



ASSURED LIFE  
ASSOCIATION

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## Annuity Suitability Questionnaire

Thank you for your interest in an Assured Life Association Annuity. This form is required to be completed and submitted with the application before we can process your application and issue your certificate. Assured Life Association would like to ensure that the product you are purchasing is suitable for you with consideration of your financial status and investment objectives. With your signature, you are certifying your understanding that an annuity is a long-term investment and that withdrawals may be subject to charges.

Owner's Name	Age	Joint Owner's name	Age
Product Name	Estimated Premium Amount	Annuity Type <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	
<b>Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality.</b>			
<b>FINANCIAL STATUS</b>			
1. Approximate annual <b>household income</b> \$ _____			
2. <b>Net Worth</b> -equal to total assets (including premium for this contract, not including Home or automobile) minus total debt (not including mortgages on primary residence) \$ _____			
<b>Federal Tax Bracket</b> <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 27% <input type="checkbox"/> 30% <input type="checkbox"/> 35% <input type="checkbox"/> 38.6% <input type="checkbox"/> Other _____			

### FINANCIAL OBJECTIVES

**1. What are your financial objective(s) in purchasing this product (check all that apply)**

- Income now                       Tax deferred Growth                       Growth, followed by income  
 Growth, possible income       Pass on to beneficiaries                       Flexibility  
 Other \_\_\_\_\_

**2. After purchase of this annuity, how much money (or liquid assets) do you have available without penalty for emergencies? Specify amount \$ \_\_\_\_\_**

**3. What other financial products do you own, or have you previously owned? (check all that apply)**

- None  Certificates of Deposit  Fixed Annuities  Variable Annuities  Stocks/Bonds/Mutual Funds

**4. What is your source for this annuity's premium? (check all that apply)**

- Annuity  Life Insurance  Certificates of Deposit  Savings/Checking  Reverse Mortgage/Home Equity Loan  
 Other Investments

**5. Is this a replacement of an annuity or life contract? Yes No**

If yes, is there a surrender charge Yes No

If there is a charge, what is the percentage on each contract being replaced \_\_\_\_% \_\_\_\_% \_\_\_\_% \_\_\_\_%

### ACCESSING YOUR MONEY

**1. How do you anticipate taking distributions from this annuity? (check all that apply)**

- Annuitize  Required Minimum Distribution  Lump Sum  Free/Systematic Withdrawals  Leave to Beneficiary

**2. When do you expect to take money out of this product?**

- Less than one year  Between one & five years  Between six & nine years  10 or more years  none anticipated

**Signature(s) required on the reverse side of this form**

**OWNER'S ACKNOWLEDGEMENT AND SIGNATURE**  
**(check box next to one statement and sign and date form)**

To the best of my knowledge the information provided in this questionnaire is accurate. I understand that an annuity is a long term investment and my agent has reviewed the features and benefits of this annuity as well as any applicable fees and surrender charge schedule with me. I believe that the purchase of this annuity product is suitable for my financial needs and objectives.

**OR**

I choose not to provide information related to my financial status, situation or needs to Assured Life Association. I understand that by doing so, my agent will be unable to assist me in determining if this transaction is suitable for me. I take full responsibility for determining whether the proposed annuity is suitable for me. I understand that an annuity is a long term investment and my agent has reviewed the features and benefits of this annuity as well as any applicable fees and surrender charge schedule with me. I believe that the purchase of this annuity product is suitable for my financial needs and objectives. I wish to proceed with the transaction at this time.

Owner's Signature		Date
Joint Owner's Signature		Date
Agent's Signature	Agent's Number	Date



## A step-by-step guide to completing Annuity Suitability Questionnaire

**Owner's Name**-List the person(s) who will own this annuity

**Product's Name** – list the Assured Life product that is being applied for.

**Estimated premium amount** - What is the total amount of premium being used to fund this certificate?

**Annuity type** – What type of annuity is being set up at Assured Life: Qualified or Non-Qualified? - Tax status of the contract is critical for suitability. We recommend you keep accurate records of the origin of the funds in the event further review is necessary.

**Financial Status** – when a trust or corporation owns the certificate, fill out this section with the annuitants' information.

1. **Household income** – What is your approximate annual household income? Include your spouse's/partner's income in this value. Annuities in payout are considered a source of income.
2. **Total assets** – Include all assets in this figure. Do not include the value of the primary residence. Examples of assets are: pension, 401(k), other property, premium that is being used to fund this certificate, annuities in deferral, etc. If you own a business include the net worth of the business. Include all debt in this figure. Do not include the mortgage on the primary residence. Examples of debt are credit card debt, student loans, mortgages on other property, etc.

### Financial Objectives

1. **Financial objectives** – What are your objectives for purchasing this annuity? Check all that apply. If there are objectives not listed, specify in the "other" section.
2. **Liquid assets available for emergency** - These are defined as assets available without surrender charges or other penalties.

#### *Liquid Assets*

Checking/savings account  
 Free withdrawals on annuities  
 Securities that can be sold without penalties

#### *Non-liquid Assets*

Real Estate  
 Automobiles  
 Investment products with fees or penalties to liquidate

3. **Other financial products** – Check all that apply
4. **Source for this annuity premium** – Check all that apply
5. **Is this transaction considered a replacement of an annuity or life product?** A replacement occurs when a new certificate, policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy, certificate or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financial purchase. If yes, do you incur a surrender charge for this replacement? Be aware of the impact of surrender charges compared to the benefits of the replacement. If there is a surrender charge, list the percentage of the charge on each policy or certificate being replaced. Please document your files with the original contract value and surrender charge for each replacement in case further review is necessary.

### Accessing your Money

1. **How do you anticipate taking distributions?** Check all that apply. If you are unsure of how you will take distributions, select the most likely choice. Responses are not binding. Please note: A lump sum is not considered income for the purposes of suitability.
2. **When do you anticipate taking the first distribution?** Check only one choice. If unsure or you do not anticipate taking distributions, select "none anticipated."