



**A step-by-step guide to completing  
Athene's Customer Identification and  
Suitability Confirmation Worksheet**

Driven to do more.  **ATHENE**

**For financial professional use only.** Not to be used with the offer or sale of annuities.

This material is provided by Athene Annuity and Life Company (61689) headquartered in West Des Moines, Iowa, which issues annuities in 49 states (excluding NY) and in D.C., and Athene Annuity & Life Assurance Company of New York (68039) headquartered in Pearl River, New York, which issues annuities in New York.

# When it comes to annuities, "one size does not fit all."

Since no two clients are alike and no two retirement goals are the same, Athene is committed to helping you match your clients with an annuity solution that will help them reach their own unique financial objectives.

An annuity can be a valuable addition to a client's overall portfolio. But it isn't right for everyone. Because it is necessary that your recommendations for the purchase or exchange of an annuity product be appropriate for each individual client's circumstances, it is your duty to uncover to the best of your ability any relevant information pertaining to the sale.

Athene provides a **Customer Identification and Suitability Confirmation Worksheet** (form 17341) to assist you with fact finding. This worksheet, available for download on [Athene Connect](#), must be filled out completely and accompany all Athene annuity applications.\*

This guide will take you step-by-step through the worksheet in order to help you obtain the most accurate depiction of your clients' financial situation, lifestyle and objectives.

Client satisfaction is our priority. Providing as much detailed information as possible will help make the best possible recommendation for your client and ultimately lead to appropriate annuity sales and satisfied customers.

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Florida, Minnesota and New York require their own suitability form and product comparison worksheet for applications written in their state. Please remember that it is your obligation to provide a signed and completed copy to each customer by the time of contract delivery.

\*Your organization may not use Athene's Customer Identification and Suitability Confirmation Worksheet. Please check with your back office for guidelines.

# Customer Identification and Suitability Confirmation Worksheet

It is important to get a complete picture of your client’s financial situation. If additional space is needed, you may attach additional sheets or provide a cover letter of explanation to the worksheet ([form 17341](#))

## OWNER AND JOINT OWNER

Please complete these sections as applicable for all contract owners.

## FINANCIAL OBJECTIVES

**Question A** Please select as many sources that are applicable to all contract owners and their household. If owner employment status is marked “employed” or “self-employed,” “household wages/salary” must be selected. “Business income” is only to be used for corporate owned contracts and cannot be selected for personal owned contracts. “None” should only be used for irrevocable trusts, students with no income and/or UTMA/UGMA cases.

**Question B** At least one box must be selected. More than one box may be selected if there are multiple contract owners.

**Question C** It’s important to understand if the contract owner(s) anticipates any significant changes that may require them to access funds during the Surrender Charge Period. If “yes” is selected, please provide both the dollar amount of the increase/decrease and the timeframe in which that will occur.

**Question D** Select only one box that best describes your experience with financial products including investment, annuity and insurance holdings.

**Question E** This information is needed for all contract owners. If “Aggressive” is selected, please provide an explanation.

If the Source of Income selected has an \* next to it, make sure you provide the monthly amount and how long that is expected to continue (months/years).

### FINANCIAL OBJECTIVES (please answer ALL Financial sections using Household Assets)

**A. Source of income** Check all that apply. For personal owned contracts, DO NOT include income from business accounts. For business owned contracts, DO NOT include income from personal accounts.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Household Wages/Salary | <input type="checkbox"/> 401(k)/Pension Plan | <input type="checkbox"/> Social Security (not including disability)                      |
| <input type="checkbox"/> Rental Income          | <input type="checkbox"/> 403(b)              | <input type="checkbox"/> Investment Income/RMDs  |
| <input type="checkbox"/> *Disability            | <input type="checkbox"/> *Unemployment       | <input type="checkbox"/> *Severance  |
| <input type="checkbox"/> *Child Support         | <input type="checkbox"/> *Alimony            | <input type="checkbox"/> Business Income (to be used for corporate owned contracts only) |
| <input type="checkbox"/> None                   |  |  |

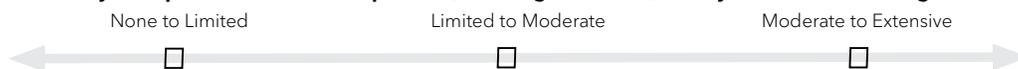
\*If “disability,” “unemployment,” “severance,” “child support” and/or “alimony” are selected, please provide the monthly amount received \$\_\_\_\_\_, and how long that income is expected to continue \_\_\_ years/months (circle one).

