

ANNUITY SUITABILITY ANALYSIS

PERSONAL INFORMATION							
Owner			Joint Owner/Spouse (if any)				
Full Name	_____		Age:	_____			
Government ID	Type: _____	No.: _____	Type: _____	No.: _____			
Citizenship Status	US Citizen	Resident Alien	US Citizen	Resident Alien			
Employed?	Yes	No	Retired	Yes	No		
			Retired				
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)							
Liquid Assets			Non-Liquid Assets				
Annuity, surrender free	_____		Annuities, in surrender	_____			
Checking account	_____		Retirement plans (IRA, 401(K), etc.)	_____			
Savings account/CD	_____		Stocks/bonds/mutual funds	_____			
Stocks/bonds/mutual funds	_____		Real Estate (non-primary residence)	_____			
Retirement plans (IRA, 401(K), etc.)	_____		Life insurance cash value	_____			
Other	_____		Other	_____			
Less: Debt due in 12 months	_____		Less: Debt due in over 12 months	_____			
Total Liquid Assets (A)	_____		Total Non-Liquid Assets (B)	_____			
			Estimated net worth (A)+(B)	_____			
Financial Objectives (check all that apply):							
Asset accumulation	Tax deferred growth	Immediate income	Transfer to heirs				
Future retirement income	Safety of principal	Guaranteed interest rate	Other: _____				
Source of Funds for this Annuity Application:							
CD/Savings/Checking	Inheritance	Current income					
Death benefit proceeds	Qualified plan distribution	Cash value from existing annuity					
Liquidation of assets	Rollover/transfer from qualified account	Other: _____					
Period of Time Before Money is Needed:							
1-3 years	4-6 years	7-9 years	10-12 years	13 or more years			
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: _____							
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? _____							
What is your general risk tolerance? (Check one)							
Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive			
Tax Situation							
Federal income tax bracket:	12%	22%	24%	32%	35%	37%	_____%



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