

Fixed Annuity Suitability Questionnaire

Ameritas Life Insurance Corp. ("Company") P.O. Box 305087, Nashville, TN 37230-5087 / 800-262-2360 / Client Service Office

Name of Owner: _____ Age: _____

Name of Joint Owner: _____ Age: _____

Household Financial Information

If the Owner is a Trust, indicate whose assets are represented: _____ Grantor Trust

1. Estimated Premium amount for the proposed Ameritas annuity

(excluded from assets below) _____ \$ _____

2. Household Liquid Assets

- Cash/Checking accounts _____ \$ _____
- Savings/Money market accounts _____ \$ _____
- Mutual Funds (without penalties/brokerage accounts) _____ \$ _____
- CDs _____ \$ _____
- Qualified accounts (if over 59 1/2 and no penalties) _____ \$ _____
- Annuity value not subject to surrender penalties _____ \$ _____
- Life insurance cash value not subject to surrender penalties _____ \$ _____
- Stocks/Bonds _____ \$ _____
- Other (please describe): _____ \$ _____

Total Liquid Assets \$ _____

3. Household Non-Liquid Assets

- Mutual Fund (with penalties) _____ \$ _____
- Annuity value subject to surrender penalties _____ \$ _____
- Life insurance cash value subject to surrender penalties _____ \$ _____
- Qualified accounts (if under 59 1/2) _____ \$ _____
- Real estate (exclude primary residence) _____ \$ _____
- Gold, collectibles or other valuable personal property _____ \$ _____
- Other (please describe): _____ \$ _____

Total Non-Liquid Assets \$ _____

4. Household Total Assets – DO NOT include premium for proposed annuity – Add #2 and #3 _____ \$ _____

5. Household Total Debt – Exclude debt on your primary residence _____ \$ _____

6. Household Net Worth – Subtract #5 from #4 _____ \$ _____

7. MONTHLY Household Gross Income

- Salary/Wages _____ \$ _____
- Social Security _____ \$ _____
- Disability Benefit payments _____ \$ _____
- Pension/Retirement Benefit payments _____ \$ _____
- Interest/Dividend income _____ \$ _____
- Required Minimum Distribution (RMD) _____ \$ _____
- Other (please describe): _____ \$ _____

Total Gross MONTHLY Income \$ _____

8. Monthly Household Living Expenses – Housing, food, transportation, healthcare, etc. _____ \$ _____

9. Monthly Disposable Income – Subtract #8 from #7 _____ \$ _____

10. Federal Income Tax Bracket: 0% 10% 12% 22% 24% 32% 35% 37%
11. Do you anticipate any significant changes in your future income needs? Yes No
If "Yes," provide details: _____
12. After this purchase, do you feel you have enough liquid assets to cover health care and living expenses should an emergency occur? Yes No
13. Do you have a reverse mortgage? Yes No

Overall Investment Profile

(If Custodial, must be Custodian's objectives for the Minor. If non-natural owner, must be non-natural owner's objectives.)

14. Financial Objectives: Long Term Gain Short Term Gain Income Tax Advantage Safety of Principal Growth
15. Risk Tolerance: Best describe your level of risk. Low Risk Moderate Risk Speculative Risk High Risk
16. Intended Hold Period for the policy. Check the box for the period of time you intend to maintain the policy.
 Short (0-4 years) Intermediate (5-9 years) Long (10+ years)
17. Prior Investment Experience *(check all that apply)*: Mutual Funds Life Insurance Variable Annuities Stocks
 Fixed Annuity / Indexed Variable Life Insurance Bonds Other Brokerage Accounts No Prior Insurance
 Other: _____
18. I am purchasing this fixed annuity for the following reasons(s): Guaranteed crediting rates Tax deferred treatment of earnings
 Death benefit features Transfer of wealth Immediate income Lifetime income payments or annuity payout options that can provide guaranteed income for life Index allocation options Other: _____
19. The funds I am using to purchase this annuity come from *(check all that apply)*: Annuity Life insurance
 Mutual Fund/Brokerage Certificate of Deposit Checking/Savings Money Market Variable Annuity
 Reverse Mortgage/Home Equity Line

Questions *(answer each of the following):*

20. Is the purchase of this annuity in any way connected to or based on information provided during the establishment of a trust? Yes No
21. Do you or any proposed owner or annuitant currently reside in a hospital, hospice facility, nursing home or assisted living facility? Yes No
If "Yes," provide details: _____
22. Have you or any proposed owner or annuitant been diagnosed with a terminal illness by a licensed medical professional or health care provider? Yes No
Illness: _____
23. Do you or any proposed owner or annuitant have any known indication of cognitive impairment or diminished capacity, such as dementia, Alzheimer's disease, Parkinson's disease or other neurological disorders? Yes No
Illness: _____
24. Do you have any existing life insurance policies or annuity contracts that were previously sold by the same agent? Yes No
25. Has there been any prior replacements in the last 36 or 60 months? Yes No
If "Yes," provide details: _____
26. Have you or any proposed owner entered into, or is any owner planning to enter into an arrangement with a third party to sell this annuity? Yes No
27. Do you intend to apply for a means-tested government benefit, including, but not limited to, Medi-Cal, or the Veteran's aid and attendance benefit? Yes No
28. Do you have Medical Insurance, a Med Sup policy, Long-Term Care, etc. that will cover medical expenses? Yes No

Annuity Product Features

(To be completed if replacing existing policy) All sections should be completed.

