



SONS OF NORWAY

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ANNUITY SUITABILITY ACKNOWLEDGMENT

Thank you for your interest in a Sons of Norway Annuity. The following questions are designed to help determine if purchasing a fixed annuity contract is suitable for your current financial situation and long term goals.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT WITH YOUR ANNUITY APPLICATION.

Maintaining your privacy is a high priority for us. The information you provide will be treated with the highest degree of confidentiality.

Owner Name: _____ Age: _____ Product Name: _____

Joint Owner Name: _____ Age: _____ Premium Amount: _____
(Immediate Annuity Only)

1. Estimated net worth: _____ **Tax Bracket:** _____ %

Net worth (excluding primary residence) = Assets (including investments and life insurance holdings) - Debt

2. Liquid assets remaining after this purchase: _____

(Cash, checking and savings accounts and any other financial holdings that can be readily converted into their cash equivalent without loss of principal)

3. After purchase of this annuity will you still have sufficient liquid assets to sustain your present lifestyle?

Yes No

4. Annual Income: _____ **Source(s) of Income:** _____

5. My financial objective with this product is:

Income Now Tax Deferral Growth & Income Investment Safety
 Pass on to Beneficiaries Other _____

6. My premium source for this annuity is:

Exchange or transfer from an annuity or life product (complete replacement section 12)
 CD Other Investments Other _____

7. I would describe my risk tolerance as:

Low Medium High

8. Other financial products I own or previously owned:

CDs Fixed or Variable Annuities Stocks/Bonds/Mutual Funds Reverse Mortgage

9. How do you anticipate taking distribution from this Annuity? (Check all that apply)

Annuitize Required Minimum Distributions Free/systematic withdrawals
 Partial Surrenders Lump Sum Leave to Beneficiary

10. When do you anticipate taking your first distribution from this annuity?

1 to 5 years 6 to 8 After eight years None anticipated

11. I understand this annuity may have surrender charges and taxes may apply if I withdraw money.

Yes No

12. Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?

Yes No

form continues on page 2

NOTE: IF THIS FORM IS NOT COMPLETED, SIGNED AND DATED, WE CANNOT CONSIDER YOUR APPLICATION.

13. Is this a replacement?

Yes No **If yes, complete the replacement chart and submit a recent account statement.**

Type of product being
exchanged/replaced
(e.g., fixed, fixed indexed,
variable annuity)

Type of product being exchanged/replaced (e.g., fixed, fixed indexed, variable annuity)	Company Name	Product Name	Purchase Date	Surrender Value	Surrender Charge	Guaranteed Interest Rate	# Years Remaining in Surrender Period

FINANCIAL BENEFITS COUNSELOR STATEMENT

Acknowledgment of Responsibility for Suitability Recommendation

I have reasonable grounds for believing that the recommendation for this consumer to purchase/exchange an annuity is suitable on the basis of the facts disclosed by the consumer as to their investments and other insurance products and their financial situation and needs. I acknowledge that I have provided the consumer with an illustration.

FBC Name (Please print)

Telephone Number

FBC Signature

Date

CONSUMER ACKNOWLEDGMENT

Consumer's Acknowledgment of Responsibility

I acknowledge that I have read the Illustration for the product listed above and believe it meets my needs at this time. I further acknowledge that after this sale, **Sons of Norway will be holding _____ % of my net worth.** To the best of my knowledge and belief, the information above is true and complete.

Owner's Signature

Joint Owner's Signature (If applicable)

Date

Date

WITNESS ACKNOWLEDGMENT

Recommended if owner is age 70-79. Required if owner is age 80 and older.

I acknowledge that I have witnessed the owner's signature and it is my belief that they understand the contract they have applied for and feel that it meets their needs.

Witness Signature

Witness - Relationship to Owner

Date