

# ANNUITY SUITABILITY PREQUALIFICATION FORM

This form is used to pre-screen for the most prevalent suitability concerns and does not cover every possible circumstance. Prior review does not guarantee issuance of any contract.

This form may be faxed or emailed to our internal office. Email: annuity.new.business@equitable.com



— LIFE & CASUALTY INSURANCE COMPANY —  
PO BOX 2460, SALT LAKE CITY, UTAH 84110-2460  
888-352-5178 FAX: 888-352-5126

## BASIC INFORMATION

Agent's Name	Agent's Number	Agent's Phone Number
Owner's Name	Owner's Age	Owner's State of Residence
Joint Owner's Name (if applicable)	Joint Owner's Age (if applicable)	
Annuitant's Name (if different than owner)	Annuitant's Age (if applicable)	
Joint Annuitant's Name (if applicable)	Joint Annuitant's Age (if applicable)	
Product	Issue State	Source of Funds
Expected Premium	Tax Qualification Status: Roth IRA    IRA    SEP IRA    Non-Qualified Other _____	

## SUITABILITY CONCERNS

Total Net Worth	\$ _____
Total of all investable assets including this annuity (exclude primary residence, automotive, and personal property)	
Total Liquid Assets	\$ _____
Checking, savings, money market, mutual funds, CDs, stock & bonds (Do not include funds invested to purchase this annuity)	
Amount in Equitable Annuities	\$ _____
Amount in Non-Equitable Annuities	\$ _____
Annual Income	\$ _____
Source of Income	\$ _____
Does the Owner have other investments?	YES    NO
If "YES" list the type and amount of the owner's other investment's:	Type: _____ Amount: \$ _____

## ADDITIONAL INFORMATION

Please only check a box if it applies:	Client(s) income includes unemployment or Social Security Disability (SSDI)
Owner is an entity (e.g., Trust, Corporation, Non-Profit)	Expected Premium is from inherited IRA
Person signing application is signing as AIF/POA, Trustee, Conservator, etc.	

## REPLACEMENT INFORMATION

Will premium include funds from an annuity or life insurance replacement?	YES	NO
If yes, please complete the section below:		
Replacement Company: _____	Type of Replacement:	Index Variable    Life Insurance Non-Qualified
Type of Withdrawal:    Full    Partial	Issue Date: _____	
Surrender Charge % _____	Anticipated Surrender Charge: _____	
Does the product have an Income Rider/GLWB/GMBD?	YES	NO
Does the product have a fee? If so, what is it?	_____	
What are the current caps, participation rates, etc from current product?	_____	
What are client's objectives? Principal protection, accumulation, etc.	_____	
If the client/will incur surrender charges please include a statement of why the sale is suitable:	_____	

## FOR HOME OFFICE USE ONLY

Home Office Review Completed By: \_\_\_\_\_ Date: \_\_\_\_\_