VARIABLE ANNUITY SUITABILITY REVIEW

Rep Name: ____ Date: ________________

Client Name: ____

Annuity Company: ____

Age: ____________ Years to Retirement: ________________ Marital Status: ________________

Net Worth: ________________ Income: _____________________________

Objectives: ____________________________ Liq. Needs/Time Horizon _____________________

Is this a ________ new investment or ________transfer of an existing investment?

For transfers:

Current company name: ____

New company name: ____

Will a CDSC be assessed by the current company? ________Yes ________No

What is the death benefit in the current investment? ______________________

What is the current value of the investment? $___________________________

What is the basis for the recommendation ____

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If a rider is being purchased, does the client have a clear understanding of how it works and the cost? Please describe how this was explained.

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What percent of client's assets does this VA purchase represent? ______________________________

Does the Client own any other VA product? ____

What is the percentage of VAs owned in comparison to the client's total portfolio? ____________%

What is the source of the funds used?

______ **Assets rep currently manages**

______ **Assets held at another Bank or Broker**

______ **Rollover from employment**

______ **Other (please explain)** ____

Was anyone other than the client involved in the investment decision (i.e. CPA, family member, attorney) ____

What documents did you supply to the client for their review prior to making the investment decision?

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Please provide copies of any documents client signed or initialed to acknowledge receipt of information or explanation of riders and charges.

Representative's signature: _______________________________________**Date:**____________________

Supervisor Comments:

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Supervisor Signature: ____ **Date:** ___________________