Components	Existing Annuity Contract #1	Existing Annuity Contract #2	Existing Annuity Contract #3
Premium amount to Ameritas:	\$ _____	\$ _____	\$ _____
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>(i.e. cash, annuity, mutual fund, etc.):</i>			
Are you using penalty-free withdrawal to fund this annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Is this a full or partial surrender?	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Will there be a surrender charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," surrender charge amount?	\$ _____	\$ _____	\$ _____
Accumulation Value:	\$ _____	\$ _____	\$ _____
Market value adjustment (MVA):	<input type="checkbox"/> None + \$ _____ or - \$ _____	<input type="checkbox"/> None + \$ _____ or - \$ _____	<input type="checkbox"/> None + \$ _____ or - \$ _____
Surrender charge period remaining:	_____ years	_____ years	_____ years
Enhanced benefits <i>(guaranteed income benefits, guaranteed withdrawal rider, etc.)</i> May use separate sheet to describe.	<input type="checkbox"/> None Enhanced benefit(s) name: _____ Enhanced Benefit Cost: \$ _____ or _____% Enhanced benefit base: \$ _____ Benefit detail for each enhanced benefit or rider <i>(i.e., set-up, roll-up, etc.)</i> _____ 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 Enhanced benefit(s) name: _____ Enhanced Benefit Cost: \$ _____ or _____% Enhanced benefit base: \$ _____ Benefit detail for each enhanced benefit or rider <i>(i.e., set-up, roll-up, etc.)</i> _____ 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 Enhanced benefit(s) name: _____ Enhanced Benefit Cost: \$ _____ or _____% Enhanced benefit base: \$ _____ Benefit detail for each enhanced benefit or rider <i>(i.e., set-up, roll-up, etc.)</i> _____ 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>	_____ %	_____ %	_____ %

Important Acknowledgments – Please Read Carefully

- I. The Producer has explained to me and I'm willing to accept the features, benefits, costs and the non-guaranteed elements associated with the purchase of a fixed annuity.
- II. **I understand that a fixed annuity is a long-term investment. My annuity includes a surrender charge of _____%, declining for a period of _____ years and may include a market value adjustment (MVA). If I make a partial withdrawal at any age, surrender charges may apply if the withdrawal is more than the terms of the contract allow.**
- III. I may be subject to capital gain/loss resulting in a tax consequence for any replacement transactions and have been advised to contact a qualified tax professional to inquire about my individual situation.
- IV. I hereby acknowledge my understanding of the statements in this questionnaire and attest that their contents have been explained to my satisfaction.
- V. I understand that my identity may be verified by the Company in accordance with U.S. Patriot Act of 2001. This verification may include, but is not limited to, contact with financial institutions, consumer reporting agencies and government agencies.

Date: _____
Month Day Year

X _____
Signature of Owner

X _____
Signature of Joint Owner

Print or Type Name of Owner

Print or Type Name of Joint Owner

Producer Acknowledgments

- I certify that I personally met with all owner(s) and reviewed the identification documents. To the best of my knowledge, the documents accurately reflect the identity of the owner(s).
- I did not meet in person with the owner(s) or was otherwise unable to personally review the identification documents.
I certify that, to the best of my knowledge, the information provided by the owner, either by mail or by phone, is true and accurate.

I have appropriately acted on behalf of my client by reviewing all points in this questionnaire and any supporting information provided. I believe the information provided in this questionnaire is complete and accurate to the best of my knowledge and that this transaction is in the best interest of the client.

Annuity to Annuity Replacements Only

Does the client have an exchange feature with the annuity they intend to replace? Yes No
If "Yes," why are they not taking advantage of the exchange feature?

What is the economic benefit to the client of this replacement?

For Plan Distributions including Rollovers and Direct Transfers

Have you considered the owner's alternatives to a rollover and/or direct transfer including leaving the money in the current plan? Yes No

If "Yes," what were the alternatives?

Fixed Indexed Annuities Fixed Annuities Variable Annuities Variable Life Insurance Stocks Bonds

Mutual Funds Brokerage Account Leave in Existing Plan CD / Savings Account

Other: _____

Why was this product determined to be right for the owner?

Guaranteed Crediting Rate Tax deferred treatment Death benefit features Transfer of wealth

Lifetime income payment or annuity payout options that can provide guaranteed income for life Index allocation options

Other: _____

Will the rollover and/or direct transfer generate higher fees/expenses for the owner than the current plan? Yes No

If "Yes," provide additional details as to how this annuity will assist the owner in reaching their objectives.

Higher potential for index allocation option earnings Lifetime income payment option not available on current product

Lifetime income payment option with booster not available on current product

Other: _____

X _____
Signature of Producer

Date