

Life Suitability, Best Interest, and Summary Disclosure Form

Insured(s)			
Insured A Name:	/	/	/
(First)	(Middle)	(Last)	(Suffix)
Insured B Name:	/	/	/
(First)	(Middle)	(Last)	(Suffix)
Insured A Date of Birth (MM/DD/YYYY)	___/___/___	Insured B Date of Birth (MM/DD/YYYY)	___/___/___

General Information (Based on the Owner/Applicant) (Qualified Plan Do Not Complete this Form)			
1. Ownership Type (Select One):			
<input type="checkbox"/> Individual:	/	/	/
(First)	(M.I.)	(Last)	(Suffix)
Relationship to Insured _____			
<input type="checkbox"/> Trust/Entity:	_____		
Trustee/Officer:	/	/	/
(First)	(M.I.)	(Last)	(Suffix)
2. Date of Birth/Trust Date (MM/DD/YYYY):	___/___/___	3. SSN/TIN:	__-__-__
4. Answer Only if Owner Is a Trust:			
Is this a revocable grantor trust? (If "Yes," complete the Life Suitability Form based on the Insured's or Insureds' Grantor's overall income, assets, and health.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Joint Owner Name (if any):			
/	/	/	
(First)	(M.I.)	(Last)	(Suffix)
Relationship to Insured _____			
6. Date of Birth/Trust Date (MM/DD/YYYY):	___/___/___	7. SSN/TIN:	__-__-__
8. Tax Status			
a. If Individual, select one of the following:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Jointly	<input type="checkbox"/> Married Filing Separately
	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widower with Dependent Child	
b. If Business, select one of the following:	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Partnership
	<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Sole Proprietorship	
9. Do you currently have a reverse mortgage?			Yes <input type="checkbox"/> No <input type="checkbox"/>
10. If yes, are you using proceeds from the reverse mortgage to fund this life insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>

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11. Do you reside in a nursing home/assisted living facility (other than for temporary rehabilitative services)? Yes No

Financial Information (Responses below should be for combined household, excluding dependents.)

12. Federal Tax Bracket 0% 10% 12% 22% 24% 32% 35% 37%
13. Current Employment Status (Select one): Employed Retired Homemaker Student
 Unemployed Permanent Disability
14. Income Sources: (Check all that apply)
 Owner's Wages Social Security Pension Plan Guaranteed Annuity
 Spouse/Partner's Wages Regular Distribution from Investments Rental Income
15. Annual Household Income: (Should equal sum of all sources above) \$_____.00
16. Annual Living Expenses: (Including all household expenses) \$_____.00
17. Disposable Income: (15 – 16) \$_____.00
18. Existing Assets (Total of all assets, including value of annuities/life insurance): \$_____.00
19. Total Net Worth (Assets minus liabilities): \$_____.00
20. Liquid Net Worth (Assets that can be readily turned into cash – not applicable to term life insurance): \$_____.00

Liquidity Needs and Financial Situation (Not applicable to Term Life Insurance)

18. Do you anticipate a significant change to your future disposable income in the next 1 – 5 years? (e.g. purchase of a home, renovations, medical expenses, tuition payments, etc.) **If Yes**, enter anticipated amount to the right. Yes No
 \$_____.00

19. Duration of Existing Liabilities and Obligations (Amount)

Liability	Amount Outstanding	Remaining Duration (Select one per Liability)
Home Mortgage+	\$_____	<input type="checkbox"/> 0-5 Yrs <input type="checkbox"/> 5-10 Yrs <input type="checkbox"/> 10-15 Yrs <input type="checkbox"/> 15-20 Yrs <input type="checkbox"/> 20+Yrs
Student Loans	\$_____	<input type="checkbox"/> 0-5 Yrs <input type="checkbox"/> 5-10 Yrs <input type="checkbox"/> 10-15 Yrs <input type="checkbox"/> 15-20 Yrs <input type="checkbox"/> 20+Yrs
Auto Loans	\$_____	<input type="checkbox"/> 0-5 Yrs <input type="checkbox"/> 5-10 Yrs <input type="checkbox"/> 10-15 Yrs <input type="checkbox"/> 15-20 Yrs <input type="checkbox"/> 20+Yrs
Credit Cards	\$_____	<input type="checkbox"/> 0-5 Yrs <input type="checkbox"/> 5-10 Yrs <input type="checkbox"/> 10-15 Yrs <input type="checkbox"/> 15-20 Yrs <input type="checkbox"/> 20+Yrs
Other Personal Loans	\$_____	<input type="checkbox"/> 0-5 Yrs <input type="checkbox"/> 5-10 Yrs <input type="checkbox"/> 10-15 Yrs <input type="checkbox"/> 15-20 Yrs <input type="checkbox"/> 20+Yrs
Life Insurance/ Annuity	Annual Premiums \$_____	<input type="checkbox"/> 0-5 Yrs <input type="checkbox"/> 5-10 Yrs <input type="checkbox"/> 10-15 Yrs <input type="checkbox"/> 15-20 Yrs <input type="checkbox"/> 20+Yrs

20. Do you have sufficient cash or other liquid assets for living expenses and unexpected emergencies, such as medical expenses? Yes No

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21. If you answered "No" to 20, please explain. _____

Financial Experience

22. Provide length of experience by selecting the appropriate number of years for the following investment vehicles you have owned.

