Draft: 12/19/19 Model #275

Comments are being requested on these proposed revisions. Comments should be sent only by email to Jolie Matthews at jmatthews@naic.org.

APPENDIX A

AGENT (PRODUCER) RELATIONSHIP DISCLOSURE FORMFOR ANNUITIES

Do Not Sign Unless You Have Read and Understand the Information in this Form

Date:		
INSURANCE AGENT/(PRODUCER) INI	FORMATION ("Me", "I", "My")	
First Name:	Last Name:	
FirmBusiness\Agency Name:	Website:	
Business Mailing Address:		_
Business Telephone Number:		
Email Address:		<u> </u>
Insurance License #		
CLIENT CUSTOMER INFORMATION ("You", "Your")	
First Name:	Last Name:	_
INSURANCE AUTHORIZATION What T	<u>Γypes of Products Can I Sell You?</u>	
I recommend that You buy an annuity, it mea	e products, including annuities in to you [State] in ans I believe that it effectively meets Your financial ducts, such as life insurance or stocks, bonds and n	al situation, insurance needs,
I offer the following products:		
☐ Fixed or Fixed Indexed Annuities		
□ Variable Annuities□ Life Insurance		
	pout or to sell non-insurance financial products. It also and authorized to provide advice about or to sel	
☐ Mutual Funds		
□ Stocks/Bonds		
Certificates of Deposits		

Whose Annuities Can I Sell to You?

I am auth	norized and contracted or appointed or have access	s to o	Her to sell:
	Products from ONLY ONE INSURER or Insurance Holding Company Group Annuities from Only One (1) Insurer		Products Annuities from Multiple Two or More Insurers
	Products Annuities from Multiple Two or More Insurers although I amprimarily contracted with one insurersell annuities from:		
My Relat	tionship with You:		
	One Time Transaction On Going Relationship		
It's imporpaid a cor		work. id to l	Depending on the particular annuity You purchase, I may be Me by the insurance company while fees are generally paid to please ask Me.
	Commissioned Transaction An asset under management fee Other, please describe:		
	ly to be compensated by the following sources for Insurance Company The Consumer Third parties such as an Independent Marketing C		ization (IMO) related to the Insurer
A Comm	mittee Chair's Suggestions for the "How I'n		id for My Work" section in lieu of the above language:
How I'm	Paid for My Work:		
paid a cororganizat	mmission or a fee. Commissions are generally pair	id to 1	. Depending on the particular annuity You purchase, I may be me by the insurance company or a related marketing by the insurance company. Related to this transaction, I will
			from this transaction, including health or retirement benefits. m the insurance company or related marketing organization.

You May Ask Me Further About Compensation Paid to Me.

Drafting Note: This disclosure may be adapted to fit the particular business model of the producer. As an example, if the producer only receives commission or only receives a fee from the consumer, the disclosure may be refined to fit that particular situation. This form is intended to provide an example of how to communicate producer compensation, but compliance with the regulation may also be achieved with more precise disclosure, including a written consulting, advising or financial planning agreement.

Other Sources
ADDITIONAL INFORMATION
You may obtain further information regarding the cash compensation paid to me.
National Producer Number in [State]: .
Business Entity Name on License: .
You can view my record as an insurance agent by going to the [state] Department of Insurance website:
If am licensed to sell securities, my securities license number is:
You can check my record as a broker at BrokerCheck: https://brokercheck.finra.org/
ClientCustomer Signature
Date

APPENDIX B

CONSUMER REFUSAL TO DISCLOSE ALL OR PARTIAL CONSUMER PROFILE INFORMATION FORMPROVIDE INFORMATION

Do Not Sign Unless You Have Read and Understand the Information in this Form

I understand that should I decline to provide the requested information, or should I provide inaccurate information, I am limiting the protection afforded me by the Insurance Code of this [state] regarding this purchase.

Why are you being given this form?

You're buying a financial product – an annuity.

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company needs information about you, your financial situation, insurance needs and financial objectives.

If you sign this form, it means you have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets your needs, objectives and situation. You may lose protections under the Insurance Code of [this state] if you sign this form or provide inaccurate information.

Statement of Purchaser:

	I <u>REFUSE</u> to provide this information at this time.		
	I have chosen to provide LIMITED information at this time.		
	My annuity purchase IS NOT BASED on the recommendation of this producer or the insurer.		
Cli	entCustomer Signature		
— Da	te		

APPENDIX C

Consumer Decision to Purchase an Annuity NOT Based on a Recommendation

Do Not Sign This Form Unless You Have Read and Understand It.

Why are you being given this form? You are buying a financial product – an annuity.

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company has the responsibility to learn about you, your financial situation, insurance needs and financial objectives.

If you sign this form, it means you know that you're buying an annuity that was not recommended.

Statement of Purchaser:			
I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it without a recommendation, I understand I may lose protections under the Insurance Code of [this state].			
Customer Signature			
<u>Date</u>			
Agent/Producer Signature			
Date			