**B. Federal income tax bracket** Check one.  0%  10%  12%  22%  24%  32%  35%  37%

**C. Do you anticipate any significant changes to the Household Objectives below during the surrender charge period of this annuity? (Amounts entered should be limited to the amount changing.)**

- Increase in Monthly Living Expenses  Yes  No If Yes, amount of monthly Increase \$\_\_\_\_\_, in \_\_\_ years  
 Decrease in Monthly Income  Yes  No If Yes, amount of monthly Decrease \$\_\_\_\_\_, in \_\_\_ years  
 Decrease in Liquid Assets  Yes  No If Yes, amount of Decrease \$\_\_\_\_\_, in \_\_\_ years

**D. What is your experience with financial products, including investment, annuity and insurance holdings?** Check one.



**E. What is your general risk tolerance?** Check one. If Aggressive is selected, please explain how this annuity fits your risk tolerance.



**Aggressive Risk Tolerance Explanation** \_\_\_\_\_

**Question F** The timeframe chosen should be meet or exceed the contract's Withdrawal Charge Period.

**F. How long do you plan to keep this annuity?**  0-5 years  6-10 years  More than 10 years

**SOURCE OF FUNDS**

**Question G** Owning a reverse mortgage does not prevent a client from purchasing an Athene annuity. Athene, however, does not allow financed purchases, including reverse mortgages or home equity loans, to be used as premium to purchase an annuity.

If funds are coming from a non-replacement source and there are penalties associated with the funding source, please complete the table provided. Penalties include processing fees, forfeiture fees and other costs or fees.

**Question H** If funds are coming from any of the non-replacement sources listed, select "yes." If funds are not coming from any of the non-replacement sources listed, the question should be left blank.

**Question I** If funds are coming from any of the replacement sources listed, please select "yes." If funds are not coming from any of the replacement sources listed, the question should be left blank.

If funds are coming from checking/savings and the premium from that source is \$250,000 or more, please provide a written explanation to describe the origin of those funds prior to being in the checking/savings account.

If funds are transferred from an existing annuity or life insurance policy four months prior to, or 13 months after, the purchase of a new annuity contract, the transaction will be considered a replacement, even if the funds have been placed in another funding source prior to being sent to Athene.

RED FLAG

Questions H and I cannot both be left blank. One or both must be selected "yes."

**SOURCE OF FUNDS**

**G. Is any of the premium intended for this annuity from a reverse mortgage?**  Yes  No

**H. Are any of the funds being used to purchase this annuity from any of the non-replacement sources listed below? If yes, indicate by checking this box.**  Yes

*If the above box is not selected, Athene will assume the non-replacement source of funds is not applicable. Question I must be completed if Question H is left blank.*

- |                                  |   |
|----------------------------------|---|
| • *Checking/Savings              | • 403(b) Group Annuity                          |
| • Certificate of Deposit         | • Group & Individual 403(b)/457(b) Mutual Funds |
| • Stocks/Bonds/Mutual Funds      | • 401k/Pension Plan                             |
| • Money Market/Brokerage Account | • Thrift Savings Plan                           |
| • IRA (Non-Annuity)              |   |

\*If **\$250,000 or more** is coming from a checking/savings account, what is the origin of the funds prior to being placed in the checking/savings account? \_\_\_\_\_

**If the source of funds are from a non-replacement source, are there penalties associated with this funding source?** \*Penalties include processing fees, forfeiture fees and other costs or fees. If Yes, please complete the table below.  Yes  No

Company Name	Account Number	*Penalty Amount
		\$
		\$
		\$

**I. Are any of the funds being used to purchase this annuity from any of the replacement sources listed below? If yes, indicate by checking this box.**  Yes

*If the above box is not selected, Athene will assume the replacement source of funds is not applicable. Question H must be completed if Question I is left blank.*

- |               |                             |
|---------------|-----------------------------|
| • Annuity     | • 403(b) Individual Annuity |
| • IRA Annuity | • Life Insurance            |

## FINANCIAL STATUS

**IMPORTANT NOTE:** Make sure that financial information 100% matches for household applications submitted together. If household applications are submitted at different times, financial differences should be explainable by increases from disposable monthly income.

