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ANNUITY SUITABILITY ACKNOWLEDGMENT

Thank you for your interest in a Sons of Norway Annuity. This form is an essential part of the application process. It helps your Agent assess your insurance needs and financial objectives, and make recommendations appropriate to your current financial situation and long-term goals.

All questions must be answered, and the form must be signed by each owner/applicant and your Agent. Please submit this form with your annuity application.

Owner Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____ Product Name: _____

Joint Owner Name: _____ Date of Birth: _____
(Immediate Annuity Only)

Social Security Number: _____ Sex: _____

Annuity Type: <input type="checkbox"/> Qualified <input type="checkbox"/> Nonqualified	Are you actively employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium Amount: _____
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FINANCIAL PROFILE: *(If the contract will be jointly owned, the information may be combined for both.)*

1. What is your gross monthly household income? \$ _____

a. What are your sources of income? *(select all that apply)*

- Wages/Salary Rental Income Investments
 Pension/Retirement Benefit SSI Other: _____

b. Describe your monthly income: It is stable -OR- It fluctuates

2. What are your monthly household living expenses? \$ _____

(Includes: housing, food, transportation, insurance, medical care, and property taxes.)

3. Federal Income Tax Rate: ≤10% 11-20% 21-30% 31-36% 37%+

4. What is your household net worth? \$ _____

(Total assets – total debts = household net worth.)

Exclude: primary residence, primary mortgage, furnishings, and automobiles.)

5. What is your liquid net worth after the annuity purchase? \$ _____

(Liquid net worth is the amount that can be easily converted into cash without paying an kind of penalty or surrender charge.)

6. What percentage of your net worth do all annuities represent *(including proposed purchase)*? % _____

(Total annuity holdings ÷ net worth)

7. Given your current financial situation, do you feel your current income or liquid assets are sufficient to pay for your living expenses, medical expenses, or any unexpected emergencies? Yes No

If No, please explain: _____

8. **After the purchase of this annuity, do you anticipate any material changes to the following?** Yes No
(If Yes, please select the option(s) that will be affected and provide an explanation below.)

Monthly Income Out-of-pocket Medical Expenses Living Expenses Liquid Assets

If Yes, please explain: _____

9. **Do you have a reverse mortgage?** Yes No

10. **Do you reside in a nursing home or assisted living facility?** Yes No

11. **Do you intend to apply for Medicaid, Medi-Cal, the veterans' aid and attendance benefit or other means-test government benefits?** Yes No

(If Yes, you must provide a letter from an attorney certifying that this annuity purchase does not adversely affect your eligibility to participate in the applicable federal or state program. This letter should be submitted along with the application.)

Owner Signature: X	Date Signed:
Joint Owner Signature: X	Date Signed:

FINANCIAL OBJECTIVES AND EXPERIENCE:

12. **Reason for Purchase:** *(select all that apply)*

Principal Preservation Growth/Wealth Accumulation Tax Deferral (non-qualified only) Income
 Retirement/Estate Planning Inheritance/Death Benefit Other: _____

13. **Which of the following financial products do you own and/or have previously owned and indicate number of years for each?:**

(select all that apply)

Fixed Annuities _____ years Variable Annuities _____ years Life Insurance _____ years
 Bonds _____ years Stocks _____ years Other _____ years
 CDs _____ years Mutual Funds _____ years

14. **Source of funds for this annuity purchase?** *(select all that apply)*

(If annuity contracts or life insurance policies are being replaced, please provide an explanation in Question 23.)

Current Income Life Insurance IRA/Retirement Plan
 Cash/Savings/Checking Annuity Stocks/Bonds/Mutual Funds
 CDs Loans/Reverse Mortgage Other: _____

15. **Excluding the current transaction, have you replaced any other annuity contracts within the past 36 months (60 months in CA and MN)?** Yes No

If Yes, please explain:

