

# Financial Suitability Form AAA8378 (07/17)



This information will be used to determine the suitability of our products in meeting your financial needs. This form is not designed to address every aspect of the needs analysis process and is only intended to highlight areas to be considered when purchasing an annuity contract. Your information will not be used or distributed for sales purposes to third parties. **Please note, if this form is not completed in full, signed, and dated, we are unable to consider your application.**

Owner \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Payor \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

POA/Guardian/Trustee Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If trust is Owner/Payor, include whose assets are represented on this suitability form (check all that apply)\*:  Grantor assets  Trust Assets  Payor Assets

\*See instruction page for direction regarding which party's assets to include for the completion of this form.

## ANNUITY OBJECTIVES AND RISK TOLERANCE

- With regard to purchase of this annuity, **check your top 3 objectives** from the options below:
 

<input type="checkbox"/> Future income	<input type="checkbox"/> Safety of principal	<input type="checkbox"/> Protection from inflation	<input type="checkbox"/> Transfer of assets to beneficiary	<input type="checkbox"/> Reduced taxation
<input type="checkbox"/> Bond investment	<input type="checkbox"/> Equity investment	<input type="checkbox"/> Probate avoidance	<input type="checkbox"/> Potential interest based on the market	<input type="checkbox"/> Growth
<input type="checkbox"/> Current income	<input type="checkbox"/> Tax deferral	<input type="checkbox"/> Guaranteed interest rate	<input type="checkbox"/> Income I can't outlive	
- How do you anticipate taking distributions from this annuity? (check all that apply):
 

<input type="checkbox"/> RMD	<input type="checkbox"/> Annuitize	<input type="checkbox"/> Interest-only withdrawals	<input type="checkbox"/> Immediate income
<input type="checkbox"/> Leave to beneficiary	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Penalty-free withdrawals	<input type="checkbox"/> Guaranteed lifetime withdrawal benefit
- How long do you plan on keeping the proposed annuity? .....  Less than a year  1-6 years  7-9 years  10 or more years
- Describe your financial experience (check all that apply):  Stocks  Bonds  CDs  Annuities  Mutual Funds  Other: \_\_\_\_\_
- Describe your risk tolerance (check one): .....  Conservative  Moderate  Aggressive

## HOUSEHOLD FINANCIAL STATUS

6. Estimated premium amount for the proposed Amerigo annuity(ies) (combine estimated premium for all annuities applied for) (DO NOT include in assets below.) ..... \$

7. **Household Liquid Assets**

- Checking accounts ..... \$ \_\_\_\_\_
- Savings accounts ..... \$ \_\_\_\_\_
- Mutual funds without penalty ..... \$ \_\_\_\_\_
- CDs (matured) ..... \$ \_\_\_\_\_
- Pension/401(k) (if over 59½) ..... \$ \_\_\_\_\_
- Annuity value not subject to surrender penalties ..... \$ \_\_\_\_\_
- Other (please describe) ..... \$ \_\_\_\_\_

**Total Liquid Assets \$ \_\_\_\_\_ 0.00**

8. **Household Non-Liquid Assets**

- Annuities, less penalty-free withdrawal amounts ..... \$ \_\_\_\_\_
- Life insurance cash value ..... \$ \_\_\_\_\_
- Mutual funds with penalty ..... \$ \_\_\_\_\_
- CDs (not matured) ..... \$ \_\_\_\_\_
- Pension/401(k) (if under age 59½) ..... \$ \_\_\_\_\_
- Real estate (exclude primary residence) ..... \$ \_\_\_\_\_
- Other (please describe) ..... \$ \_\_\_\_\_

**Total Non-Liquid Assets \$ \_\_\_\_\_ 0.00**

9. **Household Total Assets** • DO NOT include premium for proposed annuity(ies). ..... Add #7 and #8 \$

10. **Household Total Debt** • Exclude debt on your primary residence. .... \$ \_\_\_\_\_