**Questions J, K** All asset options are required to be answered and will be NIGO'ed if they are not completed. If the asset is not applicable, please place a "0," "N/A" or "--" in the section. Blanks are not an acceptable answer and will require corrections from the customer.

For consumers with a net worth of \$100,000 or under, Athene does not accept applications for consumers who currently have or would have higher than 50% of their net worth in annuities.

For consumers with a net worth above \$100,000, Athene will potentially accept up to 70% of their net worth in annuities. Approval up to 75% is at the discretion of Athene and additional information may be required from the consumer and/or producer. Athene does not accept applications for consumers who currently have or would have higher than 75% of their net worth in annuities.

RED FLAG

RED FLAG

When completing annuity values in questions J & K, please verify that the values listed are at least equal to or greater than what the owner and their household currently have in Athene annuities. If the total value of annuities is less than what the owner and their household currently have in Athene annuities, this will require customer corrections. When completing the annuity values, provide the higher of the accumulated value and surrender value.

J. Household Liquid Assets		K. Household Non-Liquid Assets	
Checking/Savings	\$	Cash Value of Life Insurance	\$
IRA (Non-Annuity) <i>(if age 59 1/2 or above)</i>	\$	IRA (Non-Annuity) <i>(include B shares) (if under age 59 1/2)</i>	\$
Certificates of Deposit	\$	Real Estate Equity <i>(exclude primary residence/home/land)</i>	\$
403(b)/457(b) Mutual Funds <i>(Including group and individual mutual funds)</i>	\$	403(b)/457(b) Mutual Funds <i>(Including group and individual mutual funds)</i>	\$
Stocks/Bonds/Mutual Funds <i>(excluding B shares, 403(b) mutual funds and 457(b) mutual funds)</i>	\$	Annuities in Surrender Term <b>(for all ages)</b> <i>(including IRA annuities, 457(b) annuities and Group/ Individual 403(b) annuities)</i>	\$
Annuities out of Surrender Term <b>(if age 59 1/2 or above)</b> <i>(including IRA annuities, 457(b) annuities and Group/ Individual 403(b) annuities)</i>	\$	Annuities out of Surrender Term <b>(if under age 59 1/2)</b> <i>(including IRA annuities, 457(b) annuities and Group/ Individual 403(b) annuities)</i>	\$
401K <b>(if age 59 1/2 or above and separated from service)</b>	\$	401K <b>(if under age 59 1/2 and/or not separated from service)</b>	\$
Thrift Savings Plan (TSP) <b>(if age 55 or above and separated from service)</b>	\$	Thrift Savings Plan (TSP) <b>(if under age 55 and/or not separated from service)</b>	\$

**Question L** Please include total liabilities and debt for the owner and their household (excluding mortgage on primary home/land and automobile debt). If the household has no liabilities or debt, please place a "0," "N/A" or "--" in the box. Blanks are not an acceptable answer and will require corrections from the customer.

**Questions M, N** Please provide all monthly household income (after taxes) and monthly household expenses.

RED FLAG

Consumers under the age of 59.5 must have at least three months of expenses covered by liquid assets.

Consumers age 59.5 or above must have at least six months of expenses covered by liquid assets.

Consumers should have minimum \$500 of disposable monthly income.

