

Producer Guide to Suitability – Florida



Finding the right fit

The member annuity companies of Great American Insurance Group offer a wide array of retirement products to help your clients reach their financial goals. As a producer, you play a key role helping clients find solutions to meet their long-term or retirement needs. Helping clients achieve their goals begins with suitability.

What is suitability?

Suitability means knowing your customer to tailor your product recommendation.

Suitability within the insurance industry refers to the relationship between your product recommendation and your client. When a product is suitable for your client's long-term or retirement goals, it's appropriate. In other words, it's a fit.

A thorough suitability analysis is an expected component of quality customer service and allows you to establish yourself as a competent, trustworthy professional. In doing so, it paves the way to client loyalty and building future relationships.

Regulatory requirement

Many insurance regulators have established parameters for the sales process of all types of annuities including expectations regarding suitability. In most states suitability is a regulatory requirement.

The National Association of Insurance Commissioners (NAIC) issued a model regulation to address suitability concerns for all annuities (including traditional fixed, fixed-indexed and variable) and forms the basis for most state suitability regulations.

Our insurance subsidiaries require fairness, integrity and honesty in all customer interactions.

Great American's view on suitability

Our insurance companies require their producers to fully discuss and evaluate each client's current financial situation and future objectives prior to recommending an annuity product. We are dedicated to ensuring that our

producers have the information and resources available to make a suitable sale. Some of these tools include:

Please note: Although it is true that the tax-deferral advantage of annuities is redundant in a qualified plan, annuity products may offer other features, such as enhanced death benefit and unique investment features, that may make them a viable investment option for a portion of a qualified plan portfolio. An annuity which is purchased in a qualified plan should be chosen based on its other features and benefits as well as its risks and costs, not its tax benefits.

Fixed annuity sales training

Our insurance companies make available fixed annuity sales training where you will learn about our traditional fixed and fixed-indexed annuities, as well as current suitability practices. This training can be found on the agent secured website.

Florida Annuity Suitability Questionnaire

This form must be submitted for all IRAs and non-qualified sales, including transfers and rollovers to existing contracts. This form will help you capture the client's information so you can make a suitable determination. Non-qualified and IRA sales will be held as not in good order until we receive the fully completed Florida Annuity Suitability Questionnaire. Please note, no questions or response areas can be left blank. If requested information is unavailable, not applicable or unknown, this must be indicated.

Financial Inventory Worksheet (FIW)

This worksheet is designed to help you construct a detailed financial profile for your clients and may help you complete the Annuity Suitability Questionnaire. In our discretion, we may ask you to submit a completed Financial Inventory Worksheet in connection with any application you submit.

Product guides and training

Our insurance companies make available detailed product guides and product-specific training which help you fully understand the benefits and features of its various products.

Questions to ask your clients

What is their current financial situation?

- What is their monthly spendable income after tax and monthly expenses?
- Are their financial objectives being met with their current financial product portfolio?

What are their future objectives?

- Financially where do they want to be in five years? 10 years? 20 years?
- How much time do they have until they need their money?
- How would they like to access funds in the future?
- What assets do they possess to cover anticipated needs and emergencies (after purchasing the proposed annuity)?

Other considerations

- What is their risk tolerance?
- What are their lifestyle goals?
- How do they want death benefits paid to their beneficiaries?
- What is their health history?
- Is there a need to address lifestyle changes such as extended care?
- Do they anticipate a significant reduction in spendable income or a significant increase in future expenses?

Your role

Because no single product is right for everyone, you must develop a thorough understanding of the annuity products you are selling and of your client's current and future expenses. Also consider their current and future income needs, time horizon, lifestyle expectations and upcoming life events. Only after obtaining and analyzing all of the client's objectives and information is it possible to make a suitable recommendation. At the time of sale you should make a record of all recommendations you have made and leave a copy of the Florida Annuity Suitability Questionnaire with your client.

Replacements

When your recommendation involves the exchange or replacement of another insurance product, you must have a reasonable basis to believe that the transaction as a whole is suitable, taking into consideration all of the following:

- Whether the client will incur a surrender charge, be subject to the commencement of a new surrender period, lose existing benefits (such as death, living or other contractual benefits), or be subject to increased fees, investment advisory fees or charges for riders and similar product enhancements;
- Whether the client will benefit from the enhancements and improvements of the new product; and
- Whether the client has had another annuity exchange or replacement and, in particular, an exchange or replacement within the preceding five years.

