

# CONSUMER PROFILE INFORMATION INTAKE QUESTIONNAIRE

Date: \_\_\_\_\_

## CONSUMER PROFILE INFORMATION

1. **Current Age**      Annuity Owner 1 \_\_\_\_\_      Annuity Owner 2 (if applicable) \_\_\_\_\_

2. **Annual Gross Income** (include all sources of income)    \$ \_\_\_\_\_

Sources of Income (please check all that apply)     Salary (W-2)     Pension Plans     Investments

Reverse Mortgage     Social Security     Other \_\_\_\_\_

3. **Financial Situation/Needs** (including debts and other obligations)

Do you have outstanding mortgage debt?     Yes     No

Do you have other outstanding loans (e.g., student loans)?     Yes     No

Do you have significant and/or atypical financial obligations?     Yes     No

4. **Financial Experience**

Have you had experience with any of the following investment and/or insurance products? If yes, for how long?

Mutual Funds \_\_\_\_\_ Years       401(k) Plans \_\_\_\_\_ Years       Stocks \_\_\_\_\_ Years

Bonds \_\_\_\_\_ Years       CDs \_\_\_\_\_ Years       Savings Accounts \_\_\_\_\_ Years

Life Insurance \_\_\_\_\_ Years       Annuities \_\_\_\_\_ Years       Other \_\_\_\_\_ Years

5. **Insurance Needs** Describe your current insurance needs: \_\_\_\_\_

\_\_\_\_\_

6. **Financial Objectives** Describe your current financial objectives: \_\_\_\_\_

\_\_\_\_\_

7. **Intended Use of the Annuity**

Why are you purchasing this annuity? (check all that apply)

Immediate Income       Death Benefit       Retirement Security       Estate Planning

Safety of Principal       Stable Income Growth       Tax Deferral

Other Assets \_\_\_\_\_

**8. Financial Time Horizon**

If you are currently employed or working, when do you plan to retire? \_\_\_\_\_

If you are not currently receiving SSI, when do you plan to begin taking SSI? \_\_\_\_\_

**9. Existing Assets or Financial Products** *(including investment, annuity and insurance holdings)*

- Whole Life                       Mutual Funds                       401(k) Plans                       Indexed Annuities
- Indexed Life                       Stocks                       CDs                       Fixed Annuities
- Term Life                       Variable Annuities                       Savings
- Other Assets \_\_\_\_\_

**10. Liquidity Needs**

What do you project you will need for living expenses, including medical expenses and emergencies?

\_\_\_\_\_

**11. Liquid Net Worth** *(including assets that can be easily converted to cash, without incurring penalty charges, after purchasing this annuity; do not include funds from a reverse mortgage)* \$ \_\_\_\_\_

After the purchase of this annuity, will your income and liquid net worth be enough to cover living expenses, including medical expenses and emergencies?  Yes  No

After the purchase of this annuity, how many months of living expenses can your current Liquid Net Worth cover?

- 1-3 months                       4-6 months                       7-12 months                       13+ months

**12. Risk Tolerance** What is your risk tolerance?

- Conservative (low risk)                       Moderately Conservative                       Moderate
- Moderately Aggressive                       Aggressive

*Some elements of an annuity used to calculate its benefits may be subject to the discretion of the issuer and are not guaranteed at issue, such as the interest crediting method. Are you willing to accept such non-guaranteed elements?*  Yes  No

**13. Financial Resources Used to Fund the Annuity**

What source (s) of funds will you use to purchase this annuity? Check all that apply.

- Savings                       Annuity                       Stocks                       Retirement Account
- Reverse Mortgage                       Bank CD                       Bonds                       Home Equity Loan
- Money Market                       Life Insurance                       Mutual Funds                       Gift
- Other *(please list)* \_\_\_\_\_

Will you incur any potential charges or penalties from using the above funds?

- Yes  No *If YES, amount \$* \_\_\_\_\_

Is the source of funds from a previously owned life insurance policy or annuity contract?

- Yes  No *(If YES, see Question 16)*

14. **Tax Status** What is your estimated federal income tax bracket?

- 0%       10%       15%       25%       28%       33%       35%       39%

15. **Reverse Mortgage** Have you taken a reverse mortgage, or do you intend to take a reverse mortgage in the next 12 months?

- Yes    No

16. **Will the annuity be funded by an Exchange or Replacement of an existing annuity?**

- Yes    No

*If YES, when did you purchase the annuity?*

Date \_\_\_\_\_ # of months prior to purchase of this annuity \_\_\_\_\_

### Exchanges/Replacements

The following section seeks information to help justify exchanging or replacing an existing annuity contract in order to purchase, in whole or in part, the new (proposed) annuity. Annuity exchanges and replacements are scrutinized by regulators and require enhanced review. Any charges to be incurred or loss of benefits must be explained.

If the answer to Question 16 is “yes”, complete the following questions. Do not leave any answers blank; if the question does not apply, indicate N/A. If the consumer is exchanging or replacing more than one annuity contract to purchase the annuity, questions a – r must be answered for each replaced contract.

a) *List the product name and company that issued the annuity being replaced or exchanged.*

PRODUCT \_\_\_\_\_ COMPANY \_\_\_\_\_

	REPLACED/EXCHANGED	PROPOSED ANNUITY
b) <i>Is there a surrender charge? If yes, list the current dollar amount.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	N/A
c) <i>What is the remaining Surrender Charge Period?</i>	_____ Years	_____ Years
d) <i>Is the replaced/proposed annuity qualified or non-qualified?</i>	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
e) <i>Is there a Premium Enhancement or Bonus? If yes, list amount.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
f) <i>Will the Premium Enhancement or Bonus be forfeited?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____

	REPLACED/EXCHANGED	PROPOSED ANNUITY
g) Is there an Interest Rate Enhancement?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
h) Is there a Market Value Adjustment (MVA)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
i) What is the Minimum Guaranteed Interest Rate?	_____ %	_____ %
j) What is the Guaranteed Declared/Fixed Interest Rate?	_____ %	_____ %
k) Is there an Annual Surrender Charge Free Withdrawal Privileged? If yes, what year is this available in the proposed contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2
l) Is there a Confinement Waiver Benefit? If yes, what is the age limitation for the benefit on the annuity?	<input type="checkbox"/> No <input type="checkbox"/> Yes Age _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Age _____
m) Is there a Terminal Illness Waiver Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
n) Are there Optional Rider Benefits available?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
o) Are there any Optional Rider Benefit fees?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
p) Please explain the benefit of the proposed annuity contract compared to the contract you are replacing. (DO NOT LEAVE BLANK)		
q) Besides this exchange have you exchanged/replaced an annuity within the last 60 months (five years)?		<input type="checkbox"/> No <input type="checkbox"/> Yes
r) If you answered yes to the previous question, please list the reason for the exchange.		