**Questions O, P** If the answer to question O is "yes," please provide the requested information in question P.

<b>L. Total Household Liabilities/Debt</b> <i>(excluding mortgage on primary residence and/or automobile debt)</i>	\$
<b>M. Total Monthly Household Income</b> <i>(E.g. Salary, social security payments, pension/retirement benefits, investment, and rental income, etc.) DO NOT include income currently earned on the funds being used to purchase this annuity.</i>	\$      monthly
<b>N. Total Monthly Household Expenses</b> <i>(E.g. Housing, transportation, insurance, food, health care, property taxes, cell phone, etc.)</i>	\$      monthly
<b>O. Do you or your spouse/domestic partner have any of the following:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Existing Athene annuities?</li> <li>Other pending Athene annuities?</li> <li>Other applications being submitted to Athene with this application?</li> </ul>	
<b>P. If question O is "yes," please list contract #s as well as spouse/domestic partner name and last 4 of SSN:</b>	
Existing/Pending Athene Contract #s:	
Spouse/Domestic Partner Name:	
Spouse/Domestic Partner Last 4 of SSN:	

**Question Q** Please select all reasons why the consumer is purchasing the Athene annuity. If the product being purchased has a rider included, or being added, for a charge, the applicable rider **MUST** be selected as a reason for purchase. If the rider is included with the product for no charge, only select the rider if that is a reason for purchase.

RED FLAG

If a rider is selected that is not available on the product being purchased, Athene will be unable to accept the application. Athene does not allow the needs/objectives to be changed to fit the product being purchased. A new product would need to be solicited that would meet all the consumer's previously selected needs/objectives.

**Question R** Please provide the disadvantages discussed in selecting this annuity.

**ADVANTAGES AND DISADVANTAGES**

**Q. Please select why you are purchasing the Athene annuity and how the annuity will assist you in meeting your needs and objectives.** *Check all that apply.*

<input type="checkbox"/> Accumulation/Growth	<input type="checkbox"/> Principal Protection	<input type="checkbox"/> Pass Assets to Beneficiaries
<input type="checkbox"/> Indexed Strategy Options	<input type="checkbox"/> Tax Deferral	<input type="checkbox"/> Provides Guarantees
<input type="checkbox"/> Liquidity		

PLEASE SELECT RIDER NEEDS AND OBJECTIVES BELOW, IF APPLICABLE

- **RIDER(S) WITHOUT CHARGES:** *If the rider is included at **NO CHARGE**, please **ONLY** select the applicable rider(s) below if that is a customer need/objective.*
- **RIDER(S) WITH CHARGES:** *If the annuity you are purchasing has a rider **FOR A CHARGE**, the applicable rider **MUST** be selected below or it will require customer corrections.*

<input type="checkbox"/> Lifetime Income Rider	<input type="checkbox"/> Death Benefit Rider	<input type="checkbox"/> Enhanced Liquidity Rider
<input type="checkbox"/> Return of Premium Rider		

**\*If a rider is selected above that is not available on the product being purchased, Athene will be unable to accept the application.**

**R. Please provide the disadvantages you discussed with your producer in selecting this annuity.** *Check all that apply.*

<input type="checkbox"/> Surrender Charges/Withdrawal Charge Term	<input type="checkbox"/> Limited Penalty Free Withdrawals/Liquidity
<input type="checkbox"/> Limited Growth Potential	<input type="checkbox"/> Additional Contributions Not Allowed

## OWNER(S)' DISCLOSURE

**OWNER(S)' CONFIRMATION**

**For residents of and/or applications written in California**

1. 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
2. If yes, are you purchasing this annuity in order to qualify for means-tested government benefit?  Yes  No
3. Do you have a reverse mortgage?  Yes  No

**Athene requires that your producer determine whether the purchase of this annuity is appropriate under the standard of care (i.e., suitability or best interest) applicable to the transaction as determined by law. Athene relies on the information presented on this form to validate whether the annuity purchase is appropriate for you under the same standard of care (i.e., suitability or best interest).**

For CA Only

**PRODUCER'S CONFIRMATION**

**PRODUCER'S CONFIRMATION AND ACKNOWLEDGEMENTS**

For MA Only

**Massachusetts Applications only**

1. Have you sold this owner any existing (active) insurance or other financial products?  Yes  No  
*If yes, please provide the following information*