Florida law requires producers to obtain written information relating to the annuity or policy to be surrendered. Such

information should include, but not limited to, the amount of any estimated surrender charge, the loss of any minimum interest rate guarantees, the possibility of tax consequences, the amount of any forfeited death benefit, and a description of any other investment performance guarantees being forfeited as a result of the transaction. Producers are required to maintain a copy of the written information and the date that the information was provided to the applicant. Applicant files must be maintained by the producer for a period of at least five (5) years after the expiration of the annuity.

Special considerations for older clients

Clients ages 65 and older with lower incomes tend to have a higher liquidity need. The length of early withdrawal charges, free withdrawal privileges and the ability to annuitize the contract when needed are important considerations. Encourage the participation of adult children or other family members in the sales process to help ensure that:

- The suitability information gathered is complete and accurate;
- All objectives and lifestyle events have been thoroughly considered; and
- There is a common understanding of the costs, benefits and features of the product recommendation.

Step-by-step instructions for completing the Florida Annuity Suitability Questionnaire and the Florida Annuity Suitability Questionnaire for Irrevocable Trusts

(forms on pages 5–13 and 14–22)

Important information:

- The fully completed Florida Annuity Suitability Questionnaire must be submitted with all IRAs and non-qualified sales, including transfers and rollovers to existing contracts.
- The Florida Annuity Suitability Questionnaire will assist you in capturing the suitability information that you will need to make a reasonable recommendation.
- All IRAs and non-qualified sales will be held as not in good order until we receive the completed form signed and dated on or prior to the application date.
- The forms may be found in the New Business Kit section of the agent website.
- To find an explanation of terms used in the Florida Annuity Suitability Questionnaire, please refer to page 13 or 22 of this guide.

Please note: If you are submitting multiple applications for the same client at the same time, the client's financial information and the purchase payments of the annuities should be combined and one Florida Annuity Suitability Questionnaire should be submitted.

Contract owners must complete form D2662316NW for additional purchase payments made on annuities that allow for multiple purchase payments. If contract owner is an irrevocable trust, use for D2662416NW.

A. Company

Select the company that is issuing the annuity being sold.

B. Proposed owner/annuitant personal information

List the name, date of birth, age, sex, and tax status.

C. Joint owner/annuitant personal information

List the name, date of birth, age, sex and tax status.

D. Financial status

In order to recommend products that satisfy your client's or the trust's needs and financial objectives, you must discover a complete picture of their financial status. Use the questions and tips below to help your client(s) or trustee(s) complete the remaining sections of the form. If there is a joint owner, combined information must be provided. Please note, not all instructions below are applicable to both forms.

Income: Consider how the purchase of this annuity will affect your client's monthly spendable income, which refers to monthly household income minus monthly household living expenses, or trust's annual net income available for distribution to beneficiaries. Ask if there may be any significant decreases in your client's monthly spendable income, the trust's annual net income available for distribution, or liquid assets over the next 10 years.

Trust Distributions: Determine the purpose of trust distributions to beneficiaries from trust income and trust principal. If trust distributions are made for health/support/maintenance, specify the average amount of annual distributions and note if a significant increase in the needs of beneficiaries is expected in the next 10 years. Please note, this applies only to form D2658918FL-IRREV.

Marginal federal income tax rate: Use Table 1 on page 4 to help determine your client's or the trust's marginal federal income tax rate. Please specify if a change is expected in your client's or the trust's marginal federal tax rate.

Net worth: Use the client's Financial Inventory Worksheet to help determine the client's/settlor's household net worth or the irrevocable trust's approximate net worth. Remember, your client's/settlor's household net worth does not include personal belongings or other personal property of the applicant, including but not limited to jewelry, furnishings or vehicles.

Investment experience: Ask if your client/settlor or trustee has invested before, and for how long.

Risk tolerance: Find out if the risk tolerance for the client/settlor or trust is low, moderate or high. If the risk tolerance is high, explain why the annuity applied for is suitable.

