

*This form is designed to assist the agent in determining the suitability of an annuity sale.*

**SECTION 1 INFORMATION**

**A Personal Information**

Owner Full Name \_\_\_\_\_ SS#/Tax ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Marital Status:  Married  Single Occupation \_\_\_\_\_  
 List Number of Dependents \_\_\_\_\_ Dependent ages \_\_\_\_\_

**B Financial Information**

1. (Financial Experience) Have you had experience with any of the following investments and insurance products, and if so how long?  
 Mutual Funds \_\_\_\_\_ # of yrs.  401(k) Plans \_\_\_\_\_ # of yrs.  Stocks \_\_\_\_\_ # of yrs.  Bonds \_\_\_\_\_ # of yrs.  
 CDs \_\_\_\_\_ # of yrs.  Savings Accounts \_\_\_\_\_ # of yrs.  Life Insurance \_\_\_\_\_ # of yrs.  
 Annuities \_\_\_\_\_ # of yrs.  Other \_\_\_\_\_ # of yrs.  
 If so, please explain your experience: \_\_\_\_\_
2. (Risk Tolerance) In considering this product, what is your risk tolerance?  
 Conservative (Low Risk)  Moderately Conservative  Moderate  Moderately Aggressive  Aggressive (High Risk)
3. Annual Gross Income:  \$0 - 29,999  \$30,000 - 49,999  \$50,000 - 74,999  
 \$75,000 - 99,999  \$100,000 - 149,999  \$150,000 - 249,999  \$250,000 - 399,999  \$400,000 - Over
4. Source of Income **(Check all that apply)**  
 Salary (W-2)  Investments  Social Security  Pension Plans  Other \_\_\_\_\_
5. What type of investments and insurance products do you own?  
 Mutual Funds  Stocks  Bonds  CDs  
 Savings Accounts  Life Insurance  Other Annuities
6. What type of life insurance or other annuities do you own? \_\_\_\_\_
7. Estimated Net Worth **(Exclude primary residence, furnishings, automobiles.)**  
 \$0 - 74,999  \$75,000 - 149,999  \$150,000 - 249,999  \$250,000 - 499,999  
 \$500,000 - 999,999  \$1,000,000 - Over
8. Liquid Net Worth **(These are assets that can be easily converted to cash without incurring penalty charges after purchasing this annuity.)**  
 Under \$25,000  \$25,000 - 50,000  \$50,000 - 100,000  \$100,000 - 250,000  Over \$250,000
9. (Financial Objectives) Why are you purchasing this annuity? **(Check all that apply):**  
 Income  Stable Growth  Tax Deferral  Estate Planning  Death Benefit  
 Safety of Principal  Retirement  Other \_\_\_\_\_
10. After the purchase of this annuity, will your income and liquid net worth be enough for living expenses and emergencies?  Yes  No  
**Many financial planners recommend that a person maintain an amount of liquid net worth equal to 3 to 6 months of a person's monthly living expenses in case of emergencies.**
11. (Financial Time Horizon) With the exception of any surrender charge free withdrawal, do you expect to withdraw any money from this annuity before the end of the surrender charge period?  Yes  No  
 If "Yes", please explain. \_\_\_\_\_
12. (Tax Status) What is your Federal Income Tax Bracket:  15%  28%  33%  38%
13. What source of funds will you use to buy this annuity? \_\_\_\_\_

**C Exchanges/Replacements**

If you are exchanging one annuity for another, compare the benefits, features, and costs of the two annuities. (Agent must complete this section and any appropriate state replacement form.)

Policy Comparison	Replaced	Proposed	Policy Comparison	Replaced	Proposed
Surrender Charge Amount Remaining (in dollars)	\$	N/A	Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium Enhancement (Bonus) Amount	\$	\$	Minimum Guaranteed Non-Forfeiture Interest Rate	%	%
Premium Enhancement (Bonus) Recapture Charge			Guaranteed Declared/Fixed Interest Rate	%	%
Remaining Surrender Charge Period (# of years)			Confinement Waiver/Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualified Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terminal Illness Waiver/Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Annual Surrender Charge Free Withdrawal Privilege</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Optional Rider Benefits Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Percentage Rate	%	%	Optional Rider Benefit Fees (Amount)	\$	\$
• Available When (i.e. during 1st contract year or beginning in 2nd contract year)?					

