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## ANNUITY SUITABILITY ACKNOWLEDGMENT

Thank you for your interest in a Sons of Norway Annuity. This form is an essential part of the application process. It helps your Agent assess your insurance needs and financial objectives, and make recommendations appropriate to your current financial situation and long-term goals.

**All questions must be answered, and the form must be signed by each owner/applicant and your Agent. Please submit this form with your annuity application.**

Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Product Name: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
*(Immediate Annuity Only)*

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

Annuity Type: <input type="checkbox"/> Qualified <input type="checkbox"/> Nonqualified	Are you actively employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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)*

- Wages/Salary                       Rental Income                       Investments  
 Pension/Retirement Benefit                       SSI                       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 an 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.)

Monthly Income  Out-of-pocket Medical Expenses  Living Expenses  Liquid Assets

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.)

Owner Signature: X	Date Signed:
Joint Owner Signature: X	Date Signed:

**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/Daeath 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  Loans/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 all that apply)*     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 payment to this annuity?     Yes     No

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 all that apply)*
- Less than 1 year     1-5 years     6-9 years     10+ years     None anticipated

20. **I understand this annuity may have surrender charges and taxes may apply if I withdraw money**     Yes     No

21. **What is your risk tolerance for this annuity?**
- Conservative:** Accept little to no risk of principal 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

22. **Is there a surrender charge for liquidating the existing contract?**
- 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.**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

24. **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 Signature: X	Date Signed:
Joint Owner Signature: X	Date Signed:

**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 agent. The agent 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 agent discussed with me the advantages and disadvantages of the annuity contract. I understand that if I refused to provide all of the requested information or provided inaccurate information, the ability of my agent and Sons of Norway to determine suitability may be affected.

In Accordance with Ohio Rule 3901-6-13, Agent provided me with Appendix A. I have reviewed and endorsed Appendix A, and understand Appendix A and its affirmative disclosures regarding my relationship with Agent and Agent's licensure, the types of products the Agent is authorized to sell, which carriers the Agent is appointed to sell for, and how the Agent is paid for their work.

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 of a recommendation) from my agent.

**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.njdobi.org](http://www.njdobi.org).

<b>Applicant 1 Signature:</b> X	<b>Date:</b>
<b>Applicant 2 Signature:</b> X	<b>Date:</b>

**AGENT'S STATEMENT:**

In Accordance with Ohio Rule 3901-6-13, I provided Owner/Applicant with Appendix A, which is a disclosure I am required to provide to the Owner/Applicant prior to a recommendation or sale of an annuity. Appendix A is a disclosure of my requisite licensure to sell life and annuity products, which carriers I am appointed with, and how I am paid for my work. I reviewed Appendix A with Owner/Applicant and answered any questions the Owner/Applicant had, and the Owner/Applicant endorsed Appendix A.

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.

<b>Agent:</b> X	<b>Date:</b>
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