Cash, savings, money market funds and other cash equivalents: Find out how much will remain in cash, savings, money market funds and other cash equivalents after this annuity is purchased. Amounts to consider include any amount in a checking, savings or money market accounts, and amounts invested in stocks, bonds, mutual funds or other investments that are easily converted to cash without fees or penalties.

Termination of Trust: Determine when the trust is expected to terminate, the terms on which the trust will

be terminated, and the estimated number of years until termination. Additionally, find out how the annuity will be handled upon termination of the trust. Please note this applies only to form D2658918FL-IRREV.

Retirement plans: Ask if your client/settlor has a retirement plan, and its value.

Life insurance: Ask if your client/settlor owns life insurance, and the value of the policy or policies.

Health of owner: Ask if your client/settlor has been hospitalized in the last two years, and for how long. Also find out if a chronic, serious health problem exists.

Joint owner/spouse/partner of owner: Ask about the health of the joint owner, spouse or partner of the owner. This section of the form must always be completed.

E. Purchase information

After selecting the total purchase payment for this annuity, you may find Table 2 on page 4 helpful in making other calculations.

F. Financial objectives and considerations

- While learning about your client's/settlor's or trust's financial objectives, find out the reason your client/trustee wishes to purchase an annuity.
- Ask if sufficient available cash and liquid assets will remain to pay for living expenses, health care and emergencies after the annuity is purchased.
- Find out if your client/settlor or trust owns, or has owned, other financial products.
- Find out your client's/settlor's or trust's source of funds for the annuity's purchase payment. Ask if there are costs associated with the source of funds, and what percentage of the purchase price these costs represent.
- Find out if your client intends to apply for means-tested government benefits.

G. Accessing money

- Ask how your client/settlor or trustee would like to access money in the future.
- Find out how your client/settlor or trustee would like to take distributions, as well as the anticipated date of the first distribution.

H. Replacement

- Ask whether your client/settlor or trustee has exchanged or replaced an annuity and if so, when.
- Find out if your client/settlor or trustee is using another annuity for this annuity's purchase payment. If so, find out what benefits will be lost by purchasing this annuity. Additionally, ask how the previous annuity's cost and benefits compare to this annuity's cost and benefits.

I. Purpose of Trust

Find out if the trust is intended to qualify a wartime veteran, or the surviving spouse of a wartime veteran, for benefits from the Veteran's Administration. Please note, this applies only to form D2658918FL-IRREV.

J. Additional information required by Florida

List the annual income, source of income, annual household income, net worth and liquid assets of the owner/applicant and joint owner/annuitant (if applicable).

- Ask if your client/settlor or trust currently owns any financial products such as annuities or life insurance policies, and list them on the form.
- Ask if sufficient available cash and liquid assets will remain to pay for living and medical expenses after the annuity is purchased.
- Find out if any changes are expected to their current living expenses.
- Ask if any changes to out-of-pocket medical expenses are anticipated.
- Find out if sufficient income exists to cover any future changes to living expenses and out-of-pocket medical expenses during the surrender charge period.
- Ask if an emergency fund exists for unexpected expenses.

K. Financial objectives and other considerations

- Ask why your client/settlor or trustee wishes to purchase an annuity.
- Find out your client's/settlor's or trust's investment objectives.
- Find out your client's/settlor's or trust's risk tolerance.
- Ask if your client/settlor or trustee has investment experience.
- Find out your client's/settlor's or trust's source of income for the annuity's purchase payment.
- Ask how long your client/settlor or trustee plans to keep the proposed annuity.
- Find out if this annuity is a replacement.
- If this annuity replaces an existing product, ask if there is a penalty or other charge to obtain these funds. If applicable, list the amount of the penalty or charge.

L. Advantages and disadvantages to annuity purchase

List the advantages and disadvantages of your client/settlor or trustee purchasing the proposed annuity, as well as the basis for your recommendation. **Note: Your signature is required for this section.**

M. Acknowledgements and signatures

If your client/settlor or trustee elects to provide limited information or to omit information from the Florida Annuity Suitability Questionnaire, he/she must check the appropriate box.

N. Owner and joint owner signatures

Make sure the owner/applicant and joint owner/applicant sign and date each page of the Florida Annuity Suitability Questionnaire on or prior to the application date.