List or compare any other fees, features, benefits or factors that explain the reason(s) for this exchange:

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Besides this exchange, have you exchanged an annuity within the last 36 months?  Yes  No

If so, please list the product name and company of the prior exchanged annuity: \_\_\_\_\_

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**\*\*\* IMPORTANT NOTICE \*\*\***

If I am exchanging my current annuity, I understand that with this exchange:

- I am subject to the commencement of a new surrender charge period with the new annuity.
- I will lose the existing contractual benefits of the annuity I currently own, including any benefits provided through optional riders.
- I will generally not receive all the benefits of the new annuity contract unless I hold the contract for the entire surrender charge period.

**NOTE TO AGENT/PRODUCER**  
*You should maintain any other information you used or considered in making your recommendation.*

**SECTION 2 REPRESENTATIONS AND SIGNATURES**

**Complete Either A or B**

If Box A and B are both signed the annuity will not be issued and a new form must be submitted.  
Complete only one box.

**Do Not Complete if You Completed Box "B"**

**A** I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives.

\_\_\_\_\_  
Signature Of Owner (or Trustee if owner is Trust)

\_\_\_\_\_  
Date

**Agent's Acknowledgement:**

Based on information collected, I believe the purchase of this annuity is suitable.

\_\_\_\_\_  
Signature of Agent/Producer

\_\_\_\_\_  
Date

**Do Not Complete if You Completed Box "A"**

**B** I elect not to provide the information in Section 1 B and/or I elect not to provide answers to certain questions in Section 1 B. I acknowledge that I have decided to purchase this annuity without a recommendation from my agent or the Company. I understand that the annuity is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives.

\_\_\_\_\_  
Signature Of Owner (or Trustee if owner is Trust)

\_\_\_\_\_  
Date

**Agent's Acknowledgement:**

The Owner(s) has not provided complete information and has decided to purchase this annuity without my recommendation.

\_\_\_\_\_  
Signature of Agent/Producer

\_\_\_\_\_  
Date

**USA PATRIOT Act Notice – to be read by or to customer.**

1. The USA PATRIOT Act requires that we establish an Anti-Money Laundering (“AML”) Program, notify customers that we must verify the identity of the owner of our contracts, and collect documents and information sufficient to provide such verification. Failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your business.

**Customer Identification Verification** In order to satisfy such obligations, we require our representative to review and verify a current government issued photo ID for the Owner/Trustee/Partner associated with a contract. Information on such identification must be recorded below. If the Owner is a minor or non-legal entity, review the identification of the individual who submits an application on behalf of the minor or non-legal entity. We may use third party sources to verify the information provided.

**a. Identification Verified**

Owner/Trustee/Partner

Check one form of ID:

- Driver’s license  
 Resident Alien ID (Green Card)  
 Passport  
 Other: (Describe) \_\_\_\_\_

**The following information should be recorded exactly as it appears on the identification reviewed**

Owner	Date of Birth	
Street Address (not PO Box)		
City	State	Zip
Number on ID	State or Country	
Identification Expiration Date		

- b. **Entity Verification:** Check the appropriate entity as listed below and submit copies of documentation viewed to gain first-hand knowledge of the existence of a legitimate business.

- Corporation, LLC, professional association, or professional corporation:** Articles of Incorporation, Organization or Association or similar document filed in the state in which the entity is formed  
 **Limited Partnership:** Certificate of Limited Partnership or similar document filed in the state where the partnership is formed  
 **General Partnership or Joint Venture:** Agreement, Joint Venture Agreement or similar agreement governing the formation and operation of the partnership  
 **Trust and All Other Entities:** Document governing the formation and operation of the entity

2.  I certify that I personally met with the proposed Owner/Trustee/Partners and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the proposed Owner/Trustee/Partners.  
 I was unable to personally review the identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Owner/Trustee/Partners is true and accurate.

Reason for not reviewing documents \_\_\_\_\_

**Note:** Failure to personally review the identification documents will result in processing delays in order to verify customer identity and may result in a decision not to accept the business.

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

1) In the past 36 months period has the client purchase any kinds of annuities products or has any Annuity Exchanges or Replacements?

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2) Producer Section

(Response required for all questions in this section. "None" and similar terms are not valid and will result in rejection of the application)

The advantage of purchasing the proposed annuity:

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Possible disadvantages of purchasing the proposed annuity:

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The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

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\_\_\_\_\_  
Signature of Agent/Producer

\_\_\_\_\_  
Name of Agent/Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Review Principal

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Date

3) Exact VA product name should written on Ni Advisors Client Acknowledgement Form. For Example: Jackson National Prospective II Fixed and Variable Annuity

Do not check mark on non-applicable items on this form.