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: \$	certificate? YES NO
(ex: residence, bank accts, investments, retirement)	(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?	- <u></u>
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	
experience and objectives; intended use of the control horizon and other applicable factors. I have a reasources to meet any financial commitments assound belief, the information provided by the application proposed certificate. I considered only the inpurchase the proposed certificate and the recomm (or anyone affiliated with me) would receive. I concertificate I have recommended to the applicant(s) advisor or any similar title without being appropriate discussed with the applicant(s) how I am potential consequences of the transaction and pro-	sary information about the applicant(s) financial situation, needs ertificate; net worth and liquidity; tax status; risk tolerance; time sonable basis to believe that the applicant(s) has/have the financial ociated with the proposed certificate. To the best of my knowledge cant(s) is true complete and was obtained prior to the purchase of interest of the applicant(s) when making the recommendation to be dendation was not influenced by the amount of compensation that impleted product training and believe I am knowledgeable about the little or designation of financial planner financial intelly licensed or certified (and actually provided such services). It is compensated; the advantages and disadvantages of this product ovided them with the basis of my recommendation. Based on the each recommended certificate is suitable and in the best interest of
Producer:	Date:
REFUSAL TO PROVIDE SUITAB	BILITY AND BEST INTEREST INFORMATION
producer and FCSLA's ability to determine whetl Applicable law requires that both your producer and transaction is suitable and in your best interes	ncial and suitability information. However, such refusal affects the her the proposed certificate and transaction is in your best interest and FCSLA have a reasonable belief that the proposed certificate ests. Accordingly, if either your producer or FCSLA is unable to be rejected. If you refuse to provide financial and suitability following statements:
	d sheet. I understand that not providing this information means d by my producer or FCSLA and may affect the ability of FCSLA
Applicant:	Date:
The applicant refused to provide financial and sui recommendation (or an absence of a recommenda	tability information and selected this product despite a contrary tion) from me.
Producer:	Date: