



Traditional Fixed and Fixed Indexed Annuity Suitability Form

If any of the questions below are answered 'Yes', then the Suitability form is required. All sections are required to be completed in full.

Is this transaction a transfer, rollover, replacement or exchange? Yes No

Is this client 65 or older? Yes No

For existing policies only: Is this transaction \$10,000 or greater? Yes No

Product Applying For: _____ Requesting GLIR? Yes No

New Policy or Existing Policy (Please provide policy number) _____

Yes No

Name (First, Middle, Last) _____ DOB (mm/dd/yyyy) _____ U.S. Citizen _____ If not U.S., Country of Citizenship _____ Alien Registration Number _____

Section I (This section can NOT be declined)

1. What is your liquid net worth? (Exclude home & auto) \$ _____
2. If this transaction amount is a significant portion of the liquid net worth please provide the liquid assets available in:
Bank Products (CDs/Cash): \$ _____ Securities (Stocks/Bonds/Mutual Funds): \$ _____ Life Insurance or Annuities: \$ _____
3. Current Occupation: _____ or Retired (Former occupation is required): _____
4. Anticipated Retirement Age: _____
5. Annual Household Income: \$ _____
6. Total Annual Expenses: \$ _____
7. Annual Tax Bracket: Under 15% 15% - 28% > 28%
8. Do you anticipate material changes in your annual income, financial situation and needs, existing assets, liquidity needs, or liquid net worth?
 Yes No If yes, please explain: _____
9. For VT residents only: What is your monthly long term care cost? \$ _____
10. For CA residents only: Do you intend to apply for means-tested government benefits, such as Medi-Cal or veterans' benefits? Yes No

Section II

11. What is your risk tolerance for this product? Conservative Moderate Aggressive
12. Time Horizon:
 - a. Do you anticipate taking withdrawals (excluding loans) from your annuity during the first policy year other than a required minimum distribution (RMD)? Yes No
 - b. Do you anticipate taking withdrawals (excluding loans) of more than 10% of the account value in any year after the first policy year, during the withdrawal charge period? Yes No
 - c. Do you anticipate surrendering this annuity before the withdrawal charge period is over? Yes No
 - d. Do you anticipate taking withdrawals in excess of the Guarantee Lifetime Income payments? Yes No

Section III

- 13a. Excluding this proposed transaction, have you had a prior annuity exchange? Yes No
- b. If 'Yes', did it occur within the last 36 months (60 months if CA or MN resident)? Yes No
14. Do you have existing life insurance policies or annuity contracts sold by this producer? Yes No
15. Which of the following financial, insurance and investment products have you owned and/or currently own? (Check all that apply)
 None Life Insurance Annuities Stocks/Bonds (corporate, municipal, etc.) Mutual Funds Other: _____
16. All of National Life Group's traditional fixed and fixed indexed annuities provide tax deferral with guarantees* on premiums paid and interest earned. What are your objectives for this purchase?
 Protection of Premium Paid Provide Enhanced Policy Death Benefit through BAV
 Gain higher rates or caps than the existing product(s) Obtain Lifetime Withdrawal Benefit Rider (GLIR required if selected)

*Guarantees are based on the claims paying ability of the company issuing the annuity.

Section IV (Please make sure 17b is completed if applicable)

17a. What line of business is this money coming from?

- IRA 403b 401k Non-Qualified Beneficiary IRA Other: _____

17b. What is the source of premiums for purchasing this annuity? Answer all that apply:

- Replacement or surrender of life insurance or annuity policy. If so, complete the grid (15c below)
 Savings/Checking/CD State Teachers Retirement Reverse Mortgage/Home Equity Loan
 Surrender of Mutual Funds, Stocks, Bonds or other Securities within the last 6 months.

If any withdrawal charges were assessed, please specify: \$ _____

- Other: (Do **not** include tax qualification such as 401(k) or Beneficiary IRA) _____

17c. The grid below **must be completed** if Life Insurance, Fixed or Indexed Annuity, or Variable Annuity is being replaced.

Annuity to Annuity or Life to Annuity Only			
	Replacement #1	Replacement #2	Replacement #3
1. Product Type (Life or Annuity)			
2. Company Name			
3. Dollar Amount	\$	\$	\$
4. Product Name			
5. Type of Annuity (Fixed / Indexed / Variable / 2 Tier)			
6. Type of Life (UL / WL / IUL / VUL)			
7. Surrender Charge (Dollar amount)	\$	\$	\$
8. Lifetime Withdrawal Benefit	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. Other Riders	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
10. Rider Fees	\$ or %	\$ or %	\$ or %
11. Years Owned			
12. Guaranteed Interest Rate (Required for Fixed & Indexed)			
13. Current Fixed Rate (Required for Fixed & Indexed)			
14. Participation Rate / Cap (Required for Indexed)			
15. Death Benefit (Required for Life Insurance Only)	\$	\$	\$

17d. Please provide any additional information specific to this transaction you would like us to take into consideration (example: Rider comparison, MVA adjustments etc.): _____

Section V

I have reviewed and executed the Disclosure Form attached to the policy application, and provided the information on this form, or I have reviewed the information contained on it, and confirm that it is complete and accurate. I recognize that the insurer may review my transaction, but I have made my own determination that this policy and any riders are suitable.

SIGN HERE →

Owner/Applicant's Signature _____

_____ Date

SIGN HERE →

Joint Owner's Signature _____

_____ Date

SIGN HERE →

Annuitant's Signature (If different from Owner) _____

_____ Date

Section VI

I recommended this annuity purchase or exchange because I believe it is suitable based upon the information given to me by the Owner/Applicant. I have reviewed the Disclosure Form with the Owner/Applicant, which discloses various features of the annuity (such as potential surrender periods and charges, potential charges for riders, etc.), and the customer has signed the Disclosure Form. If this is a replacement, I have discussed with the applicant any potential withdrawal/surrender charges which may be incurred on surrender of the policy, as well as any fees, charges or withdrawal/surrender period associated with the new policy.

I agree to maintain and make available upon request to the insurer or insurance commissioner, records of the information collected and other information used as the basis for this recommendation for at least 10 years after the insurer completed the recommended transaction. Any reproduction of the actual document may be used to maintain these records.

I acknowledge that it may be a regulatory violation to recommend the sale of a security without appropriate registration. I certify that I am in compliance with applicable law.

Did you recommend the liquidation of a security product (Variable Annuities, Mutual Funds, etc.) to fund the purchase of this annuity? Yes No
If so, are you a Registered Representative? Yes No

SIGN HERE →

Agent's Signature _____

_____ Date