16. How long do you plan to keep this annuity? 1-3 years 4-7 years 7+ years Lifetime
- a. Do you understand this annuity's limits on additional purchase payments? Yes No
- b. Do you plan to make additional purchase payment to this annuity? Yes No
17. How do you anticipate taking distributions from this annuity? *(select all that apply)*
- Free/Partial Withdrawals Immediate Income Lump Sum Surrender Annuitize
- Lifetime Income Rider Systematic Withdrawals Requirement Minimum Distribution
- Not Anticipating Taking Distributions From This Annuity Other: _____
18. When do you anticipate taking your first distribution?
- Less than 1 year 1-5 years 6-9 years 10+ years None anticipated
19. I understand this annuity may have surrender charges and taxes may apply if I withdraw money Yes No
20. What is your risk tolerance for this annuity?
- Conservative:** Accept little to no risk of principal of limiting or lower returns
- Moderate:** Accept some risk of principal for the potential of higher returns
- Aggressive:** Accept high risk of principal for the potential of even greater returns
21. Is there a surrender charge for liquidating the existing contract?
- If Yes, what is the Surrender Charge? *(Dollar and/or percentage)* _____
22. Please describe what benefit(s) the owner/applicant will achieve by replacing the current contract or policy.
If the owner/applicant is giving up a living or death benefit rider please explain why the rider is no longer needed.
23. **ADDITIONAL REMARKS:** *(If the owner/applicant refuses to disclose certain information, please provide an explanation in this section. Please note that any missing information may affect our ability to determine the suitability of a purchase. If we are unable to determine the suitability, the application will be rejected.)*

Owner Signature: X	Date Signed:
Joint Owner Signature: X	Date Signed:

OWNER/JOINT OWNER'S STATEMENT:

I confirm that I was provided the information above and that is true and complete to the best of my knowledge. I discussed my current financial situation, anticipated financial needs and risk tolerance with my agent. The agent discussed with me the surrender charges, if applicable, and other costs relating to this annuity contract. Furthermore, I reviewed the product-specific Disclosure Statement and understand the product features, its interest crediting elements, and if applicable, the indexes upon which the interest calculation will be based. I understand the risks associated with this product include fluctuating interest rates and potentially lower returns. My agent discussed with me the advantages and disadvantages of the annuity contract. I understand that if I refused to provide all of the requested information or provided inaccurate information, the ability of my agent and Sons of Norway to determine suitability may be affected.

In Accordance with Ohio Rule 3901-6-13, Agent provided me with Appendix A. I have reviewed and endorsed Appendix A, and understand Appendix A and its affirmative disclosures regarding my relationship with Agent and Agent's licensure, the types of products the Agent is authorized to sell, which carriers the Agent is appointed to sell for, and how the Agent is paid for their work.

Please check the box next to one of the statements below. The application will not be accepted if this section is incomplete.

I have determined that purchasing this annuity contract supports my insurance needs and will assist me in meeting my financial goals and objectives.

I have selected this product despite a contrary recommendation (or absence of a recommendation) from my agent.

New Jersey Residents ONLY: The sale and suitability of annuities is regulated by the Department of Banking and Insurance and consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or visiting the Department's website at www.njdobi.org.

Owner Signature : X	Date:
Joint Owner Signature : X	Date:

AGENT'S STATEMENT:

In Accordance with Ohio Rule 3901-6-13, I provided Owner/Applicant with Appendix A, which is a disclosure I am required to provide to the Owner/Applicant prior to a recommendation or sale of an annuity. Appendix A is a disclosure of my requisite licensure to sell life and annuity products, which carriers I am appointed with, and how I am paid for my work. I reviewed Appendix A with Owner/Applicant and answered any questions the Owner/Applicant had, and the Owner/Applicant endorsed Appendix A.

I have made a reasonable effort to obtain the following information about the applicant(s): financial resources, net worth and liquidity, tax status, investment objectives, risk tolerance, time horizon, and financial goals and objectives. I have discussed with the applicant the advantages and disadvantages of this product in the context of that information. Sections a. and b. must be completed to confirm the advantages and disadvantages of this purchase.

a. Advantages of purchasing the proposed annuity: *(select all that apply)*

- Guarantees Immediate Income Lower Risk More Stability Safety of Principal
- Reduced Fees Retirement Income
- Other, please explain: _____

b. Disadvantages of purchasing the proposed annuity: *(select all that apply)*

- Surrender Period/Length Surrender Charges Chance for Less Gain than Current Product
- Loss of Death Benefit Replacement/Transfer Penalty
- Other, please explain: _____

Please check the box next to one of the statements below. The application will not be accepted if this section is incomplete.

- Based on the information the applicant supplied and the applicant's circumstances of which I am currently aware, I believe the recommended product is suitable, appropriate, and will help achieve the applicant's insurance needs and financial objectives.
- The applicant selected this product despite a contrary recommendation (or absence of a recommendation) from me.

I have completed my Annuity Suitability Certification as required by the jurisdiction for this immediate transaction and my certification is current and has not lapsed.

Date: _____

Provider: _____

Course Name: _____

Course Title: _____

Agent Signature: X	Date:
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