Check "1-4 Years," "5+ Years," or "Never Owned" for each of the below.	1 to 4 Years	5+ Years	Never Owned
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking/Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Retirement Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Objective(s) and Intended Use(s)

23. What are your financial objectives or intended use for this life insurance policy?
 (Check all boxes that apply)

- | | |
|---|---|
| <input type="checkbox"/> Estate Planning/Wealth Accumulation/Transfer | <input type="checkbox"/> Family Protection/Income Replacement |
| <input type="checkbox"/> Long-Term Care Protection | <input type="checkbox"/> Business Protection |
| <input type="checkbox"/> Legacy for Heirs/Charity | <input type="checkbox"/> Non-Qualified Executive Benefits |
| <input type="checkbox"/> Cash Accumulation/Supplemental Income | <input type="checkbox"/> Preserve Future Insurability |

Risk Tolerance

24. Select the risk level regarding premium and death benefit that best describes your situation:

Risk tolerance about premiums	<input type="checkbox"/> Desires guaranteed level premium for required premium payment period with no premium flexibility. <input type="checkbox"/> Desires guaranteed level premium for required premium payment period, but wants the ability to utilize non-guaranteed dividends and cash values to pay premiums at some point in the future. <input type="checkbox"/> Desires flexibility regarding paying premiums now, but willing to accept increasing and/or higher premiums in the future. <input type="checkbox"/> Desires low premium payments now, but willing to accept increasing and/or higher premiums in the future to maintain coverage.
Risk tolerance about death benefit	<input type="checkbox"/> Desires a guaranteed death benefit for a specified number of years only. <input type="checkbox"/> Desires a guaranteed permanent death benefit for life. <input type="checkbox"/> Desires a guaranteed permanent death benefit but desires opportunity for increasing death benefit based on non-guaranteed dividends or policy performance. <input type="checkbox"/> Desires permanent death benefit, but willing to accept limited or no guarantees for premium flexibility.
Risk tolerance – long- term care	<input type="checkbox"/> Willing to accept potentially fewer long-term care benefits compared to a stand-alone LTC policy in order to have access to cash value growth and death benefit if LTC benefit not used.

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Desires richest LTC benefits compared to a Life/LTC combo product with no desire for death benefit or cash value accumulation.

Surrender Charges (Not applicable to Term Life Insurance)

18. I understand that this new life insurance policy has surrender charges for early surrender/withdrawals and those charges may, depending on the product, have a market value adjustment or other product-specific adjustments. I have been provided with and have read a product illustration or projection of values that discloses the surrender charge period, the surrender charge amounts and any market value or product-specific adjustment that may apply. Yes No
19. I intend to keep the life insurance policy at least through the policy's surrender charge period. Yes No

Financial Time Horizon (Not applicable to Term Life Insurance)

20. Do you intend to withdraw or take a loan from the account value of the life insurance policy **during** any applicable surrender charge period? Yes No
 If "Yes," check all boxes that apply.
- Loans/Cash Withdrawals Partial Surrender Full Surrender
21. Do you anticipate negative material changes to any of the items listed **below** during any applicable surrender charge period? Yes No
 If "Yes," check all boxes that apply.
- Annual Income Existing Assets College Funding
 Liquidity Needs Liquid Net Worth Pay-Off Loans
 Retirement Expenses
22. How will this impact your ability to afford this life insurance policy? (Please explain below):

Source of Funds

23. What is the source of funds for purchasing this life insurance policy? (Check all boxes that apply)
- Single Premium Immediate Annuity Money from a Canceled Life/Annuity Contract*
 Financial Distributions Earned Income Pension/Social Security
 Savings/Checking Money Market CDs
 Home Equity Loan Premium Financing Other Loans
 Policy Loans Brokerage Account/Cash Gift/Inheritance
 Business Activity Withdrawals from Qualified Plan (401(k)/IRA)
 Investment/Unearned Income (Stocks, Bonds, etc.)
24. a. Have you surrendered or replaced any annuity or life insurance policy within the past 36 months? (This question applies to partial or full surrenders/replacements.) Yes No
- b. If "Yes," will funds from the surrendered contract be used (directly or indirectly) toward the premium of this proposed contract? (If "Yes," complete Question 26 below and any applicable Replacement forms.) Yes No

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25. Will the proposed life insurance policy replace an existing life insurance policy? (If "Yes," complete Question 26 and any applicable Replacement forms.) Yes No

*Denotes replacement

26. Required if Question 24b and/or 25 is "Yes."

What significant material benefit(s) will you realize by replacing your current policy? (Check all boxes that apply – None or N/A are not acceptable)

- | | |
|--|---|
| <input type="checkbox"/> Long-Term Care Protection | <input type="checkbox"/> Increased Potential for Cash Value Growth |
| <input type="checkbox"/> Level/Guaranteed Death Benefit Protection | <input type="checkbox"/> Reduction in Premium Cost |
| <input type="checkbox"/> Guaranteed Level Premiums for New Level Term Period | <input type="checkbox"/> Increased Death Benefit Protection with Better Pricing |
| <input type="checkbox"/> Other | |

Owner/Applicant's Statement

27. I confirm the information given is accurate. My Agent/Representative has discussed surrender charges and other costs with me and I believe that the life insurance policy is appropriate for my insurance needs and financial objectives(s).

