## 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@equilife.com

## **BASIC INFORMATION**



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 Age (if applicable)           Annuitant's Name (if different than owner)         Annuitant's Age (if applicable)         Source of Funds           Joint Annuitant's Name (if applicable)         Joint Annuitant's Age (if applicable)         Source of Funds           Product         Issue State         Source of Funds           Expected Premium         Tax Qualification Status: Roth IRA         SEP IRA         Non-Qualified           SUITABILITY CONCERNS         S         Concerns         S           Total Net Worth         \$         S         Concerns           Total Net Worth         \$         S         Concerns         S           Total Net Worth         \$         S         Concerns         S           Total Net Worth         \$         S         Concerns         S         Concerns         S         Concerns         S         Concerns         S         Concerns         S	Agent's Name	me (if applicable) me (if different than owner) // Annuitant's Age (if applicable) // Joint Annuitant's Age (if applicable) Joint Annuitant's Age (if applicable) Issue State					
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       Rath IRA       IRA       Non-Qualified         Other	Owner's Name						
Joint Annuitant's Name (it applicable)       Joint Annuitant's Age (it applicable)         Product       Issue State       Source of Funds         Expected Premium       Tax Qualification Status: Roth IRA       IRA       SEP IRA       Non-Qualified         SUTABILITY CONCERNS       Other	Joint Owner's Name (if applicable)						
Product       Issue State       Source of Funds         Expected Premium       Tax Qualification Status: Roth IRA       IRA       SEP IRA       Non-Qualified         SUITABILITY CONCENIS	Annuitant's Name (if different than owner)						
Tax Qualification Status:         Roth IRA       IRA       SEP IRA       Non-Qualified         SUITABLITY CONCERNS         Total of all mestable assets including this annuity       \$	Joint Annuitant's Name (if applicable)						
Expected Premium       Roth IRA       IRA       SEP IRA       Non-Qualified         Other	Product						
SUITABILITY CONCERNS         Total Net Worth         Total of all investable assets including this annuity (exclude primary residence, automotive, and personal property)         Total of all investable assets including this annuity (cackude primary residence, automotive, and personal property)         Total of all investable assets including this annuity         Total of all investable assets include funds, CDs, stock & bonds (Do not include funds invested to purchase this annuity)         Amount in Equitable Annuities       \$	Expected Premium	Roth IRA	IRA	SEP IRA	Non-Qualified		
Total of all investable assets including this annuity       (exclude primary residence, automotive, and personal property)         Total Liquid Assets       \$	SUITABILITY CONCERNS						
Checking savings, money market, mutual funds, CDs, stock & bonds (Do not include funds invested to purchase this annuity) Amount in Equitable Annuities S Amount in Equitable Annuities S Annual Income S Annual Income S Correct of Income S Correct	Total of all investable assets including this annuity	)	\$_				
Amount in Non-Equitable Annuities       \$	Checking, savings, money market, mutual funds, CDs, stock &	& bonds	\$_				
Annual Income       \$	Amount in Equitable Annuities		\$_				
Source of Income       \$	Amount in Non-Equitable Annuities		\$_				
Does the Owner have other Investments?       YES       NO         If "YES" list the type and amount of the owner's other investment's:       Type:Amount:\$	Annual Income		\$_				
If "YES" list the type and amount of the owner's other investment's:       Type:Amount:\$Amount:\$ADDITIONAL INFORMATION         Please only check a box if it applies:       Owner is an entity (e.g., Trust, Corporation, Non-Profit)       Client(s') income includes unemployment or Social Security Disability (SSD 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:       Type of Replacement:         Replacement Company:	Source of Income		\$_				
ADDITIONAL INFORMATION         Please only check a box if it applies: Owner is an entity (e.g., Trust, Corporation, Non-Profit)       Client(s') income includes unemployment or Social Security Disability (SSD 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:       Type of Replacement:       Index       Life Insurance         Replacement Company:	Does the Owner have other Investments?			YES NO			
Please only check a box if it applies:       Client(s') income includes unemployment or Social Security Disability (SSD Expected Premium is from inherited IRA Person signing application is signing as AIF/POA, Trustee, Conservator, etc.         REPLACEMENT INFORMATION       Version signing as AIF/POA, Trustee, Conservator, etc.         Will premium include funds from an annuity or life insurance replacement? YES NO       Type of Replacement:         If yes, please complete the section below:       Type of Replacement:       Index       Life Insurance         Replacement Company:	If "YES" list the type and amount of the owner's other investment's:			pe:	e: Amount: \$		
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:       Type of Replacement:       Index       Life Insurance         Replacement Company:	ADDITIONAL INFORMATION						
REPLACEMENT INFORMATION         Will premium include funds from an annuity or life insurance replacement?       YES       NO         If yes, please complete the section below:       Type of Replacement:       Index       Life Insurance         Replacement Company:	Owner is an entity (e.g., Trust, Corporation, Non-Pr	rofit) Expec	ted Premium			urity Disability (SSDI	
Will premium include funds from an annuity or life insurance replacement?       YES       NO         If yes, please complete the section below:       Type of Replacement:       Index       Life Insurance         Replacement Company:		Irustee, Conservator	r, etc.				
If yes, please complete the section below:       Type of Replacement:       Index       Life Insurance         Replacement Company:		insurance replace	ment? V	S NO			
Replacement Company:	• •	insurance replace			t: Index	Life Insurance	
Type of Withdrawai:       Full       Partial         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?       Has the policy been in force less than 2 years?       Yes       No         What are the current caps, participation rates, etc from current product?	Replacement Company:			-			
Surrender Charge % Has the policy been in force less than 2 years? Yes No 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:	Type of Withdrawal: Full Partial						
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:	Surrender Charge %		•			Ves No	
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:	Does the product have an Income Rider/GLWB/GMBD?	? YES NO	Thus the poin		cost than 2 years.	ies no	
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:		•					
	What are client's objectives? Principal protection, accu	umulation, etc.					
	If the client/will incur surrender charges please inc	lude a statement o	f why the sal	e is suitable:			
FOR HOME OFFICE USE ONLY							

Home Office Review Completed By: \_\_\_\_\_\_ ELC-ASPF - Rev 052919

Date: