

SUITABILITY QUESTIONNAIRE FOR FIXED ANNUITIES

This form is an essential part of the application process. It helps your producer assess your insurance needs and financial objectives, and make recommendations appropriate to your situation. **All** questions must be answered, and the form **must** be signed by each owner/applicant and the producer.

OWNERS/APPLICANTS: (If the contract will be jointly owned, please provide information for both.)

Owner/Applicant 1 – First Name _____

Last Name _____

Social Security Number / Tax I.D. Number _____

Age _____

Owner/Applicant 2 – First Name _____

Last Name _____

Social Security Number / Tax I.D. Number _____

Age _____

FINANCIAL PROFILE: (If the contract will be jointly owned, the information may be combined for both.)

1. What is your gross monthly household income? \$ _____
 - a. What are your sources of income? (select all that apply)

<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Investments
<input type="checkbox"/> Pension/Retirement Benefit	<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____
 - b. Describe your monthly income: it is stable -or- it fluctuates
2. What are your monthly household living expenses? \$ _____
(Includes: housing, food, transportation, insurance, medical care, and property taxes.)
3. Federal Income Tax Rate: ≤10% 11-20% 21-30% 31-36% 37%+
4. What is your household net worth? \$ _____
(Total assets – total debts = household net worth. **Exclude: primary residence, primary mortgage, furnishings, and automobiles.**)
5. What is your liquid net worth **after** the annuity purchase? \$ _____
(Liquid net worth is the amount that can be easily converted into cash without paying any kind of penalty or surrender charge.)
6. What percentage of your net worth do **all** annuities represent (including proposed purchase)? _____%
(Total annuity holdings ÷ net worth)
7. Is your current income or liquid assets sufficient for living expenses, medical expenses, or any unexpected emergencies? Yes No
If No, please explain: _____
8. After the purchase of this annuity, do you anticipate any material changes to the following? Yes No
(If Yes, please select the option(s) that will be affected and provide an explanation below.)

<input type="checkbox"/> Monthly Income	<input type="checkbox"/> Out-of-pocket Medical Expenses	<input type="checkbox"/> Living Expenses	<input type="checkbox"/> Liquid Assets
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If Yes, please explain: _____

9. Do you have an emergency fund for unexpected expenses? Yes No

If No, please explain: _____

10. Do you have a reverse mortgage? Yes No

11. Do you reside in a nursing home or assisted living facility? Yes No

12. Do you intend to apply for Medicaid, Medi-Cal, the veterans' aid and attendance benefit or other means-test government benefits? Yes No

(If Yes, you must provide a letter from an attorney certifying that this annuity purchase does not adversely affect your eligibility to participate in the applicable federal or state program. This letter should be submitted along with the application.)

FINANCIAL OBJECTIVES AND EXPERIENCE:

13. Reason for Purchase: *(select all that apply)*

- Principal Preservation
- Growth/Wealth Accumulation
- Tax Deferral (non-qualified only)
- Income
- Retirement/Estate Planning
- Inheritance/Death Benefit
- Other _____

14. Which of the following financial products do you own and/or have previously owned and indicate number of years for each? *(select all that apply)*

- Fixed Annuities _____ years
- Variable Annuities _____ years
- Life Insurance _____ years
- Bonds _____ years
- Stocks _____ years
- Other _____ years
- CDs _____ years
- Mutual Funds _____ years

15. Source of funds for this annuity purchase? *(select all that apply)*

(If annuity contracts or life insurance policies are being replaced, the replacement chart for question 21 will need to be completed.)

- Current Income
- Life Insurance
- IRA/Retirement Plan
- Cash/Savings/Checking
- Annuity
- Stocks/Bonds/Mutual Funds
- CDs
- Loan/Reverse Mortgage
- Other _____

16. Excluding the current transaction, have you replaced any other annuity contracts within the past 36 months (60 months in CA and MN)? Yes No

If Yes, please explain: _____

17. How long do you plan to keep this annuity? *(select one)* 1-3 years 4-7 years 7+ years Lifetime

- a. Do you understand this annuity's limits on additional purchase payments? Yes No
- b. Do you plan to make additional purchase payments into this annuity? Yes No N/A

18. How do you anticipate taking distributions from this annuity? *(select all that apply)*

- Free/Partial Withdrawals
- Immediate Income
- Lump Sum Surrender
- Annuitize
- Lifetime Income Rider
- Systematic Withdrawals
- Requirement Minimum Distribution
- Not Anticipating Taking Distributions From This Annuity
- Other _____

19. When do you anticipate taking your first distribution? (select one)

- Less than 1 year
 1-5 years
 6-9 years
 10+ years
 None anticipated

20. What is your risk tolerance for this annuity?

- Conservative:** Accept little to no risk of principal for the potential of limiting or lower returns
 Moderate: Accept some risk of principal for the potential of higher returns
 Aggressive: Accept high risk of principal for the potential of even greater returns

21. If the source of funds includes a life insurance policy and/or annuity contract, complete the replacement chart below: (If there is more than one contract/policy, please use an additional page 3 for each.)