	____/____/____
Owner/Applicant's Signature	Date (MM/DD/YYYY)
Provide Title if Owner is a Trust or Corporation	

	____/____/____
Owner/Applicant's Signature	Date (MM/DD/YYYY)
Provide Title if Owner is a Trust or Corporation	

Product Considerations (To be completed by the Agent)

28. In recommending the purchase or exchange of a life insurance product, has your client been reasonably informed of the following various features and considerations (but not limited to) of this life insurance policy? Yes No

All **but** Term Life Insurance:

- Surrender period and surrender charge
- Secondary guarantee period
- Index features (*Where Applicable*)
- Availability of cash value
- Potential tax implications associated with various transactions
- Fees, such as mortality and expenses fees, cost of insurance fees and investment advisory fees
- Non-Guaranteed elements, including variability in premium, cash value, death benefit or fees
- Product restrictions or exclusions
- Potential charges for features or riders
- Limitations on interest returns
- Guaranteed interest rate
- Investment components (*Where Applicable*)
- Market Risk (*Where Applicable*)

Term Life Insurance **Only**:

- Basic policy fee
- Product restrictions or exclusions
- Potential charges for features or riders
- Contractual Conversion Provisions
- The manner in which the producer is compensated
- Others

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- The manner in which the producer is compensated
- Others

Product Considerations (Continued)

29. Unless indicated check "Supports," "Neutral," or "Does Not Support" for each of the below.

	Supports	Neutral	Does Not Support
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial situation and needs, including the financial resources used for funding the policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intended use of the policy (e.g. Wealth Accumulation, Income Replacement, Long-Term Care Protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial time horizon, including duration of existing liabilities and obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing assets, including investment and insurance holdings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid net worth (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept non-guaranteed elements in the policy, including variability in premium, cash value, death benefit, or fees (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surrender charge period (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum guaranteed death benefit (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death benefit with cash growth potential (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax deferral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issuer financial strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>describe</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. If any of the options chosen in the "Does Not Support" column above, please explain/describe.

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Agent/Representative's Statement (Respond to each of the below statements by checking the appropriate answer.)

I believe the purchase or modification of this life insurance policy is suitable and is in the best interest of the client based on information provided by the Owner/Applicant(s) regarding his/her insurance needs and financial objective(s). I have discussed the advantages and disadvantages of discontinuing or modifying an existing long-term care policy, life insurance policy or annuity contract (if applicable) with my client, including any replacement concerns or issues mentioned above. I have determined that the existing life insurance coverage or annuity contract (if applicable) no longer meets the client's insurance needs and objectives and that the proposed life insurance policy is appropriate. I have left copies of all sales material with the Owner/Applicant(s) at the time the Application was submitted.

- a. My recommendation to the owner/applicant to purchase the proposed life insurance policy is based on the following significant material benefit(s) to the client: (None or N/A are not acceptable)

- Temporary Death Benefit Protection
- Permanent Death Benefit Protection
- Death Benefit Protection with Cash Value Growth Potential
- Death Benefit Protection with Supplemental Income Needs
- Long-Term Care Protection
- Business Insurance Needs
- Guaranteed Level Premiums for New Level Term Period
- Reduction in Premium Cost
- Increased Death Benefit Protection with Better Product Pricing
- Other _____

- b. Do you agree to refrain from using the title or designation of "financial planner," "financial advisor," or any similar title unless you are properly licensed or certified to do so and only when providing securities or other non-insurance financial services? Yes No
- c. Did you provide the owner/applicant with a copy of the current version of the product illustration, projection of values or applicable product disclosure? Yes No
- d. Did you disclose to the owner/applicant the manner in which you received compensation for the sale and servicing of this policy? Yes No
- e. In your professional opinion based on the information the owner/applicant provided, is the recommended life insurance policy suitable and in the client's best interest for the client's needs and objectives, as compared to other life insurance products that you are appropriately designated to offer, and is based on your evaluation of relevant suitability information and reflects the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under similar circumstances? Yes No
- f. In making this recommendation, have you considered only interests of the consumer and has receipt of compensation or other incentives not influenced the recommendation? Yes No

Signature of Licensed Agent

____/____/____
Date (MM/DD/YYYY)

Printed Name of Licensed Agent