

Transfer of Ownership Suitability Information

Complete and submit for the new controllers/owners when transferring ownership or control of a variable contract or mutual fund.

Section 1 - General Information

Name of owner/applicant (custodian/trust/business) _____

Name of joint owner/applicant (custodian/trustee/authorized person) _____

Name of joint owner/applicant (custodian/trustee/authorized person) _____

Employment status/occupation for primary owner/applicant:

- Employed
 Unemployed
 Retired

Section 2 - Additional Account Information Aggregated

Net Worth (Do not include primary residence):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Under \$50,000 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$249,999 | <input type="checkbox"/> \$250,000 - \$499,999 |
| <input type="checkbox"/> \$500,000 - \$999,999 | <input type="checkbox"/> \$1,000,000 - \$2,999,999 | <input type="checkbox"/> \$3,000,000 + | |

Liquid Net Worth (Assets easily converted to cash. Do not include residence or business):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$20,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$249,999 |
| <input type="checkbox"/> \$250,000 - \$499,999 | <input type="checkbox"/> \$500,000 - \$999,999 | <input type="checkbox"/> \$1,000,000 - \$2,999,999 | <input type="checkbox"/> \$3,000,000 + |

Annual Income:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$20,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$159,999 |
| <input type="checkbox"/> \$160,000 - \$299,999 | <input type="checkbox"/> \$300,000 - \$499,999 | <input type="checkbox"/> \$500,000 + | |

Source of Income (select all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Earned/Spousal income | <input type="checkbox"/> IRA/SEP/SIMPLE/Roth | <input type="checkbox"/> Qualified plan/pension | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Investment/Rental | <input type="checkbox"/> Reverse mortgage | <input type="checkbox"/> None | <input type="checkbox"/> Other - _____ |

Federal Tax Bracket:

- 0 - 12%
 13 - 31%
 32% +

Select all prior investment experience and provide approximate current value of assets (exclude this purchase).

Bank Savings, CDs, Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	Life Insurance (Cash Value)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	Variable Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	Fixed Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Yes No Does your current income cover your expected day to day living expenses?

Yes No Do you have cash and/or other liquid assets available to you that may be used in the event of a financial emergency?

Section 3 - Risk Tolerance and Investment Objective

Select the Risk Tolerance the owner/ applicant is willing to accept for this account.

Aggressive
 Moderately Aggressive
 Moderate
 Moderately Conservative
 Conservative

Select the Investment Objective that matches this account's investments.

Aggressive Growth
 Growth
 Balanced/Conservative Growth
 Preservation of Principal

Section 4 - Individual Product Information

Purpose (select all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Income (current or future) | <input type="checkbox"/> Death benefit guarantee |
| <input type="checkbox"/> Future needs and purchases | <input type="checkbox"/> Bequeath assets to heirs | <input type="checkbox"/> Estate planning |
| <input type="checkbox"/> Emergency fund | <input type="checkbox"/> Other - _____ | |

Time Horizon: 0 - 3 years 4 - 7 years More than 7 years
