

Memorandum

To: FCSLA Agents and Recommenders

Re: Best Interest Regulations and New Suitability Questionnaire Form

Date: August 5, 2021

In February 2020, the National Association of Insurance Commissioners (NAIC) approved its Suitability in Annuity Transactions Model Regulation #275, also known as the "Best Interest Regulation". The Best Interest Regulation requires that all annuity recommendations made by producers and insurers meet a "best interest" standard. This standard is higher than the previous suitability standard. Many states have enacted, or are in the process of enacting, Best Interest Regulations modeled after the NAIC rule. In order to help you keep up with the changing requirements of the Best Interest Regulations, there is a Best Interest section on the Producers' Page on our website at: https://www.fcsla.com/producers-page/best-interest-regulations/

The Best Interest section contains a list of the states that have already enacted Best Interest Regulations as well as those that will enact them on or before January, 2022. The section also contains: i) the new forms required to be submitted with all annuity applications; ii) required education and training materials and information for each state; iii) a complete copy of the Best Interest Regulations for every state; and iv) supplemental Best Interest materials from regulatory bodies and industry organizations.

In order to comply with the Best Interest Regulations as well as to better assist our independent CPA who completes our statutorily-required annuity suitability reviews, we have updated our Annuity Suitability Questionnaire form. A copy of the new form is attached hereto and can also be found on the Sales Support section of our Producers' Page as well as the Best Interest section. The new Annuity Suitability Questionnaire form will be required to be used with all annuity applications (not just in states with Best Interest Regulations).

If you have any questions regarding this memo, Best Interest Regulations or the new Annuity Suitability Questionnaire Form, please contact National Sales Manager, Paul Smithers at (800) 464-4642 ext. 1018.

This form is an essential part of the FCSLA application process.

ANNUITY SUITABILITY AND BEST INTEREST QUESTIONNAIRE

We are required to ask for information that will help determine whether an insurance certificate is suitable for your investment goals, needs and financial situation. This information will not be used for any other purpose and will remain confidential. If you sign the waiver on the following page, it means you may not have given your producer (agent) or FCSLA some or all information needed to effectively decide if the proposed certificate meets your needs and objectives. If we are unable to determine suitability, the application will be rejected.

Proposed Owner	Financial Objectives
Name:	Intended Use of Certificate: (check all applicable)
Age:	☐ Income Replacement/Protection
Marital Status: Married Single	☐ Final Expenses
Divorced Widowed	☐ Wealth Transfer/Inheritance/Gifting
Occupation:	☐ Cash Value Accumulation
Tax Bracket:	☐ Pay Off Debts/Liabilities
	□ Other
Financial Information	Time Frame & Existing Accounts
Annual Household Income: \$	How long do you plan to keep the certificate?
Source(s) of Income: (check all applicable)	1-10 yrs 11-20 yrs 21+ years lifetime
Employment Retirement Plan	What is your financial risk tolerance?
Investments Social Security	Conservative Moderate Aggressive
SSI Other	Financial Experience: (I owned/have owned-note
Is income stable or fluctuating	the number of years owned) Bonds
Annual Household Living Expenses:	Fixed Annuity Variable Annuity
(housing, food, transportation, medical, taxes, etc.)	Stocks Life Insurance
\$	Other:
Approximate % of monthly income used to pay	
installment debts:	REPLACEMENTS
Liquid Net Worth: \$	Are you using funds from existing life
(assets easily converted to cash w/out penalty)	insurance/annuities/CD's to purchase the
Total Assets: \$ (ex: residence, bank accts, investments, retirement)	certificate? YES NO
	(If yes, a Replacement Form MUST be submitted)
Total Debt: \$	If no, source of funding:
(ex: mortgage, rent, loans, credit card, medical bills)	If yes, how long has policy been in force?
Do you have an emergency fund? YES/NO	If yes, list any penalties/charges or benefits being
(funds in case of unexpected expenses)	forfeited:
Do you anticipate any material changes to your	
finances in the next 5 years?	
If Yes:	
Any other relevant information:	
	Reason for replacement:
	Have you replaced any other life insurance
	policies in the past three years? YES/NO

APPLICANT (PROPOSED OWNER'S) STATEMENT

Applicant:

I confirm that I provided the information above and that it is true and complete to the best of my knowledge. I confirm I have provided all information requested by my producer in order to assess my financial situation. I discussed my current financial information, needs and risk tolerance with my producer. My producer informed me of the advantages/disadvantages of the certificate, its features, the potential consequences of the proposed transaction and provided a product summary. My producer also discussed with me how he/she will be compensated for the sale (and any subsequent servicing) of the proposed certificate.

Date: _____

PRODUCER'S STATEMENT	
I have made a reasonable effort to obtain necessary informat experience and objectives; intended use of the certificate; net horizon and other applicable factors. I have a reasonable basis resources to meet any financial commitments associated with that and belief, the information provided by the applicant(s) is true the proposed certificate. I considered only the interest of the purchase the proposed certificate and the recommendation was (or anyone affiliated with me) would receive. I completed producertificate I have recommended to the applicant(s). I did not use advisor or any similar title without being appropriately licensed have discussed with the applicant(s) how I am compensated potential consequences of the transaction and provided them winformation provided by the applicant(s), I believe the recommittee applicant(s).	t worth and liquidity; tax status; risk tolerance; time to believe that the applicant(s) has/have the financial he proposed certificate. To the best of my knowledge complete and was obtained prior to the purchase of applicant(s) when making the recommendation to not influenced by the amount of compensation that I act training and believe I am knowledgeable about the e the title or designation of financial planner financial d or certified (and actually provided such services). It; the advantages and disadvantages of this product; with the basis of my recommendation. Based on the
Producer:	Date:
REFUSAL TO PROVIDE SUITABILITY AND	D BEST INTEREST INFORMATION
You have the legal right to decline to provide financial and suita producer and FCSLA's ability to determine whether the propose Applicable law requires that both your producer and FCSLA and transaction is suitable and in your best interests. According determine suitability, the application will be rejected. information, you and your producer must sign the following states.	sed certificate and transaction is in your best interest. have a reasonable belief that the proposed certificate ngly, if either your producer or FCSLA is unable to If you refuse to provide financial and suitability
No, I will not answer the questions on the attached sheet. I und that the certificate applied for is not recommended by my produ to issue the certificate applied for.	
Applicant:	Date:
The applicant refused to provide financial and suitability information (or an absence of a recommendation) from more	
Producer:	Date: