



FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____
 Date of Birth ____/____/____ Age _____ Sex _____ Tax Status _____
 Number and Age of Dependents: _____

JOINT ANNUITANT'S INFORMATION

Name: Last _____ First _____ Middle _____
 Date of Birth ____/____/____ Age _____ Sex _____ Tax Status _____
 Number and Age of Dependents: _____

APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Owner: Last _____ First _____ Middle _____
 Date of Birth ____/____/____ Age _____ Sex _____
 Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____
 Form of Ownership: _____
 Supporting documents (list): _____

	APPLICANT	JOINT APPLICANT
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		
Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

_____ Applicant Signature

_____ Date

_____ Joint Applicant Signature

_____ Date

	APPLICANT	JOINT APPLICANT
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all that apply.)

- Income Growth (long term) Safety of Principal and Income
 Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
 Other: _____

Describe your risk tolerance: (Check all that apply.)

- Conservative Moderately Conservative Moderate
 Moderately Aggressive Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How long do you plan to keep the proposed annuity? _____

Will the proposed annuity replace another product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____

 Applicant Signature

 Date

 Joint Applicant Signature

 Date

NOTE:

This section to be completed by the Agent, Insurer, or Managing General Agent proposing purchase.

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

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 Florida Statutes regarding the suitability of this purchase.

- I have chosen NOT to provide this information at this time.
- I have chosen to provide LIMITED information at this time.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED. OF IF ANY OF THE INFORMATION RECORDED IS NOT TRUE OR CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Applicant or Owner Signature

Date Signed

Joint Applicant or Owner Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the senior consumer’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant, if applicable, and the Applicant/Owner as it may exist.

“Annual Income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends or earned income, etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Total Net Worth” is the senior consumer’s total assets minus total liabilities or encumbrances applicable to those assets.

“Liquid Assets” are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

“Investment Objectives” are the senior consumer’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of the principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to: (1) An existing annuity or life insurance contract; (2) Liquid Assets, including but not limited to: cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to: 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Intended use of the annuity” means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age. (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the senior consumer.

Applicant Signature

Date

Joint Applicant Signature

Date