



# SONS OF NORWAY

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## ANNUITY SUITABILITY ACKNOWLEDGEMENT

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 = Assets (including investments and life insurance holdings) - Debt (excluding your home)
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  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

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

## FINANCIAL BENEFITS COUNSELOR STATEMENT

### *Acknowledgement 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 ACKNOWLEDGEMENT

### *Consumer's Acknowledgement 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. (If the % exceeds 60%, complete the Annuity Suitability Supplemental Authorization form.)** 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 ACKNOWLEDGEMENT

### *Required if owner is age 75 or 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