Annuity Suitability Questionnaire

INSURER: **FIDELITY & GUARANTY LIFE INSURANCE COMPANY**

Personal Information

Owner Name ______________________ Date of Birth ________ Age ____ Sex ________

Joint Owner Name ______________________ Date of Birth ________ Age ____ Sex ________

Entity ______________________ Form of Ownership ______________ Tax Status ________

Relationship to Annuitant(s) ______________________ Supporting Documents (list) ______________________

1. Work Status: Owner: ☐ Retired ☐ Employed ☐ Unemployed ☐ Other __________
   Joint Owner: ☐ Retired ☐ Employed ☐ Unemployed ☐ Other __________

2. Do you currently reside in a nursing home or assisted living facility?
   Owner: ☐ Yes ☐ No
   Joint Owner: ☐ Yes ☐ No

3. Tax Rate: Owner: ☐ 0% ☐ 10% ☐ 15% ☐ 28% ☐ 33% +
   Joint Owner: ☐ 0% ☐ 10% ☐ 15% ☐ 28% ☐ 33% +

4. Describe your investment experience by type and length of time: ______________________
   (check any current or previously owned products listed below and indicate number of years owned)
   ☐ Stocks & Bonds Years: ______ ☐ Mutual Funds Years: ______
   ☐ Certificates of Deposit Years: ______ ☐ Gov't Securities Years: ______
   ☐ Variable Insurance Years: ______ ☐ Fixed Annuities Years: ______
   ☐ Other ______________ Years: ______ ☐ I have not owned any of these products

5. Describe your risk tolerance: (Check all that apply)
   ☐ Conservative ☐ Moderately Conservative ☐ Moderate ☐ Moderately Aggressive
   ☐ Aggressive ☐ Other: ______________________
   Comments: ____

6. What are your financial objectives for this purchase? (Check all that apply)
   ☐ Income ☐ Growth (long-term) ☐ Safety of Principal and Income
   ☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death
   ☐ Other: ______________

7. Why are you purchasing this annuity?
   ☐ Tax Deferral ☐ Retirement Income ☐ Death Benefit
   ☐ Potential for better rate ☐ Immediate Income ☐ Medicaid or VA Aid and Attendance
   ☐ Protection from Market Risk ☐ Wealth Accumulation ☐ Estate Planning
   ☐ Other ______________

____ ______________
Owner's signature Date Signed

INSURER: **FIDELITY & GUARANTY LIFE INSURANCE COMPANY**

8. Do you currently own any annuities?
   Owner: ☐ Yes ☐ No Please list:____________________
   Joint Owner: ☐ Yes ☐ No Please list:____________________

9. Do you currently own any life insurance?
   Owner: ☐ Yes ☐ No Please list:____________________
   Joint Owner: ☐ Yes ☐ No Please list:____________________

10. What is the **Source of Funds** for this annuity purchase? (Check all that apply)
   - ☐ Cash or Cash Equivalent
   - ☐ Another Fixed Annuity
   - ☐ Variable Annuity
   - ☐ Life Insurance Cash Value
   - ☐ Mutual Fund Redemption
   - ☐ Inheritance
   - ☐ Reverse Mortgage/Home Equity Loan
   - ☐ Other ____________________

11. Will the proposed annuity replace any product? ☐ Yes ☐ No
   If yes, will you pay a penalty or other charge to obtain these funds? ☐ Yes ☐ No
   If yes, what is the amount of the charge or penalty? $____________________
   Type of Product/Account # ____________________ Charge or Penalty ________ %
   Type of Product/Account # ____________________ Charge or Penalty ________ %

Additional Information: ____________________

Other Important Considerations

12. Approximate number of years you plan to keep this annuity:

1	2	3	4	5	6	7	8	9	10+

13. Do you anticipate taking distributions from this annuity? ☐ Yes ☐ No
   If Yes, please check applicable box below.
   - ☐ Surrender Charge Free
   - ☐ Partial Withdrawals
   - ☐ Systematic Withdrawals
   - ☐ Lump Sum Withdrawal/Full Surrender
   - ☐ Annuitization
   - ☐ Guaranteed Lifetime Income Rider
   - ☐ Other (Please Specify): ____________________

14. How many years from today will you need access to your funds without a penalty? ____________
   - ☐ 0-5 years from now
   - ☐ 6-7 years from now
   - ☐ 8-10 years from now
   - ☐ 11-14 years from now
   - ☐ 15 or more years
   - ☐ Do not plan to take distributions

______________________________ Owner's signature

______________ Date Signed

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Financial Information – Owner's Household Information