Product Type	Company Name	Policy or Account Number	Issue Date <small>must follow the format MM/DD/YYYY</small>

**By signing below, I acknowledge and attest that:**

- I verified the identity of the owner(s) and believe the information the owner(s) provided to me regarding his/her/their identity is true and accurate.
- I made a reasonable effort to obtain information from the owner(s) concerning the owner(s)' financial status, tax status, financial objectives, and such other information required or considered reasonably appropriate under the standard of care applicable to this transaction.
- To the best of my knowledge and belief, the information on the form is true and complete, and was obtained prior to the purchase of the annuity.
- Based on the information the owner(s) provided and based on all the circumstances known to me at the time the recommendation was made, I believe I have a reasonable basis to believe the annuity being applied for and (if applicable) the exchange or replacement of an existing annuity or life policy meet the standard of care applicable to this transaction. I further attest I have communicated the basis or bases of my recommendation to the owner(s).
- I attest that the owner(s)' decision to purchase this annuity was based on my recommendation. I further attest I have considered, and discussed with the owner(s), the advantages and disadvantages of features of this annuity, and riders or other options of the annuity, and the transaction as a whole.
- I attest that I have a reasonable basis to believe that the applicant has been informed of various features of the annuity and riders or other options of the annuity, such as the potential surrender period and surrender charge, potential tax penalty if the consumer sells, exchanges, surrenders or annuitizes the annuity, mortality and expense fees, investment advisory fees, any annual fees, potential charges for riders or other options of the annuity, limitations on interest returns, potential changes in non-guaranteed elements of the annuity, insurance and investment components and market risk, and the transaction.
- I have complied with the standard(s) of care applicable to this transaction, including but not limited to satisfying all care, disclosure, conflict of interest, and documentation obligations required of me by such standard of care in connection with the owner(s) purchase of this annuity, any exchange or replacement of an existing annuity or life policy and my recommendation(s) in relation thereto.
- I agree to maintain the records of the information collected from the owner(s), my recommendation, and the basis for my recommendation consistent with the applicable standard of care, my contractual obligations and Athene's policies and procedures. I understand that any reproduction of the actual document may be used to maintain these records. I further acknowledge and agree to make such records available for review upon request of Athene or by any regulatory body as required.

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date (MM/DD/YYYY)

Athene specializes in innovative high-value fixed annuities that help meet your clients' long-term financial goals. We see every day as an opportunity to set the bar even higher by providing training and sales support you can count on to grow your business.

A decision to recommend the purchase or exchange of an annuity should be based on a careful analysis of the information gathered from your client. By making sure your clients understand the features, benefits, risks and costs associated with the annuity, you can help ensure customer satisfaction and protect your business.

If you have questions regarding the appropriateness of an Athene product, please visit the Rules & Guidelines page on [Athene Connect](#) where you can find helpful information and additional tools for writing new business.

You may also contact your Athene sales partners. While we cannot make a determination that a recommendation would satisfy the applicable standard of care over the phone, we are happy to discuss each individual case and let you know of any questions or concerns we may have based on the information you share.

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**ATHENE ANNUITIES ARE PRODUCTS OF THE INSURANCE INDUSTRY AND NOT GUARANTEED BY ANY BANK NOR INSURED BY FDIC OR NCUA/NCUSIF. MAY LOSE VALUE. NO BANK/CREDIT UNION GUARANTEE. NOT A DEPOSIT. NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY. MAY ONLY BE OFFERED BY A LICENSED INSURANCE AGENT.**

Not for use in FL, MN or NY.



Athene Annuity and Life Company  
West Des Moines, IA 50266-3862

Athene Annuity & Life Assurance  
Company of New York  
Pearl River, NY 10965

[Athene.com](http://Athene.com)

Retirement is not just the end of a job. It's the beginning of a life you've worked, dreamed and planned for. Whatever excites you about your next move, annuities from Athene can help you take on the challenges you can't wait to face. An industry leader, we're driven by what drives you: the confidence to retire your way.