

Instructions

When completing Americo's financial suitability form, please keep the following in mind:

- The form must be completed in its entirety in order for the annuity to be processed. **Partially completed forms will not be accepted.**
- Complete and accurate information must be provided. If subsequent changes are made to the financial suitability form, documentation of these changes may be required. This may include bank records, annual statements, or other financial documentation.
- A detailed summary should be provided by the agent in the Agent Acknowledgment section. Provide as much detail as possible regarding your suitability review of the sale. If a replacement is involved, give specific reasons as to why the replacement is appropriate. Please ensure you keep a written record of your recommendation and of the related documentation supporting the information on this form.
- If multiple annuities are being applied for from the same household, combine them into one suitability form.
- Clients are subject to suitability interviews at the discretion of Americo. The agent **may not** be present or on phone call during suitability interviews.
- If subsequent changes are requested or completed, the client must provide a full signature and current date on each page that a change occurred. If Payor is different from Owner, suitability information is required for both parties.

For Replacements:

- Be certain to disclose if a replacement is involved. This includes any surrender or partial surrender of an existing life insurance or annuity contract within the previous four months. **Undisclosed replacements are prohibited.**
- Make sure your replacement answers are consistent on all applicable forms (i.e. application, producer statement, and suitability form).
- In Iowa: if you are replacing a variable contract or security product, you must be a registered securities representative. Please complete form AAA8329.
- If you are replacing an annuity, please carefully verify the surrender charges that will be assessed. When funds are received, if actual surrender charges differ from disclosed surrender charges a further review will be conducted.

Instructions for Trusts as Owners:

If a trust is listed as an owner of a proposed annuity, Americo has specific requirements as to what information should be collected on the Suitability Form (AAA8378).

- The Grantor/Settlor and Trustee are the same: The grantor/settlor of the trust must complete the Suitability Form with his/her own personal information. If there are multiple non-spousal grantors/settlors, a separate Suitability Form must be completed for each individual.
- The Grantor/Settlor and Trustee are different: The grantor/settlor of the trust must complete a Suitability form with his/her own personal information.
- Additionally, the trustee must complete the Suitability Form with the trust's information (annuity objectives, financial status, etc.) including the following modifications:
 - For name of owner, enter the name of the trust.
 - For "age," enter "N/A"
 - For "owner's signature," the trustee must sign as trustee (John Doe, TTEE)

If a suitability interview is needed, the interview will be conducted with the trustee.

If POA/Guardianship involved:

- If attorney-in-fact/guardian is executing the transaction, they must sign all applicable documents in this capacity.
- A complete copy of the POA/guardianship paperwork must accompany the application.
- If a suitability interview is needed, the interview will be conducted with the attorney-in-fact/guardian.

Financial Suitability Form ABB8378 (01/21)



This information will be used to determine the suitability of our products in meeting your financial needs. This form is not designed to address every aspect of the needs analysis process and is only intended to highlight areas to be considered when purchasing an annuity contract. Your information will not be used or distributed for sales purposes to third parties. **Please note, if this form is not completed in full, signed, and dated, we are unable to consider your application.**

Owner _____ Age _____ Phone Number _____
 Payor _____ Age _____ Phone Number _____
 POA/Guardian/Trustee Name _____ Phone Number _____

If trust is Owner/Payor, include whose assets are represented on this suitability form (check all that apply)*: Grantor assets Trust Assets Payor Assets

*See instruction page for direction regarding which party's assets to include for the completion of this form.

ANNUITY OBJECTIVES AND RISK TOLERANCE

1. With regard to purchase of this annuity, **check your top 3 objectives** from the options below:
- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Future income | <input type="checkbox"/> Safety of principal | <input type="checkbox"/> Protection from inflation | <input type="checkbox"/> Transfer of assets to beneficiary | <input type="checkbox"/> Reduced taxation |
| <input type="checkbox"/> Bond investment | <input type="checkbox"/> Equity investment | <input type="checkbox"/> Probate avoidance | <input type="checkbox"/> Potential interest based on the market | <input type="checkbox"/> Growth |
| <input type="checkbox"/> Current income | <input type="checkbox"/> Tax deferral | <input type="checkbox"/> Guaranteed interest rate | <input type="checkbox"/> Income I can't outlive | |

2. How do you anticipate taking distributions from this annuity? (check all that apply):
- | | | | |
|---|------------------------------------|--|---|
| <input type="checkbox"/> RMD (available after age 70½)* | <input type="checkbox"/> Annuitize | <input type="checkbox"/> Interest-only withdrawals | <input type="checkbox"/> Immediate income |
| <input type="checkbox"/> Leave to beneficiary | <input type="checkbox"/> Lump sum | <input type="checkbox"/> Penalty-free withdrawals | <input type="checkbox"/> Guaranteed lifetime withdrawal benefit |

*Unless special circumstances apply. Please explain below if you have circumstances that will invoke RMD prior to age 70½.