15. Annual Income

Approximate Annual Household Income: (Net after taxes)	$ ____________(a)	Approximate Annual Household Expenses:	$ ___________(b)
		Annual Disposable Household Income:	$ ___________(c) (a) – (b) = (c)

16. Source(s) of Income

☐ Salary/Wages	☐ Interest Income	☐ Pension/IRA Payments	☐ Trust Income
☐ Social Security	☐ Dividends	☐ Other Annuities	☐ Other_______

17. Non-Liquid Assets

Value of Home	$ ______________	Other Real Estate	$ _____________
Business Interests	$ ______________	Qualified Plans (if under 59 ½)	$ _____________
Mutual Funds/ Brokerage Accounts not readily convertible to cash without penalty	$ ______________	Annuities/Insurance cash values subject to surrender penalties	$ _____________
		Other _______________	$ _____________
		Total Non-Liquid Assets:	$ ___________(d)

18. Liquid Assets

Cash, Cash Equivalents	$ ______________	Mutual Funds/Brokerage Accounts readily convertible to cash without penalty	$ _____________
Short Term CDs	$ ______________		
Bank/Savings Accounts	$ ______________	Annuities/Insurance cash values not subject to surrender penalties	$ _____________
Money Market	$ ______________		
		Other ________________	$ _____________
		Total Liquid Assets:	$ ___________(e)

Existing Assets
(Total Non-Liquid Assets plus Total Liquid Assets) $ ___________(f)
(d) + (e) = (f)

Existing Liquid Net Worth $____________
(Net assets that can readily be converted to cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.)

____ ____________________
Owner's signature Date Signed

19. **What is the total amount of this annuity purchase?** $______________

20. **Remaining Liquid Assets of Owner:** $______________
(After purchasing this annuity)

Additional Questions Required by Florida Rule 69B-162.011, F.A.C.

21. Does your income cover all of your living expenses including medical?
Owner: ☐ Yes ☐ No Explain:______________________________
Joint Owner: ☐ Yes ☐ No Explain:______________________________

22. Do you expect changes to your living expenses?
Owner: ☐ Yes ☐ No Explain:______________________________
Joint Owner: ☐ Yes ☐ No Explain:______________________________

23. Do you anticipate changes in your out-of-pocket medical expenses?
Owner: ☐ Yes ☐ No Explain:______________________________
Joint Owner: ☐ Yes ☐ No Explain:______________________________

24. Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?
Owner: ☐ Yes ☐ No Explain:______________________________
Joint Owner: ☐ Yes ☐ No Explain:______________________________

25. Do you have an emergency fund for unexpected expenses?
Owner: ☐ Yes ☐ No Explain:______________________________
Joint Owner: ☐ Yes ☐ No Explain:______________________________

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

______________________________ ______________
Owner's signature Date Signed

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Rationale

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

26. **Advantages of purchasing the proposed annuity:** ____________________________________

____

____

27. **Disadvantages of purchasing the proposed annuity:** ________________________________

____

____

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

____

____

Agent's Statement

I believe the purchase of this annuity contract is suitable after carefully reviewing the suitability information provided to me by the Owner(s). If applicable, I have discussed the advantages and disadvantages of any replacement or exchange of another annuity contract or life policy. I have reasonably informed the owner(s) of all important features of the annuity and proposed transaction. To the best of my knowledge, the questions on this form have been answered truthfully and I have complied with Fidelity & Guaranty Life suitability requirements consistent with my contractual obligations.

____ ____________________

Agent signature Date Signed

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- ☐ I **REFUSE** to provide this information at this time. (**IF THIS BOX IS CHECKED, THE COMPANY WILL BE UNABLE TO MAKE A SUITABILITY DETERMINATION AND YOUR APPLICATION WILL BE DECLINED.**)
- ☐ I have chosen to provide **LIMITED** information at this time.
- ☐ My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- ☐ My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

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.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

____ ____________________

Owner's signature Date Signed

Explanation of Terms

"Age" is the natural person's attained age on the day the form is completed.

"Tax Status" is the owner's Federal Income Tax filing status such as "single" or "married filing jointly"; if "Exempt", so state.

"Form of Ownership" is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

"Supporting documents" are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

"Annual income" is income received during a calendar year, whether earned or unearned.

"Source of annual income" is the income-generating source, such as pension income, dividends, or earned income etc.

"Annual household income" is the combined annual income received by all household members each calendar year.

"Existing Assets" are financial assets including life insurance and annuities.

"Existing Liquid Net Worth" is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

"Financial Objectives" are the owner's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

"Risk Tolerance" means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

"Source of the funds" to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner's signature ______________________ Date Signed ______________