

ANNUITY APP PREP FORM

Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	SEX (Male or Female)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number	Occupation	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Number	ID Type (DL, ID, Pass., Other)	Issuing Authority (State, Country, Other)
<input type="text"/>		<input type="text"/>
Relationship to Annuitant		City & State of Birth
<input type="text"/>		
Current Address (Full Address, comma separated))		

Product Info

<input type="text"/>	<input type="text"/>		
Company	Product		
<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP IRA
Plan Type (Select one)			
<input type="text"/>	<input type="text"/>		
Total Funding Amount	Number of Funding Sources		
<input type="text"/>			
Funding Sources Detail			
<input type="text"/>	<input type="text"/>		
Owner (Individual or Joint)	Annuitant (Individual or Joint)		
<input type="text"/>	<input type="text"/>		
Currently Own Life Insurance or Annuity (Yes or No)	If Yes, is it a Replacement (Yes or No)		

Beneficiaries

Beneficiary #1

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First Name

Middle Name

Last Name

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Relationship To You

Percentage

Primary or Contingent

--	--	--

Phone Number

Date of Birth

Social Security Number

--

Email

--

Address (Full Address, comma separated))

Beneficiary #2

--	--	--

First Name

Middle Name

Last Name

--	--	--

Relationship To You

Percentage

Primary or Contingent

--	--	--

Phone Number

Date of Birth

Social Security Number

--

Email

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Address (Full Address, comma separated))

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Beneficiary #3

[Input field for First Name] [Input field for Middle Name] [Input field for Last Name]

First Name Middle Name Last Name

[Input field for Relationship To You] [Input field for Percentage] [Input field for Primary or Contingent]

Relationship To You Percentage Primary or Contingent

[Input field for Phone Number] [Input field for Date of Birth] [Input field for Social Security Number]

Phone Number Date of Birth Social Security Number

[Input field for Email]

Email

[Input field for Address]

Address (Full Address, comma separated)

Beneficiary #4

[Input field for First Name] [Input field for Middle Name] [Input field for Last Name]

First Name Middle Name Last Name

[Input field for Relationship To You] [Input field for Percentage] [Input field for Primary or Contingent]

Relationship To You Percentage Primary or Contingent

[Input field for Phone Number] [Input field for Date of Birth] [Input field for Social Security Number]

Phone Number Date of Birth Social Security Number

[Input field for Email]

Email

[Input field for Address]

Address (Full Address, comma separated)

Beneficiary If Trust

[Input field for Name of Trust] [Input field for Date of Trust] [Input field for Tax ID or SSN (SSN of Trustor)]

Name of Trust Date of Trust Tax ID or SSN (SSN of Trustor)

[Input field for Full Name (Grantor)] [Input field for Phone Number (Grantor)]

Full Name (Grantor) Phone Number (Grantor)

[Input field for Address]

Address (Grantor, Full Address, comma separated)

Assets

Liquid Assets (including time held, Ex: \$10,000 for 5 yrs)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cash	Checking/Savings	Money Market	CDs
<input type="text"/>	<input type="text"/>		
Mutual Funds/Brokerage	Other		
<input type="text"/>	<input type="text"/>		
Fixed Annuities (outside of surrender)	Variable Annuities (outside of surrender)		

Non-Liquid Assets (including time held, Ex: \$250,000 for 9 yrs)

<input type="text"/>	
IRA/Qualified Plan/Pension	
<input type="text"/>	<input type="text"/>
Fixed Annuities (within surrender)	Variable Annuities (within surrender)
<input type="text"/>	<input type="text"/>
Annuities (in surrender return but under 59 ½)	Other
<input type="text"/>	<input type="text"/>
350,000.00	
Real Estate Equity (Primary Residence)	Real Estate Equity (Non-Primary Residence)

Income

Employment Status (Select one)

<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Other

Source of Income (Select all that apply)

<input type="checkbox"/> Wage/Salary	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension/IRA Payments
<input type="checkbox"/> Interest Income	<input type="checkbox"/> Dividends/Investment Income/RMDs	<input type="checkbox"/> Rental Income
<input type="checkbox"/> Other		

If Other, please explain

<input type="text"/>

Income, Tax, Risk

Monthly Income

Monthly Expenses

Debt

Federal Tax Bracket

Risk Tolerance

Suitability

Goal (Select one)

 Income Now Future Income Lifetime Income Pass to Beneficiary Guarantee of Premium

Reason for Purchasing this product (Select all that apply)

 Accumulation/Wealth Principle Protection Tax Deferral Guarantee Interest Rate Potential Interest Base on the Market Other

If Other, please explain

Additional Financial Information

Assets available in case of emergency? (Yes or No)

Any anticipated change (increase/decrease) financial situation? (Yes or No)

If Yes, please explain

(continued on next page)

Additional Financial Information (continued)

How do they anticipate taking distributions?

When do they anticipate taking the first distribution?

Do you have a Reverse Mortgage? (Yes or No)

Advantage and/or Disadvantage

In your own words, please describe how the Annuity recommended will assist the Client in meeting his or her needs and objectives

In your own words, please describe the disadvantage with your client selecting this Annuity