



**Section H: Professional Data**

Type	Name/Firm	Phone
Accountant		
Attorney		
Financial Advisor		

**Section I: Financial Profile**

- Annual gross income:
 

<input type="checkbox"/> \$0 – 29,999	<input type="checkbox"/> \$75,000 – 99,999	<input type="checkbox"/> \$250,000 – 399,999
<input type="checkbox"/> \$30,000 – 49,999	<input type="checkbox"/> \$100,000 – 149,999	<input type="checkbox"/> \$400,000+
<input type="checkbox"/> \$50,000 – 74,999	<input type="checkbox"/> \$150,000 – 249,999	
- Income sources (check all that apply):
 

<input type="checkbox"/> Salary	<input type="checkbox"/> Pension Plans	<input type="checkbox"/> Other
<input type="checkbox"/> Investments	<input type="checkbox"/> Disability	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment	
- Estimated net worth (excluding primary residence, furnishings, automobiles):
 

<input type="checkbox"/> \$0 – 74,999	<input type="checkbox"/> \$150,000 – 249,999	<input type="checkbox"/> \$500,000 – 999,999
<input type="checkbox"/> \$75,000 – 149,999	<input type="checkbox"/> \$250,000 – 499,999	<input type="checkbox"/> \$1,000,000+
- Length of investment experience:
 

0 – 5 years	5 – 10 years	10+ years
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- Federal income tax bracket:
 

15%	28%	33%	38%
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- Do you currently handle your financial matters? Y/N Explain \_\_\_\_\_

**Section J: Proposed Annuity Purchase**

- Length of time you plan to keep money in this annuity:
 

4 years or less	4 – 8 years	8 – 10 years	10 years or more
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- Have friends or family been consulted about this purchase? Y/N If not, please indicate whom, if anyone, you would like contacted:  
 Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_
- Has your agent discussed with you whether an existing life insurance or annuity will be replaced in connection with the proposed sale of this annuity and whether surrender charges will apply? Y/N
- Source of funds for fixed annuity purchase \_\_\_\_\_

**Section K: Miscellaneous**

- Do you or your spouse have any major medical problems? Y/N  
If yes, explain \_\_\_\_\_
- What, if any, changes do you expect in your family or financial situation in the next 12 months? \_\_\_\_\_
- Survivors' needs:  
 Immediate \_\_\_\_\_ Future \_\_\_\_\_  
 Source to provide for needs \_\_\_\_\_ Source to provide for needs \_\_\_\_\_

**Note to Producer:** You should maintain in your files any other information not listed that was used or considered in making your recommendation.