11. **Household Net Worth** ..... Subtract #10 from #9 \$

12. **MONTHLY Household Gross Income**

- Social Security/Disability Benefit payments ..... \$ \_\_\_\_\_
- Pension/retirement benefits ..... \$ \_\_\_\_\_
- Salary/wages ..... \$ \_\_\_\_\_
- Interest/dividend income ..... \$ \_\_\_\_\_
- Required Minimum Distribution (RMD) ..... \$ \_\_\_\_\_
- Other (please describe) ..... \$ \_\_\_\_\_

**Total Gross MONTHLY Income \$ \_\_\_\_\_ 0.00**

13. **Monthly Household Living Expenses** • Housing, food, transportation, healthcare, etc. .... \$ \_\_\_\_\_

14. **Monthly Disposable Income** ..... Subtract #13 from #12 \$

15. **Federal Income Tax Bracket:** .....  0%  10%  15%  25%  28%  33%  35%
16. Does your income cover all your living expenses (including out-of-pocket medical expenses)? .....  Yes  No
17. Is your income sufficient to cover future changes in your living expenses (including out-of-pocket medical expenses and/or nursing home expenses) during the surrender charge period? .....  Yes  No

**If No** to question 16 or 17 above, explain: \_\_\_\_\_

18. Do you anticipate any substantial change in your future income, liquid assets, or expenses (including out-of-pocket medical expenses) during the surrender charge period? .....  Yes  No

**If Yes**, explain and complete appropriate boxes below: \_\_\_\_\_

**State monthly difference(s):**

**Income:**  Increase \$ \_\_\_\_\_  Decrease \$ \_\_\_\_\_ **Expenses:**  Increase \$ \_\_\_\_\_  Decrease \$ \_\_\_\_\_

19. Do you understand that the proposed annuity has a surrender charge and the length of the surrender charge period? .....  Yes  No
20. Are you currently residing in a nursing home? .....  Yes  No
21. Are you currently residing in an assisted-living facility? .....  Yes  No
22. Do you have long-term care insurance? .....  Yes  No
23. Do you have Medicare Supplement insurance? .....  Yes  No
24. (California only): 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

**SOURCE OF FUNDS**

25a. Source of this annuity's funding (check all that apply):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Variable annuity                    | <input type="checkbox"/> Fixed/indexed annuity | <input type="checkbox"/> Life insurance    | <input type="checkbox"/> Stocks/bonds/mutual funds     |
| <input type="checkbox"/> Checking/savings                    | <input type="checkbox"/> CD                    | <input type="checkbox"/> Brokerage Account | <input type="checkbox"/> 401(k)/pension                |
| <input type="checkbox"/> Inheritance                         | <input type="checkbox"/> Reverse mortgage      | <input type="checkbox"/> Home equity loan  | <input type="checkbox"/> Required minimum distribution |
| <input type="checkbox"/> Death claim proceeds (Complete 25b) | <input type="checkbox"/> 403(b)                | <input type="checkbox"/> Other:            |  |

- 25b. If death claim proceeds, has the beneficiary taken ownership of the existing policy? (**If Yes**, complete the Replacement Section below.) .....  Yes  No
26. Will the annuity applied for replace, or otherwise reduce in value, any existing life insurance or annuity now in force? (**If Yes**, please complete the Replacement Section below.) .....  Yes  No
27. Within the past 36 months (60 months in CA and MN), other than the current transaction, have you had another annuity exchanged or replaced? (**If Yes**, provide details below.) .....  Yes  No

**REPLACEMENT SECTION – MUST BE COMPLETED IF QUESTION #25B OR 26 IS ANSWERED “YES”.**

**Life and annuities:**

28. Is your current agent the same agent who recommended the purchase of the existing annuity or life insurance contract? .....  Yes  No
- 29a. Do you feel you have been reasonably informed of the various features of the proposed annuity and understand the differences between your existing contract(s) and the proposed annuity? .....  Yes  No
- 29b. **If No**, explain: \_\_\_\_\_

**Life only:** (Do not complete Replacement Information grid)

30. Death benefit amount ..... \$ \_\_\_\_\_
31. Cash surrender value ..... \$ \_\_\_\_\_
32. Please explain why you are replacing a life insurance policy with an annuity: \_\_\_\_\_

