

Section H: Professional Data

Type	Name/Firm	Phone
Accountant		
Attorney		
Financial Advisor		

Section I: Financial Profile

- Annual gross income:

<input type="checkbox"/> \$0 – 29,999	<input type="checkbox"/> \$75,000 – 99,999	<input type="checkbox"/> \$250,000 – 399,999
<input type="checkbox"/> \$30,000 – 49,999	<input type="checkbox"/> \$100,000 – 149,999	<input type="checkbox"/> \$400,000+
<input type="checkbox"/> \$50,000 – 74,999	<input type="checkbox"/> \$150,000 – 249,999	
- Income sources (check all that apply):

<input type="checkbox"/> Salary	<input type="checkbox"/> Pension Plans	<input type="checkbox"/> Other
<input type="checkbox"/> Investments	<input type="checkbox"/> Disability	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment	
- Estimated net worth (excluding primary residence, furnishings, automobiles):

<input type="checkbox"/> \$0 – 74,999	<input type="checkbox"/> \$150,000 – 249,999	<input type="checkbox"/> \$500,000 – 999,999
<input type="checkbox"/> \$75,000 – 149,999	<input type="checkbox"/> \$250,000 – 499,999	<input type="checkbox"/> \$1,000,000+
- Length of investment experience:

<input type="checkbox"/> 0 – 5 years	<input type="checkbox"/> 5 – 10 years	<input type="checkbox"/> 10+ years
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- Federal income tax bracket:

<input type="checkbox"/> 15%	<input type="checkbox"/> 28%	<input type="checkbox"/> 33%	<input type="checkbox"/> 38%
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- Do you currently handle your financial matters? Y/N Explain_____

Section J: Proposed Annuity Purchase

- Length of time you plan to keep money in this annuity:

<input type="checkbox"/> 4 years or less	<input type="checkbox"/> 4 – 8 years	<input type="checkbox"/> 8 – 10 years	<input type="checkbox"/> 10 years or more
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- Have friends or family been consulted about this purchase? Y/N If not, please indicate whom, if anyone, you would like contacted:
 Name _____
 Phone _____
 Relationship _____
- Has your agent discussed with you whether an existing life insurance or annuity will be replaced in connection with the proposed sale of this annuity and whether surrender charges will apply? Y/N
- Source of funds for fixed annuity purchase_____

Section K: Miscellaneous

- Do you or your spouse have any major medical problems? Y/N
If yes, explain_____
- What, if any, changes do you expect in your family or financial situation in the next 12 months?_____
- Survivors' needs:
 Immediate _____ Future _____
 Source to provide for needs _____ Source to provide for needs _____

Note to Producer: You should maintain in your files any other information not listed that was used or considered in making your recommendation.