

# EMPLOYEES LIFE COMPANY (MUTUAL)

## ANNUITY SALE SUITABILITY DISCLOSURE

**Your state law requires** that any person who may be considering the purchase of an annuity contract must be given the opportunity to provide information concerning his or her financial condition to the agent selling the contract. The information given will be used to determine if the proposed annuity contract is appropriate for your financial circumstances. You may decline to provide this information, but in so doing, you take full responsibility in determining whether the proposed annuity contract is suitable for you. By signing, you acknowledge your understanding that an annuity is generally a long-term investment and that withdrawals may be subject to charges.

### Part 1

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ Amount of Proposed Annuity: \$ \_\_\_\_\_

**YES, I agree to answer the questions** below and I understand that any recommendations assume the information provided is both current and accurate. *Please answer questions 1 - 9, sign and date the form below.*

**NO, I will not answer the questions** below and I take full responsibility for determining whether the proposed annuity is suitable for me. *Please sign and date this form below.*

1. Estimated annual income: \$ \_\_\_\_\_. Sources of income: \_\_\_\_\_

2. Are you currently retired?  Yes  No. If no, in what year do you plan to retire? \_\_\_\_\_

3. My estimated net worth (assets less liabilities): \$ \_\_\_\_\_. My tax bracket: \_\_\_\_\_%

4. My investment risk style:  Conservative  Moderate  
 Aggressive

5. Which of the following describes your long-term objectives for this annuity? *Check all that apply.*  
 Safety of Premium  Supplemental Retirement Income  Minimum  
Crediting Guarantees  
 Guaranteed Income for Life  Protection for my Beneficiaries  Tax-Deferred Growth  
(non-qual.)  
 Other: \_\_\_\_\_

6. The source of funds to purchase this annuity is: \_\_\_\_\_

7. If this policy is a replacement, an exchange, or is paid for with money from another contract, I believe the purchase of this annuity will better meet my financial needs.  Yes  No  N/A

8. Percentage of proposed annuity to estimated net worth \_\_\_\_\_. *(If more than 50%, sale would not meet company guidelines. If client wants annuity upon being so advised, complete Part 2 below.)*

9. During the term of the annuity contract, do you expect to need more than the free withdrawals of interest and the free annual withdrawals or, with an immediate annuity, do you expect to need more than the scheduled annuity payments as proposed to you?  Yes  No. *(If yes, sale would not meet company guidelines. If client wants annuity upon being so advised, complete Part 2 below.)*

I represent that the answers to the above questions are correct to the best of my knowledge and will be used in evaluating the suitability of any annuity contract that may be proposed to me. I understand my answers are voluntary.

Date \_\_\_\_\_ Client Signature \_\_\_\_\_

### Part 2 (See Questions 8 & 9)

I have been advised by my agent that the annuity proposed to me is not suitable according to established Company guidelines, but having considered the matter fully, I nevertheless desire to purchase the amount of the annuity proposed to me. I take full responsibility for determining whether the proposed annuity is suitable for me.

Date \_\_\_\_\_ Client Signature \_\_\_\_\_

**Producer's Statement:** I have reasonable grounds for believing that the recommendations for this consumer to purchase/exchange or replace an annuity is suitable on the basis of the facts disclosed by the client as to their current investments, financial situation, and needs.

Date \_\_\_\_\_ Producer's Signature \_\_\_\_\_