

Annuity Suitability Questionnaire

The SNF would like to thank you for your interest in our Annuities. In order to ensure that the annuity applied for is suitable for you, please complete the below request for information. It will be used to confirm that the annuity conforms with your stated financial goals and objectives.

This form must be completed before we process your application.

Type: Non-Qualified or: Qualified Annuity: 2 year 6 year or: Other Initial Deposit \$ _____

Owner's Name:

First Name _____ MI _____ Last Name _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip code _____
 Social Security Number _____ Date of Birth _____

Owner Financial Status:

Annual Income (% Earned _____)	Net Worth		Federal Tax Status	
<input type="checkbox"/> \$0 - \$24,999	<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> \$400,000 - \$699,999	<input type="checkbox"/> 10%	<input type="checkbox"/> 33%
<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$700,000 - \$999,999	<input type="checkbox"/> 15%	<input type="checkbox"/> 35%
<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$199,999	<input type="checkbox"/> \$1,000,000 +	<input type="checkbox"/> 25%	<input type="checkbox"/> 39.6%
<input type="checkbox"/> \$100,000 +	<input type="checkbox"/> \$200,000 - \$399,999		<input type="checkbox"/> 28%	<input type="checkbox"/> _____

Investment Objectives (check all that apply)

- Immediate Income Future Income Tax Deferral
 Preservation of Principle Growth Beneficiary Provisions
 Flexibility Other _____

1. Do you expect to receive income from this annuity? Yes; or No. If yes, how do intend to take the income?

- Regular income Lump Sum Required Minimum Distribution

2. How soon do you intend to take income and/or distributions from the annuity? < 1 year > 1 < 5 years 6 years +

3. Do you now own or have you previously owned any of the following? CDs / Fixed Annuities Variable Annuities Securities

4. What is the source of the funds for this annuity? Annuity/Life policy (if checked, replacement forms and proper transfer forms are required)

- CDs Savings Securities Other _____

If this box is checked, it acknowledges that the owner has refused to complete some or all this questionnaire.

Signatures

Home Office Use Only

Owner's Signature _____ Date _____

Agent/Producer Signature _____ Date _____