Product Specs and Features	Replaced Contract	Proposed Contract
Name of Company		
Product Type (<i>Variable, Fixed, Life</i>)		
Product Name		
Contract or Policy Number		
Date of Issue		
Total Premium		
Net Premium (<i>Premiums less withdrawals</i>)		
Current Accumulation Value		
Current Surrender Value		
Annuitization Value (<i>if applicable</i>)		
Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Percentage for Remaining Years		
Free Withdrawal Percentage		
Minimum Guaranteed Interest Rate		
Death Benefit Value		
Living Benefit Value		
Interest Crediting Method Type (<i>if applicable</i>)		
Mortality & Expense Fee, Administrative Fee (<i>Percentage</i>)		
Living Benefit Rider Fee		
Death Benefit Rider Fee		

22. Is there a surrender charge for liquidating the existing contract?

Yes No

If Yes, what is the Surrender Charge? (*Dollar and/or percentage*) _____

23. Please describe what benefit(s) the owner/applicant will achieve by replacing the current contract or policy. If the owner/applicant is giving up a living or death benefit rider please explain why the rider is no longer needed.

ADDITIONAL REMARKS: (If the owner/applicant refuses to disclose certain information, please provide an explanation in this section. Please note that any missing information may affect our ability to determine the suitability of a purchase. If we are unable to determine the suitability, the application will be rejected.)

OWNER/APPLICANT'S STATEMENT:

I confirm that I provided the information above and that it is true and complete to the best of my knowledge. I discussed my current financial situation, anticipated financial needs and risk tolerance with my producer. The producer discussed with me the surrender charges, if applicable, and other costs relating to this annuity contract. Furthermore, I reviewed the product-specific Disclosure Statement and understand the product features, its interest crediting elements, and if applicable, the indexes upon which the interest calculation will be based. I understand the risks associated with this product include fluctuating interest rates and potentially lower returns. My producer discussed with me the advantages and disadvantages of this annuity contract. I understand that if I refused to provide all of the requested information or provided inaccurate information, the ability of my producer and Protective Life Insurance Company to determine suitability may be affected.

Please check the box next to one of the statements below. The application will not be accepted if this section is incomplete.

- I have determined that purchasing this annuity contract supports my insurance needs and will assist me in meeting my financial goals and objectives.
- I have selected this product despite a contrary recommendation (or absence a recommendation) from my producer.

New Jersey residents ONLY: The sale and suitability of annuities is regulated by the Department of Banking and Insurance and consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or visiting the Department's website at www.njdoabi.org.

Applicant 1: _____ **Date:** _____

Applicant 2: _____ **Date:** _____

PRODUCER'S STATEMENT:

I have made a reasonable effort to obtain the following information about the applicant(s): financial resources, net worth and liquidity, tax status, investment objectives, risk tolerance, time horizon, and financial goals and objectives. I have discussed with the applicant the advantages and disadvantages of this product in the context of that information. Sections a. and b. must be completed to confirm the advantages and disadvantages of this purchase.

- a. Advantages of purchasing the proposed annuity: (select all that apply)
 - Guarantees Immediate Income Lower Risk More Stability Safety of Principal
 - Reduced Fees Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider Retirement Income
 - Other, please explain: _____
- b. Disadvantages of purchasing the proposed annuity: (select all that apply)
 - Surrender Period/Length Surrender Charges Chance for Less Gain than Current Product
 - Loss of Death Benefit Replacement/Transfer Penalty
 - Other, please explain: _____

Please check the box next to one of the statements below. The application will not be accepted if this section is incomplete.

- Based on the information the applicant supplied and the applicant's circumstances of which I am currently aware, I believe the recommended product is suitable, appropriate, and will help achieve the applicant's insurance needs and financial objectives.
- The applicant selected this product despite a contrary recommendation (or absence of a recommendation) from me.

Producer: _____ **Date:** _____