O. Explanation of terms

Review these terms with your client to ensure they understand the language used in the Florida Annuity Suitability Questionnaire.

Table 1

2018 marginal federal income tax rates

Taxable income between:

Single		Married filing jointly	
\$0 – \$9,525	10%	\$0–\$19,050	10%
\$9,526 – \$38,700	12%	\$19,051–\$77,400	12%
\$38,701–\$82,500	22%	\$77,401–\$165,000	22%
\$82,501–\$157,500	24%	\$165,001–\$315,000	24%
\$157,501–\$200,000	32%	\$315,001–\$400,000	32%
\$200,001–\$500,000	35%	\$400,001–\$600,000	35%
Over \$500,000	37%	over \$600,000	37%
Head of household		Married filing separately	
\$0–\$13,600	10%	\$0–\$9,525	10%
\$13,601–\$51,800	12%	\$9,525–\$38,700	12%
\$51,801–\$82,500	22%	\$38,701–\$82,500	22%
\$82,501–\$157,500	24%	\$82,501–\$157,500	24%
\$157,501–\$200,000	32%	\$157,501–\$200,000	32%
\$200,001–\$500,000	35%	\$200,001–\$500,000	35%
over 500,000	37%	over \$500,000	37%

Current tax rates available at www.irs.gov

Table 2

To find:	Take:
Purchase payment as a percentage of net worth	Total purchase payment and divide by the approximate household net worth
Purchase payment as a percentage of investment portfolio	Total purchase payment and divide by investment portfolio (including cash value of insurance policies)
Value of all annuities owned as a percentage of net worth	Value of all annuities (including the proposed annuity purchase) and divide by net worth

Financial Inventory Worksheet

The Financial Inventory Worksheet (page 25) is designed to help you construct a detailed financial profile for your clients. Information gathered from this worksheet may help you complete the Florida Annuity Suitability Questionnaire.

Important information:

- The Financial Inventory worksheet is required for all IRA and non-qualified sales \$250,000 or higher. However, in our discretion, we may ask you to submit the form in connection with any application you submit. Please note: in certain states this form is required for customers above a specific age.
- This worksheet may be found on our agent website.

The Financial Inventory Worksheet helps you determine your client's:

- Monthly spendable income
- Monthly living expenses
- Household net worth
- Total assets
- Total debt

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

A. Financial status cont.

3. Do you anticipate any significant decrease in your monthly spendable income or liquid assets (e.g. increase in expenses or decrease in income) during the next 10 years? Yes No **If yes, explain:** _____
4. What is your marginal federal tax rate? 0%-15% 16%-25% 26%-33% 33% and over
5. Do you expect a change to your marginal federal tax rate? Yes No **If yes, explain:** _____
6. Approximate household net worth – total net assets (other than primary residence and any personal property) minus total debt (other than mortgage or other debt owed on your primary residence) **(If \$0 to \$100,000 is selected, a FIW must be completed and submitted with this form.)**
 \$0-\$100,000 (FIW required) \$100,001-\$250,000 \$250,001-\$500,000 \$500,001+
7. Investment experience 0-3 years 4-6 years 7-10 years 10+ years
8. Risk tolerance
 Limit risk/low to moderate growth potential Moderate risk/medium to high growth potential
 High risk/maximum growth potential, **explain annuity's fit:** _____
9. Housing
 Rent Own (no mortgage) Own (mortgage is 50% or less of estimated value) Live with friend/family
 Own (mortgage is 50% or more of estimated value) Own (reverse mortgage lien on property)
10. Investment portfolio (bonds, CDs, savings, stocks and other financial instruments)
 Less than \$50,000 \$50,000-\$99,999 \$100,000-\$249,999 \$250,000-\$499,999 \$500,000+
11. Cash, savings, money market funds and other cash equivalents (after the purchase of this annuity) **(If \$0 to \$10,000 is selected, a FIW must be completed and submitted with this form.)**
 \$0-\$10,000 (FIW required) \$10,001-\$25,000 \$25,001-\$50,000 \$50,001-\$100,000
 \$100,001-\$200,000 \$200,001+
12. Retirement plans None \$0-\$50,000 \$50,001+
13. Life insurance None \$0-\$50,000 \$50,001-\$100,000 \$100,001+
14. Health of owner
 Good to excellent health Fair to poor health Chronic serious health problem nursing home dependent
15. Health of spouse of owner and/or joint owner **(must check one, if not applicable check N/A)**
 N/A Good to excellent health Fair to poor health
 Chronic serious health problem Nursing home dependent



(Cont.)

