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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.)

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?** Yes No
- 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

DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND THE INFORMATION IN THIS FORM

You are buying a financial product:

Product Name: _____

Premium Amount: _____

I confirm that I provided the information above and that it 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, 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.

I further 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 state statutes regarding the suitability of this purchase.

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

State Requirements: CA and MN Customers over age 65 cannot elect to opt out of providing suitability information.

PLEASE REVIEW THE FORM AND SIGN ATTESTING THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. THIS FORM SHOULD NOT BE SIGNED IF ANY REQUIRED ITEM IS LEFT BLANK.

Date _____

Owner Signature _____

Print or Type Name(s) _____

Date _____

Joint Owner Signature _____

Print or Type Name(s) _____

Insurance Agent/Producer Disclosure for Annuities

DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND THE INFORMATION IN THIS FORM

Date: _____

INSURANCE AGENT (PRODUCER) INFORMATION ("Me", "I", "My")

Name: _____ SONS Agent #: _____

Business \ Agency Name: _____ Website: _____

Business Mailing Address: _____

Business Telephone Number: _____

Email Address: _____

National Producer Number in [state]: _____

CUSTOMER INFORMATION ("You", "Your") - Owner and Joint Owner

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

What Types of Products Can I Sell You?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I am authorized to sell the following products:

- Fixed Annuities
- Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificate of Deposits

Agent is Independent of Insurer and Able to Recommend Annuity Contract with other Carriers:

Agent is independent of Sons of Norway. Agent is not contractually limited to recommending only annuity contracts of Sons of Norway.

Commissions:

Sons of Norway will pay a commission for each purchase payment made to Sons of Norway (SON). Commissions are not subtracted from the purchase payments or from annuity contract values. All contributions received from clients are credited to your account at 100%.

Other Material Conflicts of Interest:

A material conflict of interest exists if the agent has a financial interest that a reasonable person could question the agent's judgment in rendering advice as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest:

CLIENT: By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Date _____

Client Signature_____

Print or Type Name_____

Date _____

Client Signature_____

Print or Type Name_____

AGENT: 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 of Completion: _____

Provider: _____

Course Name: _____

Course Title: _____

Date _____

Agent Signature_____

Print or Type Name_____