

## ANNUITY SUITABILITY QUESTIONNAIRE

The Serb National Federation (SNF Life) is required by the state insurance department to ask information that will help determine whether an annuity contract that you are applying for is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose **and will remain confidential**.

You have the legal right to decline to provide this information. If this is your wish, please read the following statement, sign, date, and return this form with your Application for Annuity.

### Waiver of Annuity Suitability Questionnaire

- No, I will not answer the questions on this Annuity Suitability Questionnaire, and I take full responsibility for determining whether the proposed annuity is suitable for me.**
- Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that the Serb National Federation may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

### Owner's Name:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 First Name MI Last Name Phone Number

\_\_\_\_\_ , \_\_\_\_\_  
 Street Address City State Zip code

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Social Security Number Date of Birth Marital Status Occupation

### Primary Financial Objectives: (Check all that apply)

- Immediate Income       Future Income       Tax Deferral       Preservation of Principle
- Growth       Beneficiary Provisions       Flexibility       Inheritance

Financial Information: Annual Household Income: \$ \_\_\_\_\_ Liquid Net Worth: \$ \_\_\_\_\_

How soon do you intend to take income and/or distributions from the annuity?

- < 1 year       1 - 6 years       6 - 10 years       11+ years       Never, (money for charity/Inheritance)

Tax Bracket:       10%       15%       25%       28%       33%       35%       39.6%       \_\_\_\_\_%

Source of Income:  Employment       Investments       Social Security       Retirement       Other

Do you have any funds available to you in case of emergency?  Yes       No

Other relevant information (financial constraints, health concerns, long-term care considerations, etc.) \_\_\_\_\_

**Existing Accounts:** Are you considering using funds from existing life insurance policy, contract, or certificate of deposit to purchase this annuity?  Yes       No

How long has the policy, contract, or certificate of deposit been in force? \_\_\_\_\_ # of years

Are there any surrender charges associated with the above-mentioned existing policy, contract, or certificate of deposit?

- Yes       No

### Signatures

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Owner's Signature Date Agent/Producer Signature Date