_____/ _____ / _____ / _____
 Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

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FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

D. Accessing your money

1. How do you anticipate taking distributions from this annuity? (check all that apply)
- Annuitize Free withdrawals Immediate income Leave to beneficiary Loans
 Lump sum surrender Partial surrenders above free withdrawal Required minimum distribution
 Systematic withdrawals Activate Rider Other, explain: _____
2. When do you anticipate taking your first distribution? (choose one)
- Less than 1 year Between 1-5 years Between 5-9 years 10+ years None anticipated

G

E. Replacement

1. Have you ever exchanged or replaced an annuity?
- No
 Yes, within the last 5 years
 Yes, more than 5 years ago
2. Is another annuity a source for this annuity's purchase payment?
- Yes No
- If yes, please complete questions a) through d) below completely.**
- a) What benefits with the other annuity will you lose? (must choose one)
- None Enhanced death benefit Income benefit
 Living benefit Other **If other, explain:** _____
- b) What type of annuity is being replaced?
- Fixed annuity Fixed indexed annuity Variable annuity
- c) Which of the following is true regarding the relationship of cost and benefits between the annuity being purchased and the annuity being replaced? (must choose one)
- Increased cost and increased benefits Increased cost and lesser benefits
 Similar cost and increased benefits Similar cost and similar benefits
 Other **If other, explain:** _____
- d) Is the **guaranteed** minimum interest rate (GMIR) of the annuity or policy being replaced higher, lower, or the same as the annuity being purchased? (must choose one)
- GMIR for annuity being replaced is lower
 GMIR for annuity being replaced is the same
 GMIR for annuity being replaced is higher **If higher; please provide GMIR for annuity being replaced** _____ %.

H

_____/_____/_____/_____

Owner's Signature / Date Signed / Joint Owner's Signature (if applicable) / Date Signed

**PAGES 6-9
ARE REQUIRED TO BE COMPLETED BY
FLORIDA RULE 69B-162.011, F.A.C.
FOR ALL APPLICANTS AND JOINT APPLICANTS**

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

ADDITIONAL INFORMATION REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Liquid Net Worth:	
Existing Assets:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all that apply)

- Income Growth (long term)
- Safety of Principal and Growth Safety of Principal and Income
- Other: _____ Pass assets to a beneficiary or beneficiaries at death



_____/ _____ / _____ / _____
 Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

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FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

Describe your risk tolerance? (Check all that apply)

- Conservative
- Moderately conservative
- Moderate
- Moderately aggressive
- Aggressive
- Other: _____



(Cont.)

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____

Additional information:

_____/ _____ / _____ / _____
 Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

Note: The following three sections to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."

L

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

Agent's Signature _____ Date Signed _____

Sections A - E are required by the Company to be completed.

Note: No questions or response areas are to be left blank when offered to the Owner and/or Joint Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

M

- I REFUSE to provide this information at this time.
 I have chosen to provide LIMITED information at this time.
 My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer.
 My annuity purchased IS BASED on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

N

Owner's Signature _____ / Date Signed _____ Joint Owner's Signature (if applicable) _____ / Date Signed _____

D2624217FL

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

G

D. Accessing the trust's money

1. How does the trust anticipate taking distributions from this annuity? *(check all that apply)*
 Annuitize Free withdrawals Immediate income Lump sum surrender Death Benefit
 Partial surrenders above free withdrawal Required minimum distribution Systematic withdrawals
 Living benefit rider payments Distribute contract ownership to trust beneficiary
 Other, **explain:** _____

2. When does the trust anticipate taking its first distribution? *(choose one)*
 Less than 1 year Between 1-5 years Between 5-9 years 10+ years None anticipated

