	=	\$
Annuities (No Surrender Charges)	\$	+	\$	=	\$
Row 1 TOTAL LIQUID ASSETS					\$
Non-Liquid Assets					
Asset Type	Non-Qualified	Plus	Qualified	Equals	Totals
Annuities (With Surrender Charges)	\$	+	\$	=	\$
Employer Sponsored Retirement Plans	\$	+	\$	=	\$
Other (Please Specify)	\$	+	\$	=	\$
Row 2 TOTAL NON-LIQUID ASSETS					\$
Row 3 OTHER(Business, Trust, Real Estate Equity & Other Assets)					\$
TOTAL NET WORTH (Add Rows 1, 2 & 3)					\$

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11. What is the source of your household income? (Check all that apply) Salary Investments
 Social Security Pension Plan Required Minimum Distribution (RMD) Other: _____
12. Does your income cover all your living expenses, including **medical**? Yes No
13. Do you anticipate any adverse changes in your assets, living expenses, medical expenses or income during the surrender charge period of this annuity?
 Yes No If Yes, please explain: _____
14. Do you have a reverse mortgage or currently have an application pending for a reverse mortgage?
 Yes No If Yes, please explain: _____

OWNER'S ACKNOWLEDGMENT

I have read, understand and agree to the following:

- All information provided in this form is complete and accurate. Oxford Life and my producer are entitled to rely on that information.
- The annuity applied for is a long term contract. Surrender during the surrender charge period could result in a loss of my principal because of a surrender charge and any market value adjustment or forfeiture of non-vested bonus applicable under the terms of the annuity policy.
- I have reviewed my financial situation, investment objectives and product features with my producer, and I have determined that this annuity is suitable for my financial situation and needs.
- There may be potential tax penalties associated with a withdrawal of income from this annuity prior to age 59 ½.
- If the policy applied for includes a premium bonus, I understand that annuities with a premium bonus may have lower fixed account interest rates and lower caps on indexed accounts than a similar product without a premium bonus.
- Neither Oxford Life nor any of its representatives offer legal or tax advice. I have been advised to consult my attorney or tax advisor for legal or tax advice.

New Jersey Residents: The sale and suitability of annuities is regulated by the New Jersey Department of Banking and Insurance. You may obtain assistance from the Department by calling 609-292-7272 or 800-446-7467, or by visiting the Department's website at state.nj.us/dobi.

 Owner's Signature Date Joint Owner's Signature (if applicable) Date

Owner's Initials _____ Joint Owner's Initials _____

PRODUCER’S STATEMENT

Note: This section is to be completed by the Producer proposing purchase. (Response required for all questions in this section. **“NONE” and similar terms are not valid and will result in rejection of the application.**)

a, The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

PRODUCER’S ACKNOWLEDGMENT AND SUITABILITY RECOMMENDATION

I have read, understand and agree to the following:

- All information provided in this form is complete and accurate to the best of my knowledge.
- I made a reasonable effort to obtain from the Owner information about the Owner’s financial status, investment objectives and other information necessary to determine the suitability of this annuity.
- I have informed the Owner of all material features of the annuity, including the surrender charge period, surrender charges, fees for any riders, any applicable market value adjustment or premium bonus vesting features.
- If this transaction involves a replacement, I gathered all relevant information regarding the replaced product and determined that the replacement is suitable and in compliance with the Company’s position on replacements.
- Based on the information the Owner provided and other information known to me at this time, the annuity being applied for is suitable for the Owner’s financial situation and needs.

Producer’s Signature

Date

Producer’s Number

Oxford Life Mailing Address and Contact Information

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