

Insured(s)			
Insured A Name:	(First) _____ / _____ / _____	(Middle) _____ / _____ / _____	(Last) _____ / _____ / _____ (Suffix)
Insured B Name:	(First) _____ / _____ / _____	(Middle) _____ / _____ / _____	(Last) _____ / _____ / _____ (Suffix)
Insured A Date of Birth (MM/DD/YYYY)	____/____/____	Insured B Date of Birth (MM/DD/YYYY)	____/____/____

General Information (Based on the Owner/Applicant) (Qualified Plan Do Not Complete this Form)			
1. Current Ownership Type (Select One):			
<input type="checkbox"/> Individual:	_____ / _____ / _____	(First) _____ (M.I.) _____ (Last) _____ (Suffix)	Relationship to Insured _____
<input type="checkbox"/> Trust/Entity:	_____		
Trustee/Officer:	_____ / _____ / _____	(First) _____ (M.I.) _____ (Last) _____ (Suffix)	
2. Joint Owner Name (if any):			
	_____ / _____ / _____	(First) _____ (M.I.) _____ (Last) _____ (Suffix)	Relationship to Insured _____
3. Current Tax Status			
a. If Individual, select one of the following:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Jointly	<input type="checkbox"/> Married Filing Separately
	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widower with Dependent Child	
b. If Business, select one of the following:	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Partnership
	<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Sole Proprietorship	

Liquidity Needs and Financial Situation (Not applicable to Term Life Insurance)	
4. Do you anticipate a significant change to your future disposable income in the next 1 – 5 years? (e.g. purchase of a home, renovations, medical expenses, tuition payments, etc.) If Yes , enter anticipated amount to the right.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$____,____,____.00

Financial Objective(s) and Intended Use(s)

5. What are your financial objectives or intended use for this life insurance policy?
(Check all boxes that apply)

- | | |
|---|---|
| <input type="checkbox"/> Estate Planning/Wealth Accumulation/Transfer | <input type="checkbox"/> Family Protection/Income Replacement |
| <input type="checkbox"/> Long-Term Care Protection | <input type="checkbox"/> Business Protection |
| <input type="checkbox"/> Legacy for Heirs/Charity | <input type="checkbox"/> Non-Qualified Executive Benefits |
| <input type="checkbox"/> Cash Accumulation/Supplemental Income | <input type="checkbox"/> Preserve Future Insurability |

Risk Tolerance

6. Select the risk level regarding premium and death benefit that best describes your situation:

Risk tolerance about premiums	<input type="checkbox"/> Desires guaranteed level premium for required premium payment period with no premium flexibility. <input type="checkbox"/> Desires guaranteed level premium for required premium payment period, but wants the ability to utilize non-guaranteed dividends and cash values to pay premiums at some point in the future. <input type="checkbox"/> Desires flexibility regarding paying premiums now, but willing to accept increasing and/or higher premiums in the future. <input type="checkbox"/> Desires low premium payments now, but willing to accept increasing and/or higher premiums in the future to maintain coverage.
Risk tolerance about death benefit	<input type="checkbox"/> Desires a guaranteed death benefit for a specified number of years only. <input type="checkbox"/> Desires a guaranteed permanent death benefit for life. <input type="checkbox"/> Desires a guaranteed permanent death benefit but desires opportunity for increasing death benefit based on non-guaranteed dividends or policy performance. <input type="checkbox"/> Desires permanent death benefit, but willing to accept limited or no guarantees for premium flexibility.
Risk tolerance – long-term care	<input type="checkbox"/> Willing to accept potentially fewer long-term care benefits compared to a stand-alone LTC policy in order to have access to cash value growth and death benefit if LTC benefit not used. <input type="checkbox"/> Desires richest LTC benefits compared to a life/LTC combo product, with no desire for death benefit or cash value accumulation.

