

Client Data Worksheet

To be completed by your client to determine if the proposed fixed annuity meets his or her needs and objectives.

Section A: Personal Data

Client	First Name	Last Name	DOB/ Age	SS/Tax ID No.	Marital Status	Number of Dependents	Occupation
Owner							
Joint Owner							

Section B: Contact Information

Client	Home Phone	Office Phone	Cell/Other	Fax	Address	City/State	ZIP
Owner							
Joint Owner							

Section C: Cash Reserves

Institution Name	Current Balance	Account Type	Taxable?	Maturity Date	Interest Rate
		Emergency reserves	<u> </u> Y <u> </u> N		%
		Savings account	<u> </u> Y <u> </u> N		%
		Money market	<u> </u> Y <u> </u> N		%
		Checking account	<u> </u> Y <u> </u> N		%
		Other	<u> </u> Y <u> </u> N		%

Total

Section D: Other Investments/Insurance Products

Institution/Insurer	Current Balance	Account Type	Taxable?	Maturity Date	Interest Rate
		CDs	<u> </u> Y <u> </u> N		%
		Mutual funds	<u> </u> Y <u> </u> N		%
		Stocks	<u> </u> Y <u> </u> N		%
		Bonds	<u> </u> Y <u> </u> N		%
		Life insurance	<u> </u> Y <u> </u> N		%
		Other annuities	<u> </u> Y <u> </u> N		%
		LTC insurance	<u> </u> Y <u> </u> N		%
		Health insurance	<u> </u> Y <u> </u> N		%

Total

Section E: Risk Tolerance

Client	Conservative ► Aggressive (check one)									
Owner	<u> </u> 1	<u> </u> 2	<u> </u> 3	<u> </u> 4	<u> </u> 5	<u> </u> 6	<u> </u> 7	<u> </u> 8	<u> </u> 9	<u> </u> 10
Joint Owner	<u> </u> 1	<u> </u> 2	<u> </u> 3	<u> </u> 4	<u> </u> 5	<u> </u> 6	<u> </u> 7	<u> </u> 8	<u> </u> 9	<u> </u> 10

Section G: Goals

Define Short-Term Investment Goals
Define Long-Term Investment Goals
Other Goals

Section F: Purchasing Objectives

Purchasing Objectives	Owner		Joint Owner	
Principal protection	<u> </u> Yes	<u> </u> No	<u> </u> Yes	<u> </u> No
Earnings guarantee	<u> </u> Yes	<u> </u> No	<u> </u> Yes	<u> </u> No
Liquidity	<u> </u> Yes	<u> </u> No	<u> </u> Yes	<u> </u> No
If yes, what percent?	<u> </u> %		<u> </u> %	
Retirement income	<u> </u> Yes	<u> </u> No	<u> </u> Yes	<u> </u> No
Flexibility for future needs	<u> </u> Yes	<u> </u> No	<u> </u> Yes	<u> </u> No
Estate planning	<u> </u> Yes	<u> </u> No	<u> </u> Yes	<u> </u> No
Tax deferral	<u> </u> Yes	<u> </u> No	<u> </u> Yes	<u> </u> No

If you have a short-term liquidity need, a long-term annuity may not be appropriate.

Note to Producer: You should maintain in your files any other information not listed that was used or considered in making your recommendation.

Section H: Professional Data

Type	Name/Firm	Phone
Accountant		
Attorney		
Financial Advisor		

Section I: Financial Profile

- Annual gross income:

<input type="checkbox"/> \$0 – 29,999	<input type="checkbox"/> \$75,000 – 99,999	<input type="checkbox"/> \$250,000 – 399,999
<input type="checkbox"/> \$30,000 – 49,999	<input type="checkbox"/> \$100,000 – 149,999	<input type="checkbox"/> \$400,000+
<input type="checkbox"/> \$50,000 – 74,999	<input type="checkbox"/> \$150,000 – 249,999	
- Income sources (check all that apply):

<input type="checkbox"/> Salary	<input type="checkbox"/> Pension Plans	<input type="checkbox"/> Other
<input type="checkbox"/> Investments	<input type="checkbox"/> Disability	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment	
- Estimated net worth (excluding primary residence, furnishings, automobiles):

<input type="checkbox"/> \$0 – 74,999	<input type="checkbox"/> \$150,000 – 249,999	<input type="checkbox"/> \$500,000 – 999,999
<input type="checkbox"/> \$75,000 – 149,999	<input type="checkbox"/> \$250,000 – 499,999	<input type="checkbox"/> \$1,000,000+
- Length of investment experience:

<input type="checkbox"/> 0 – 5 years	<input type="checkbox"/> 5 – 10 years	<input type="checkbox"/> 10+ years
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- Federal income tax bracket:

<input type="checkbox"/> 15%	<input type="checkbox"/> 28%	<input type="checkbox"/> 33%	<input type="checkbox"/> 38%
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- Do you currently handle your financial matters? Y/N Explain _____

Section J: Proposed Annuity Purchase

- Length of time you plan to keep money in this annuity:

<input type="checkbox"/> 4 years or less	<input type="checkbox"/> 4 – 8 years	<input type="checkbox"/> 8 – 10 years	<input type="checkbox"/> 10 years or more
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- Have friends or family been consulted about this purchase? Y/N If not, please indicate whom, if anyone, you would like contacted:
 Name _____
 Phone _____
 Relationship _____
- Has your agent discussed with you whether an existing life insurance or annuity will be replaced in connection with the proposed sale of this annuity and whether surrender charges will apply? Y/N
- Source of funds for fixed annuity purchase _____

Section K: Miscellaneous

- Do you or your spouse have any major medical problems? Y/N
If yes, explain _____
- What, if any, changes do you expect in your family or financial situation in the next 12 months? _____
- Survivors' needs:
 Immediate _____ Future _____
 Source to provide for needs _____ Source to provide for needs _____

I have reviewed the information contained in this form and affirm it is a reasonable and accurate summary of my financial situation and objectives upon which to base any recommendation:

Client signature _____ Date _____

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