



This form is designed to assist the agent and potential contract owner in gathering information to determine whether the purchase of an annuity is suitable. This information is held confidential and released only to authorized recipients.

Date:

PERSONAL AND FAMILY INFORMATION			
Name	Date of birth	Social Security number (input without dashes)	Email address
Client			
Spouse			
Children			

RESIDENCE INFORMATION			
Street address			
City, State, ZIP			Phone
<input type="checkbox"/> Own?	Mortgage payment \$	Mortgage balance \$	
<input type="checkbox"/> Rent?	Monthly rent \$		

LEGAL AND FINANCIAL PROFESSIONAL INFORMATION			
Client's will (if applicable)	Date	Type	
Spouse's will	Date	Type	
Client's trust	Date	Type	
Spouse's trust	Date	Type	
Attorney's name		Phone	
Accountant's name		Phone	

EMPLOYMENT/INCOME INFORMATION			
Client		Spouse	
Occupation			
Employer			
Business street			
Address			
City, State, ZIP			
Phone number			
Fax number			
Email address			
Annual income	\$		\$
Other income	\$		\$

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It is the responsibility of each agent and agency principal to ensure that all state and federal privacy laws are complied with in the use of these forms. The individual agent and agency principals assume all risk associated with the use of these documents.



FINANCIAL INFORMATION

Assets		Liabilities	
Savings	\$	Installment loans	\$
Investments	\$	Mortgage(s)	\$
IRA(s)	\$	Charge accounts	\$
Business interests	\$	Credit cards	\$
Personal property	\$	Personal notes	\$
Other annuities	\$	Business debt	\$
Real estate	\$	Other	\$
CDs	\$		
Mutual funds	\$		
Pensions	\$		
Other	\$		
Total assets	\$	Total liabilities	\$
Monthly systematic savings	\$	Average monthly expenses	\$

INSURANCE INFORMATION

Existing Annuities

Annuitant	Company	Contract Number	Policy Date	Cash Value	Product Type	Riders? Y/N
				\$		
				\$		
				\$		

Life Insurance

Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
				\$	\$	
				\$	\$	
				\$	\$	

Long-Term Care

Long-Term Care Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, Client Monthly Benefit	\$	Spouse Monthly Benefit	\$
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FINANCIAL PRIORITIES

	High	Medium	Low	None
Protecting family's lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing education funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing savings plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate shrinkage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for business continuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hedge inflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assure proper disposition of assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase current income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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