**Annuities only:** (Complete Replacement Information grid)

33. Please explain how this new annuity better meets your objectives: \_\_\_\_\_

Replacement Information <i>(If replacing more than three annuities, please use form 11-193-1). All sections should be complete.</i>				
Components	Existing Annuity Contract #1	Existing Annuity Contract #2	Existing Annuity Contract #3	
Premium to Americo:	\$ _____	\$ _____	\$ _____	
Accumulation value:	\$ _____	\$ _____	\$ _____	
Issuing company:				
Type of contract:	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	
Date of issue:				
Source of initial funding (i.e. cash, annuity, mutual fund, etc.):				
Are you using penalty-free withdrawal to fund this annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, are you only using the penalty-free withdrawal amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a full or partial surrender?	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	
Will there be a surrender charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, surrender charge amount:	\$ _____	\$ _____	\$ _____	
Market value adjustment (MVA):	+ \$ _____ or - \$ _____	+ \$ _____ or - \$ _____	+ \$ _____ or - \$ _____	
Surrender charge period remaining:	_____ years	_____ years	_____ years	
Enhanced benefits <i>(guaranteed income benefits, guaranteed withdrawal rider, etc.)</i>  May use separate sheet to describe.	<input type="checkbox"/> None Benefit(s) name: _____ Monthly benefit amount: \$ _____ Benefit cost: \$/% _____ Benefit base: \$ _____ Are there roll-ups/step-ups? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> ..... % Start date: _____ Stop date: _____ Additional details: _____ If a partial surrender, will the enhanced benefit be reduced or eliminated? .... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, explain:</b>	<input type="checkbox"/> None Benefit(s) name: _____ Monthly benefit amount: \$ _____ Benefit cost: \$/% _____ Benefit base: \$ _____ Are there roll-ups/step-ups? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> ..... % Start date: _____ Stop date: _____ Additional details: _____ If a partial surrender, will the enhanced benefit be reduced or eliminated? ... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, explain:</b>	<input type="checkbox"/> None Benefit(s) name: _____ Monthly benefit amount: \$ _____ Benefit cost: \$/% _____ Benefit base: \$ _____ Are there roll-ups/step-ups? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> ..... % Start date: _____ Stop date: _____ Additional details: _____ If a partial surrender, will the enhanced benefit be reduced or eliminated? .... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, explain:</b>	
	Surrender charge on death benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Penalty-free withdrawal % available:	_____ %	_____ %	_____ %
	Fees or other charges:	\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %
	Current declared interest rate %:	_____ %	_____ %	_____ %
	Guaranteed minimum declared interest rate % <i>(not guaranteed minimum value)</i> :	_____ %	_____ %	_____ %

**OWNER ACKNOWLEDGMENT**

By signing below, I/We represent to Americo Financial Life and Annuity Insurance Company that the statements made on this Financial Suitability form are true, complete, and correctly recorded to the best of my/our knowledge and understanding. I/We acknowledge that failure to provide complete or accurate information may affect the ability of the Agent and/or Insurer to determine the suitability of the annuity product being offered. I/We believe that the annuity product for which I/We are applying is a suitable product for my/our financial needs.

*For New Jersey residents:* I understand that the solicitation, negotiation, and sale of the annuity and its suitability are subject to the regulatory oversight of the New Jersey Department of Banking and Insurance. You may contact their Consumer Assistance Services at 800.446.7467.

**If POA/Guardianship/Trust is involved, provide applicable legal documentation and signatures.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grantor's Signature

\_\_\_\_\_  
Date

**AGENT ACKNOWLEDGMENT** *(Required to be completed by the agent)*

By signing below, I certify that:

- I have completed a suitability analysis review regarding the purchase of this annuity.
- I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the applicant.
- The above information was furnished to me by the customer.

Please provide a summary explaining how the client will benefit from the annuity. Discuss features, benefits, and other factors. In the case of replacement, please indicate how the proposed annuity is more advantageous. **Must be completed by agent.**

**Agent: please complete all required replacement forms and submit with application and this Financial Suitability form.**

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Agent #

\_\_\_\_\_  
Date