3. How long do you plan on keeping the proposed annuity? Less than a year 1-6 years 7-9 years 10 or more years
 4. Describe your financial experience (check all that apply): Stocks Bonds CDs Annuities Mutual Funds Other: _____
 5. Describe your risk tolerance (check one): Conservative Moderate Aggressive

HOUSEHOLD FINANCIAL STATUS

6. Estimated premium amount for the proposed Amerigo annuity(ies) (combine estimated premium for all annuities applied for) (DO NOT include in assets below.) \$

7. Household Liquid Assets

- Checking accounts \$ _____
- Savings accounts \$ _____
- Mutual funds without penalty \$ _____
- CDs (matured) \$ _____
- Pension/401(k) (if over 59½) \$ _____
- Annuity value not subject to surrender penalties \$ _____
- Other (please describe) \$ _____

Total Liquid Assets \$ _____

8. Household Non-Liquid Assets

- Annuities, less penalty-free withdrawal amounts \$ _____
- Life insurance cash value \$ _____
- Mutual funds with penalty \$ _____
- CDs (not matured) \$ _____
- Pension/401(k) (if under age 59½) \$ _____
- Real estate (exclude primary residence) \$ _____
- Other (please describe) \$ _____

Total Non-Liquid Assets \$ _____

9. **Household Total Assets** • DO NOT include premium for proposed annuity(ies). Add #7 and #8 \$

10. **Household Total Debt** • Exclude debt on your primary residence. \$

11. **Household Net Worth** Subtract #10 from #9 \$

12. MONTHLY Household Gross Income

- Social Security/Disability Benefit payments \$ _____
- Pension/retirement benefits \$ _____
- Salary/wages \$ _____
- Interest/dividend income \$ _____
- Required Minimum Distribution (RMD) \$ _____
- Other (please describe) \$ _____

Total Gross MONTHLY Income \$

13. **Monthly Household Living Expenses** • Housing, food, transportation, healthcare, etc. \$

14. **Monthly Disposable Income** Subtract #13 from #12 \$

- 15. **Federal Income Tax Bracket:** 0% 10% 12% 22% 24% 32% 35% 37%
- 16. Does your income cover all your living expenses (including out-of-pocket medical expenses)? Yes No
- 17. Is your income sufficient to cover future changes in your living expenses (including out-of-pocket medical expenses and/or nursing home expenses) during the surrender charge period? Yes No

If No to question 16 or 17 above, explain: _____

- 18. Do you anticipate any substantial change in your future income, liquid assets, or expenses (including out-of-pocket medical expenses) during the surrender charge period? Yes No

If Yes, explain and complete appropriate boxes below: _____

State monthly difference(s):

Income: Increase \$ _____ Decrease \$ _____ **Expenses:** Increase \$ _____ Decrease \$ _____

- 19. Do you understand that the proposed annuity has a surrender charge and the length of the surrender charge period? Yes No
- 20. Are you currently residing in a nursing home? Yes No
- 21. Are you currently residing in an assisted-living facility? Yes No
- 22. Do you have long-term care insurance? Yes No
- 23. Do you have Medicare Supplement insurance? Yes No
- 24. (California only): Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit? Yes No

SOURCE OF FUNDS

- 25a. Source of this annuity's funding (check all that apply):

<input type="checkbox"/> Variable annuity	<input type="checkbox"/> Fixed/indexed annuity	<input type="checkbox"/> Life insurance	<input type="checkbox"/> Stocks/bonds/mutual funds
<input type="checkbox"/> Checking/savings	<input type="checkbox"/> CD	<input type="checkbox"/> Brokerage Account	<input type="checkbox"/> 401(k)/pension
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Reverse mortgage	<input type="checkbox"/> Home equity loan	<input type="checkbox"/> Required minimum distribution
<input type="checkbox"/> Death claim proceeds (Complete 25b)	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Other: _____	

- 25b. If death claim proceeds, has the beneficiary taken ownership of the existing policy? (**If Yes**, complete the Replacement Section below.) Yes No

- 26. Will the annuity applied for replace, or otherwise reduce in value, any existing life insurance or annuity now in force? (**If Yes**, please complete the Replacement Section below.) Yes No

- 27. Within the past 60 months, other than the current transaction, have you had another annuity exchanged or replaced? (**If Yes**, provide details below.) Yes No

REPLACEMENT SECTION – MUST BE COMPLETED IF QUESTION #25B OR 26 IS ANSWERED “YES”.