H

E. Replacement

1. Have you ever exchanged or replaced an annuity?
 No
 Yes, within the last 5 years
 Yes, more than 5 years ago

2. Is another annuity a source for this annuity's purchase payment?
 Yes No
If yes, please complete questions a) through d) below completely.
 a) What benefits with the other annuity will you lose? ***(must choose one)***
 None Enhanced death benefit Income benefit Living benefit
 Other ***If other, explain:*** _____
 b) What type of annuity is being replaced?
 Fixed annuity Fixed indexed annuity Variable annuity
 c) Which of the following is true regarding the relationship of cost and benefits between the annuity being purchased and the annuity being replaced? ***(must choose one)***
 Increased cost and increased benefits Increased cost and lesser benefits
 Similar cost and increased benefits Similar cost and similar benefits
 Other ***If other, explain:*** _____
 d) Is the guaranteed minimum interest rate (GMIR) of the annuity or policy being replaced higher, lower, or the same as the annuity being purchased? ***(must choose one)***
 GMIR for annuity being replaced is lower
 GMIR for annuity being replaced is the same
 GMIR for annuity being replaced is higher ***If higher; please provide GMIR for annuity being replaced:*** _____%

I

F. Purpose of Trust

1. Is trust intended to qualify a wartime veteran, or the surviving spouse of a wartime veteran, for benefits from the Veteran's Administration?
 Yes No

_____/ _____ / _____ / _____
 Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed
 D2658918FL-IRREV Page 4 of 9 Agent: Leave copy with Owner (05/2018)

**PAGES 6-9 ARE REQUIRED TO BE COMPLETED BY
FLORIDA RULE 69B-162.011, F.A.C.
FOR ALL APPLICANTS AND JOINT APPLICANTS**

**FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE
 ADDITIONAL INFORMATION REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.**

J

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Liquid Net Worth:	
Existing Assets:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

K

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
- Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
- Other: _____

_____/ _____ / _____ / _____
 Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed



(Cont.)

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

Describe your risk tolerance? (Check all that apply)

- Conservative
 Moderately conservative
 Moderate
 Moderately aggressive
 Aggressive
 Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____

Additional Information:

_____ / _____ _____ / _____
 Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

L

Note: Additional information to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."

Advantages of purchasing the proposed annuity:

Three horizontal lines for text entry.

Disadvantages of purchasing the proposed annuity:

Three horizontal lines for text entry.

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

Three horizontal lines for text entry.

Agent's Signature _____ Date Signed _____

Sections A - F are required by the Company to be completed.

Note: No questions or response areas are to be left blank when offered to the Owner and/or Joint Owner/Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

M

- Four checkboxes with options: REFUSE, LIMITED, IS NOT BASED, IS BASED.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

N

Owner's Signature / Date Signed Joint Owner's Signature (if applicable) / Date Signed

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth, (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Source of funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Owner/Annuitant, Joint Owner/Annuitant if applicable, and the Annuitant/Applicant/Owner as it may exist.

“Tax Status” is the senior consumer’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Total Net Worth” is the owner’s total assets minus total liabilities or encumbrances applicable to those assets.

_____/ _____ / _____ / _____
Owner’s Signature Date Signed Joint Owner’s Signature (if applicable) Date Signed

Client Financial Disclosure Information for Additional Purchase Payments (CFD Add) For Irrevocable Trusts



Instructions: Please submit this form when making an additional purchase payment to an existing annuity contract that permits multiple payments. Complete and submit this form in its entirety for additional purchase payments including transfers/rollovers to an existing contract owned by an irrevocable trust.

Owner information

Trust name	Tax ID Number	Existing Contract #	Date Trust became Irrevocable
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A. Purchase information

- Total amount of additional purchase payment \$ _____
A Financial Inventory Worksheet (FIW) is required for all pending and active policies with a combined value of \$250,000 or more, issued by Great American Annuity Group. The FIW may also be requested for sales under \$250,000.
- What is the trust's source for this annuity's additional purchase payment? (check all that apply)
 Another annuity Certificates of deposit Home equity loan Life insurance Reverse mortgage/Home
 Savings/Checking Stocks/Bonds/Mutual funds Other, explain: _____
- Are there fees, penalties, surrender charges or other costs associated with the source of funds indicated in question 2 above?
 Yes No **If yes, please provide the total of such costs \$ _____ and the percentage this represents _____ %.**

