



# SONS OF NORWAY

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## ANNUITY SUITABILITY ACKNOWLEDGMENT

Thank you for your interest in a Sons of Norway Annuity. The following questions are designed to help determine if purchasing a fixed annuity contract is suitable for your current financial situation and long term goals.

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT WITH YOUR ANNUITY APPLICATION.**

Maintaining your privacy is a high priority for us. The information you provide will be treated with the highest degree of confidentiality.

Owner Name: \_\_\_\_\_ Age: \_\_\_\_\_ Product Name: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_ Age: \_\_\_\_\_ Premium Amount: \_\_\_\_\_  
(Immediate Annuity Only)

**1. Estimated net worth:** \_\_\_\_\_ **Tax Bracket:** \_\_\_\_\_ %

Net worth (excluding primary residence) = Assets (including investments and life insurance holdings) - Debt

**2. Liquid assets remaining after this purchase:** \_\_\_\_\_

(Cash, checking and savings accounts and any other financial holdings that can be readily converted into their cash equivalent without loss of principal)

**3. After purchase of this annuity will you still have sufficient liquid assets to sustain your present lifestyle?**

Yes  No

**4. Annual Income:** \_\_\_\_\_ **Source(s) of Income:** \_\_\_\_\_

**5. My financial objective with this product is:**

Income Now  Tax Deferral  Growth & Income  Investment Safety  
 Pass on to Beneficiaries  Other \_\_\_\_\_

**6. My premium source for this annuity is:**

Exchange or transfer from an annuity or life product (complete replacement section 12)  
 CD  Other Investments  Other \_\_\_\_\_

**7. I would describe my risk tolerance as:**

Low  Medium  High

**8. Other financial products I own or previously owned:**

CDs  Fixed or Variable Annuities  Stocks/Bonds/Mutual Funds  Reverse Mortgage

**9. How do you anticipate taking distribution from this Annuity? (Check all that apply)**

Annuitize  Required Minimum Distributions  Free/systematic withdrawals  
 Partial Surrenders  Lump Sum  Leave to Beneficiary

**10. When do you anticipate taking your first distribution from this annuity?**

1 to 5 years  6 to 8  After eight years  None anticipated

**11. I understand this annuity may have surrender charges and taxes may apply if I withdraw money.**

Yes  No

*form continues on page 2*

**NOTE: IF THIS FORM IS NOT COMPLETED, SIGNED AND DATED, WE CANNOT CONSIDER YOUR APPLICATION.**

**12. Is this a replacement?**

Yes  No **If yes, complete the replacement chart and submit a recent account statement.**

Type of product being  
exchanged/replaced  
(e.g., fixed, fixed indexed,  
variable annuity)

Type of product being exchanged/replaced (e.g., fixed, fixed indexed, variable annuity)	Company Name	Product Name	Purchase Date	Surrender Value	Surrender Charge	Guaranteed Interest Rate	# Years Remaining in Surrender Period

**FINANCIAL BENEFITS COUNSELOR STATEMENT**

*Acknowledgment of Responsibility for Suitability Recommendation*

I have reasonable grounds for believing that the recommendation for this consumer to purchase/exchange an annuity is suitable on the basis of the facts disclosed by the consumer as to their investments and other insurance products and their financial situation and needs. I acknowledge that I have provided the consumer with an illustration.

\_\_\_\_\_  
FBC Name (Please print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
FBC Signature

\_\_\_\_\_  
Date

**CONSUMER ACKNOWLEDGMENT**

*Consumer's Acknowledgment of Responsibility*

I acknowledge that I have read the Illustration for the product listed above and believe it meets my needs at this time. I further acknowledge that after this sale, **Sons of Norway will be holding \_\_\_\_\_ % of my net worth.** To the best of my knowledge and belief, the information above is true and complete.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Joint Owner's Signature (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**WITNESS ACKNOWLEDGMENT**

*Recommended if owner is age 70-79. Required if owner is age 80 and older.*

I acknowledge that I have witnessed the owner's signature and it is my belief that they understand the contract they have applied for and feel that it meets their needs.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness - Relationship to Owner

\_\_\_\_\_  
Date