Life and annuities:

- 28. Is your current agent the same agent who recommended the purchase of the existing annuity or life insurance contract? Yes No

- 29a. Do you feel you have been reasonably informed of the various features (including non-guaranteed elements) of the proposed annuity and understand the differences between your existing contract(s) and the proposed annuity? Yes No

29b. **If No**, explain:

Life only: (Do not complete Replacement Information grid)

- 30. Death benefit amount \$ _____
- 31. Cash surrender value \$ _____

32. Please explain why you are replacing a life insurance policy with an annuity:

Annuities only: (Complete Replacement Information grid)

33. Please explain how this new annuity better meets your objectives:

Replacement Information <i>(If replacing more than three annuities, please use form 11-193-1). All sections should be complete.</i>			
Components	Existing Annuity Contract #1	Existing Annuity Contract #2	Existing Annuity Contract #3
Premium to Americo:	\$ _____	\$ _____	\$ _____
Accumulation value:	\$ _____	\$ _____	\$ _____
Issuing company:			
Type of contract:	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable
Date of issue:			
Source of initial funding (i.e. cash, annuity, mutual fund, etc.):			
Are you using penalty-free withdrawal to fund this annuity? If Yes, are you only using the penalty-free withdrawal amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a full or partial surrender? Will there be a surrender charge? If Yes, surrender charge amount: Market value adjustment (MVA): Surrender charge period remaining:	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ + \$ _____ or - \$ _____ _____ years	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ + \$ _____ or - \$ _____ _____ years	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ + \$ _____ or - \$ _____ _____ years
Enhanced benefits <i>(guaranteed income benefits, guaranteed withdrawal rider, etc.)</i> <i>May use separate sheet to describe.</i>	<input type="checkbox"/> None Benefit(s) name: _____ Monthly benefit amount: \$ _____ Benefit cost: \$/% _____ Benefit base: \$ _____ Are there roll-ups/step-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes % Start date: _____ Stop date: _____ Additional details: _____ If a partial surrender, will the enhanced benefit be reduced or eliminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____	<input type="checkbox"/> None Benefit(s) name: _____ Monthly benefit amount: \$ _____ Benefit cost: \$/% _____ Benefit base: \$ _____ Are there roll-ups/step-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes % Start date: _____ Stop date: _____ Additional details: _____ If a partial surrender, will the enhanced benefit be reduced or eliminated? ... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____	<input type="checkbox"/> None Benefit(s) name: _____ Monthly benefit amount: \$ _____ Benefit cost: \$/% _____ Benefit base: \$ _____ Are there roll-ups/step-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes % Start date: _____ Stop date: _____ Additional details: _____ If a partial surrender, will the enhanced benefit be reduced or eliminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____
Surrender charge on death benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Penalty-free withdrawal % available:	_____ %	_____ %	_____ %
Fees or other charges:	\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %
Current declared interest rate %:	_____ %	_____ %	_____ %
Guaranteed minimum declared interest rate % <i>(not guaranteed minimum value)</i> :	_____ %	_____ %	_____ %

OWNER ACKNOWLEDGMENT

By signing below, I/We represent to Americo Financial Life and Annuity Insurance Company that the statements made on this Financial Suitability form are true, complete, and correctly recorded to the best of my/our knowledge and understanding. I/We acknowledge that failure to provide complete or accurate information may affect the ability of the Agent and/or Insurer to determine the suitability of the annuity product being offered. I/We believe that the annuity product for which I/We are applying is a suitable product for my/our financial needs.

By signing below, I acknowledge the agent has presented a recommendation to purchase an annuity and that this annuity meets my long-term financial objectives. I acknowledge that my agent has explained the surrender charges and the surrender charge period and I have reviewed the applicable disclosure statement with my agent in determining this product is suitable. I have been presented with and understand the required "Insurance Agent (Producer) Disclosure for Annuities."

If POA/Guardianship/Trust is involved, provide applicable legal documentation and signatures.

Owner's Signature	Date	Joint Owner's Signature	Date
Payor's Signature	Date	Grantor's Signature	Date

AGENT ACKNOWLEDGMENT *(Required to be completed by the agent)*

By signing below, I certify that:

- I have completed a suitability analysis review regarding the purchase of this annuity.
- I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the applicant.
- The above information was furnished to me by the customer.
- If my recommendation includes the purchase of an existing life insurance or annuity contract, I have considered the entire transaction and I believe the new annuity substantially benefits the consumer to the replaced product.
- I have made a written record of the recommendation and I will maintain or be able to make available to Americo or an insurance regulator this record.
- I have provided the consumer with the required "Insurance Agent (Producer) Disclosure for Annuities."

Please provide a summary explaining how the client will benefit from the annuity. Discuss features, benefits, and other factors. In the case of replacement, please indicate how the proposed annuity is more advantageous. **Must be completed by agent.**

Agent: please complete all required replacement forms and submit with application and this Financial Suitability form.

Agent's Signature	Agent #	Date
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