B. Replacement

- Has an annuity been exchanged or replaced previously?
 No
 Yes, within the last 5 years
 Yes, more than 5 years ago
- Is another annuity a source for this annuity's additional purchase payment?
 Yes No
If yes, respond to all of the following questions.
 - What benefits with the other annuity will be lost? (**must choose one**)
 None Enhanced death benefit Income benefit Living benefit Other **If other, explain:** _____
 - What type of annuity is being replaced?
 Fixed annuity Fixed indexed annuity Variable annuity
 - Which of the following is true regarding the relationship of cost and benefits between the annuity purchased and the annuity being replaced? (**must choose one**)
 Increased cost and increased benefits Increased cost and lesser benefits
 Similar cost and increased benefits Similar cost and similar benefits Other **If other, explain:** _____
 - Is the guaranteed minimum interest rate (GMIR) of the annuity or policy being replaced higher, lower, or the same as the annuity being purchased? (**must choose one**)
 GMIR for annuity being replaced is lower
 GMIR for annuity being replaced is the same
 GMIR for annuity being replaced is higher **If higher, please provide GMIR for annuity being replaced:** _____ %

Please note: All questions must be answered or your request for additional purchase payments into your existing annuity contract will be held not in good order and will not be considered. This form must be signed and dated the same day as your request to transfer funds. To the best of my knowledge and belief, the information above is true and complete; and the information previously provided regarding the trust's investment objective, risk tolerance, and financial information continues to be accurate. I understand that I should consult my tax advisor regarding possible tax implications of the purchase of an annuity or the exchange of an existing annuity of life insurance contract.

_____ Trustee's signature	_____ Date	_____ Co-Trustee's signature	_____ Date
_____ Agent's signature	_____ Date	_____ Agents number	

E

H

Financial Inventory Worksheet

- **Required** for all IRA and non-qualified sales \$250,000 or higher **and** required when Household Net Worth is less than \$100,000.
- **Required** when **all** active and pending annuities with Great American exceeds \$250,000.
- May be requested for IRA and non-qualified sales lower than \$250,000.

A. MONTHLY SPENDABLE INCOME

Include spouse/partner

Monthly Household Income

Salary/Wages \$ _____
 Social Security Benefit \$ _____
 Pension/Retirement Benefit \$ _____
 Interest/Dividend Income \$ _____
 Rental Income \$ _____
 Other \$ _____
Total Income \$ _____

Monthly Living Expenses

Rental/Mortgage Payment \$ _____
 Utilities/Transportation/Food \$ _____
 Credit Card Repayment \$ _____
 Other Debt Repayment \$ _____
 Healthcare and Health Ins. \$ _____
 Taxes (*property and income*) \$ _____
 Other \$ _____
Total Expenses \$ _____

MONTHLY SPENDABLE INCOME

\$ _____ - \$ _____ = \$ _____
Total Income Total Expenses Monthly Spendable Income

B. HOUSEHOLD NET WORTH

Do not include mortgages on primary residence, personal belongings or personal property such as jewelry, furnishings and vehicles.

Assets

Funds used for this purchase \$ _____
 Checking/Savings/Money Markets \$ _____
 Stocks/Bonds/Mutual Funds/CDs \$ _____
 All Annuities within Surrender \$ _____
 (*Excluding this purchase*)
 All Annuities Out of Surrender \$ _____
 Other Retirement Acct. Balances \$ _____
 Real Estate \$ _____
 (*Exclude primary residence*)
 Life Insurance Cash Values \$ _____
 Business Equity \$ _____
 Other \$ _____
Total Assets \$ _____

Debts

Mortgage Loan \$ _____
 (*Exclude primary residence*)
 Total Credit Card Debt \$ _____
 Home Equity Loans \$ _____
 Personal/Vehicle Loans \$ _____
 Taxes/Judgements \$ _____
 Other \$ _____
Total Debt \$ _____

HOUSEHOLD NET WORTH

\$ _____ - \$ _____ = \$ _____
Total Assets Total Debt Household Net Worth

Agent Comments: _____

Client Name: _____ Policy Number: _____

Agent Signature: _____ Date: _____