



American Century Life Insurance Company

1333 W. McDermott Dr. #200

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

ANNUITY SUITABILITY ANALYSIS

PERSONAL INFORMATION	
<p style="text-align: center;">Owner</p> <p>Full Name _____ Age: _____</p> <p>Government ID Type: _____ No.: _____</p> <p>Citizenship Status US Citizen Resident Alien</p> <p>Employed? Yes No Retired</p>	<p style="text-align: center;">Joint Owner/Spouse (if any)</p> <p>_____ Age: _____</p> <p>Type: _____ No.: _____</p> <p>US Citizen Resident Alien</p> <p>Yes No Retired</p>
FINANCIAL SITUATION AND NEEDS OF OWNER(S)	
Gross annual household Income _____	Gross annual household expenses _____
Existing assets and financial products: (include this annuity. Qualified assets over age 59½ are considered liquid)	
<p>Liquid Assets</p> <p>Annuity, surrender free _____</p> <p>Checking account _____</p> <p>Savings account/CD _____</p> <p>Stocks/bonds/mutual funds _____</p> <p>Retirement plans (IRA, 401(K), etc.) _____</p> <p>Other _____</p> <p>Less: Debt due in 12 months _____</p> <p>Total Liquid Assets (A) _____</p>	<p>Non-Liquid Assets</p> <p>Annuities, in surrender _____</p> <p>Retirement plans (IRA, 401(K), etc.) _____</p> <p>Stocks/bonds/mutual funds _____</p> <p>Real Estate (non-primary residence) _____</p> <p>Life insurance cash value _____</p> <p>Other _____</p> <p>Less: Debt due in over 12 months _____</p> <p>Total Non-Liquid Assets (B) _____</p> <p>Estimated net worth (A)+(B) _____</p>
Financial Objectives (check all that apply):	
<p>Asset accumulation Tax deferred growth Immediate income Transfer to heirs</p> <p>Future retirement income Safety of principal Guaranteed interest rate Other: _____</p>	
Source of Funds for this Annuity Application:	
<p>CD/Savings/Checking Inheritance Current income</p> <p>Death benefit proceeds Qualified plan distribution Cash value from existing annuity</p> <p>Liquidation of assets Rollover/transfer from qualified account Other: _____</p>	
Period of Time Before Money is Needed:	
<p>1-3 years 4-6 years 7-9 years 10-12 years 13 or more years</p>	
<p>Do you anticipate a significant decrease in your future income or increase in your future expenses during the Guarantee Period? Yes No. If Yes, please explain: _____</p>	
<p>If you plan on using funds from existing annuity or life insurance contract to fund this annuity, would there be any surrender or other charges involved with this surrender? Yes No. If Yes, what is the estimated amount? _____</p>	
What is your general risk tolerance? (Check one)	
<p>Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive</p>	
Tax Situation	
<p>Federal income tax bracket: 12% 22% 24% 32% 35% 37% _____%</p>	



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How do you anticipate taking distributions from this annuity? (check all that apply)			
Free/systematic withdrawals	Annuitize	Leave to beneficiary	Required minimum distribution
Income rider/income option	Lump sum	Immediate income	No distributions anticipated

AGENT’S EXPLANATIONS & ACKNOWLEDGMENT

Reasons for recommending this product to the client (check all that apply):

Higher interest rate No fees on transfer from current annuity Free interest withdrawal, RMD

Free death benefits Other: _____

Possible disadvantages of purchasing the proposed annuity: _____

I have made the recommendation to purchase this annuity based on the information gathered. The product meets the customer’s financial needs and objectives based on the information the customer provided. Further, if my recommendation includes the replacement of an existing life insurance policy or annuity contract, I believe this new annuity provides additional or new benefits over the replaced policy or contract based on the information provided by the customer. I have not made any representations or promises about the future value of this contract that differ from the company provided materials.

I understand and acknowledge that some annuity recommendations, such as those related to “rollovers” or transfers from certain retirement plans or IRAs, could be “fiduciary” investment advice recommendations as that term is defined by ERISA and the Internal Revenue Code. If I make such a fiduciary recommendation, I acknowledge that I am responsible for complying with the requirements of an applicable U.S. Department of Labor prohibited transaction exemption covering any receipt of sales-related compensation. I understand and acknowledge that if I choose to rely on PTE 84-24, an 84-24 disclosure form must be completed, signed by the applicant and me, and a copy left with the applicant. I understand that the 84-24 disclosure form should not be sent to American Century.

_____ Agent Signature _____ Agent Name _____ Date

OWNER(S)’S ACKNOWLEDGMENT

You are buying a financial product - an annuity. To recommend a product that effectively meets Your needs, objectives and situation, the agent, broker or company needs information about you, Your financial situation, insurance needs and financial objectives.

(1) If you check either box below, it means you have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets Your needs, objectives and situation. You may lose protections under the State’s Insurance Code if You select either of these options.

I REFUSE to provide this information at this time.

I have chosen to provide **LIMITED** information at this time.

(2) If you check “My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer” below, it means You know that you are buying an annuity that agent, broker or company did not recommend that I buy. If You buy without a recommendation, You understand you may lose protections under the State’s Insurance Code.

My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND UNDERSTAND IT.

_____ Owner Signature _____ Joint Owner Signature _____ Date