# First Catholic Slovak Ladies Association



# INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES (DELAWARE EXHIBIT A)

Do Not Sign Unless You Have Rea	ad and Understand the Information in this Form
Date:	
INSURANCE AGENT (PRODUC	CER) INFORMATION ("Me", "I", "My")
First Name:	Last Name:
Business/Agency Name:	Website:
Business Mailing Address:	
Business Telephone Number:	
Email Address:	
National Producer Number:	
CUSTOMER INFORMATION ('	'You'', ''Your'')
First Name:	Last Name:
What Types of Products Can I Se	Il You?
it means I believe that it effectively	you in accordance with state law. <u>If I recommend that You buy an annuity,</u> meets Your financial situation, insurance needs, and financial objectives. e insurance or stocks, bonds and mutual funds, also may meet Your needs.
I offer the following products:	
<ul><li>☐ Fixed or Fixed Indexed Annu</li><li>☐ Variable Annuities</li><li>☐ Life Insurance</li></ul>	nities
•	ride advice about or to sell non-insurance financial products. I have checked products that I am licensed and authorized to provide advice about or to sell.
☐ Mutual Funds	
☐ Stocks/Bonds	
☐ Certificates of Deposits	

### Whose Annuities Can I Sell to You?

Date

I am authorized to sell:	
☐ Annuities from Only One (1) Insurer	☐ Annuities from Two or More Insurers
☐ Annuities from Two or More Insurers although I primarily sell annuities from:	
How I'm Paid for My Work:	
It's important for You to understand how I'm paid for my work purchase, I may be paid a commission or a fee. Commissions are gene while fees are generally paid to Me by the consumer. If You have qu	erally paid to Me by the insurance company
Depending on the particular annuity You buy, I will or may be p	aid cash compensation as follows:
☐ Commission, which is usually paid by the insurance company	or other sources. If other sources, describe:
☐ Fees (such as a fixed amount, an hourly rate, or a percentage directly by the customer.	e of your payment), which are usually paid
☐ Other (Describe):	
If you have questions about the above compensation I will be paid for t	his transaction, please ask me.
I may also receive other indirect compensation resulting from th compensation), such as health or retirement benefits, office rent a insurance company or other sources.	
By signing below, you acknowledge that you have read and und this document.	lerstand the information provided to you in
Customer Signature	
Date	
Agent (Producer) Signature	

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# CONSUMER REFUSAL TO PROVIDE INFORMATION DELAWARE EXHIBIT B

### Do Not Sign Unless You Have Read and Understand the Information in this Form

### Why are you being given this form?

**Statement of Purchaser:** 

You're buying a financial product – an annuity.

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company needs information about you, your financial situation, insurance needs and financial objectives.

If you sign this form, it means you have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets your needs, objectives and situation. You may lose protections under the Insurance Code of Delaware if you sign this form or provide inaccurate information.

# ☐ I **REFUSE** to provide this information at this time. OR ☐ I have chosen to provide **LIMITED** information at this time. Customer Signature Date

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## Consumer Decision to Purchase an Annuity NOT Based on a Recommendation DELAWARE EXHIBIT C

Do Not Sign This Form Unless You Have Read and Understand It.

Why are you being given this form?

You are buying a financial product – an annuity.

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company has the responsibility to learn about you, your financial situation, insurance needs and financial objectives.

If you sign this form, it means you know that you're buying an annuity that was not recommended.

### **Statement of Purchaser:**

I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it **without a recommendation**, I understand **I may lose protections** under the Insurance Code of Delaware.

Customer Signature
D. (
Date
Agent/Producer Signature
Date