Surrender Charges (Not Applicable to Term Life Insurance)

7. I understand that this life insurance policy has surrender charges for early surrender/withdrawals and those charges may, depending on the product, have a market value adjustment or other product-specific adjustments. I have been provided with and have read a product illustration or projection of values that discloses the surrender charge period, the surrender charge amounts and any market value or product-specific adjustment that may apply. Yes No
8. I intend to keep the life insurance policy at least through the policy's surrender charge period. Yes No

Financial Time Horizon (Not Applicable to Term Life Insurance)

9. Do you intend to withdraw or take a loan from the account value of the life insurance policy **during** any applicable surrender charge period? Yes No
If "Yes," check all boxes that apply.
- Loans/Cash Withdrawals
 Partial Surrender
 Full Surrender

10. Do you anticipate negative material changes to any of the items listed **below** during any applicable surrender charge period? Yes No

If "Yes," check all boxes that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Annual Income | <input type="checkbox"/> Existing Assets | <input type="checkbox"/> College Funding |
| <input type="checkbox"/> Liquidity Needs | <input type="checkbox"/> Liquid Net Worth | <input type="checkbox"/> Pay-Off Loans |
| <input type="checkbox"/> Retirement Expenses | | |

11. How will this impact your ability to afford this life insurance policy? (Please explain below):

Owner/Applicant's Statement

12. I confirm the information given is accurate. My Agent/Representative has discussed the surrender charges and other costs of my existing life insurance policy with me and I believe that this life insurance policy is still appropriate for my insurance needs and financial objectives(s).

_____	____/____/____
Owner/Applicant's Signature	Date (MM/DD/YYYY)
Provide Title if Owner is a Trust or Corporation	

_____	____/____/____
Owner/Applicant's Signature	Date (MM/DD/YYYY)
Provide Title if Owner is a Trust or Corporation	

Product Considerations (To be completed by the Agent)

13. In recommending that your client retain the current life insurance product, has your client been reasonably informed of the following various features and considerations (but not limited to) of this life insurance policy? Yes No

All **but** Term Life Insurance:

- Surrender period and surrender charge
- Secondary guarantee period
- Index features (*Where Applicable*)
- Availability of cash value
- Potential tax implications associated with various transactions
- Fees, such as mortality and expenses fees, cost of insurance fees and investment advisory fees
- Non-Guaranteed elements, including variability in premium, cash value, death benefit or fees
- Product restrictions or exclusions
- Potential charges for features or riders
- Limitations on interest returns
- Guaranteed interest rate
- Investment components (*Where Applicable*)
- Market Risk (*Where Applicable*)
- Others

Term Life Insurance **Only**:

- Basic policy fee
- Product restrictions or exclusions
- Potential charges for features or riders
- Contractual Conversion Provisions
- Others

Agent/Representative's Statement (Respond to each of the below statements by checking the appropriate answer.)

I believe the retention of this life insurance policy is suitable and is in the best interest of the client based on information provided by the Owner/Applicant(s) regarding his/her insurance needs and financial objective(s). I have discussed the advantages and disadvantages of discontinuing or modifying an existing long-term care policy, life insurance policy or annuity contract (if applicable) with my client, including any replacement concerns or issues mentioned above. I have determined that the existing life insurance coverage or annuity contract meets the client's insurance needs and objectives and that any proposed change(s) to the life insurance policy is/(are) appropriate. I have left copies of all current policy information and statements with the Owner/Applicant(s) at the time of our annual review of the life insurance product.

a. My recommendation to the owner/applicant to retain the current life insurance policy is based on the following significant material benefit(s) to the client: (None or N/A are not acceptable)

- Temporary Death Benefit Protection
- Permanent Death Benefit Protection
- Death Benefit Protection with Cash Value Growth Potential
- Death Benefit Protection with Supplemental Income Needs
- Long-Term Care Protection
- Business Insurance Needs
- Guaranteed Level Premiums for New Level Term Period
- Reduction in Premium Cost
- Increased Death Benefit Protection with Better Product Pricing
- Other _____

b. Did you provide the owner/applicant with a copy of the current version of the product in-force illustration, projection of values or applicable product disclosure? Yes No

c. In your professional opinion based on the information the owner/applicant provided, is the recommended life insurance policy still suitable and in the client's best interest for the client's needs and objectives, as compared to other life insurance products that you are appropriately designated to offer, and is based on your evaluation of relevant suitability information and reflects the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under similar circumstances? Yes No

d. In making this recommendation, have you considered only interests of the consumer and has receipt of compensation or other incentives not influenced the recommendation? Yes No

_____/_____/_____
Signature of Licensed Agent Date (MM/DD/YYYY)

Printed Name of Licensed Agent