



Annuity Suitability / USA PATRIOT Act Form

Issued by American National Insurance Company / One Moody Plaza, Galveston, TX 77550-7947

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Overnight Address American National Insurance Company, Mail Processing Center,
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This form is intended to gather your financial information and long-term goals to help your insurance agent form a reasonable belief whether the sale of an annuity is suitable. We will protect and keep your information confidential.

1 Owner Information

If a Trust will be the owner, complete this form using the Trust's financial information. You may include the financial information of the grantor, if living.

Any additional information that provides a more complete understanding of the suitability of a trust arrangement should be included in written form on page 4. All trust documentation must accompany this form.

Full Name of Owner/Grantor/Partner _____	Age _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Number of Dependents _____	Ages of Dependents _____	
Joint Owner/Grantor/Partner (if applicable) _____	Age _____	Relationship to Owner _____

2 Financial Profile

If joint owners are spousal please provide the household financial information below. If joint owners are not spouses, complete a separate Annuity Suitability Form for each person.

1. Have you had experience with any of the following investments and insurance products? If Yes, how long?

- Mutual Funds _____ # of yrs.
- Bonds _____ # of yrs.
- Life Insurance _____ # of yrs.
- 401(k) Plans _____ # of yrs.
- CDs _____ # of yrs.
- Annuities _____ # of yrs.
- Stocks _____ # of yrs.
- Savings Accounts _____ # of yrs.
- Other _____ # of yrs.

2. In considering this product, what is your risk tolerance?

- Conservative (Low Risk)
- Aggressive (High Risk)
- Moderately Conservative
- Moderate
- Moderately Aggressive

3. Annual Gross Income \$ _____

4. Source of Income (Check all that apply)

- Salary (W-2)
- Self-Employed
- Investments
- Other _____
- Social Security
- Pension Plans
- Reverse Mortgage

5. What type of investments and insurance products do you currently own?

- Mutual Funds
- Term Life
- Equity Indexed Life Insurance
- Stocks
- Whole Life
- Equity Indexed Annuities
- Bonds
- Variable Annuities
- Other _____
- CDs
- Variable Life Insurance
- Savings Accounts
- 401(k) Plans
- Fixed Annuities

2 Financial Profile (Continued)

6. Liquid Net Worth, prior to the annuity purchase you're considering, **(These are assets that can be easily converted to cash without incurring penalty charges. Do not include funds from a reverse mortgage.)**

\$ _____

7. If you purchase an annuity, will your income and liquid net worth be enough for living expenses, including medical expenses and emergencies? Yes No

8. If you were to purchase an annuity, how many months of living expenses can your Liquid Net Worth cover?

1 – 3 months 4 – 6 months 7 – 12 months 13+ months

► NOTE: Many financial planners recommend that a person maintain an amount of liquid net worth equal to 3 to 6 months of a person's monthly living expenses in case of emergencies.

9. What is your estimated Federal Income Tax Bracket?

10% 12% 22% 24% 32% 35% 37%

10. Have you taken or do you intend to take a reverse mortgage in the next 12 months on your personal residence?

Yes No

11. Are you currently living in or are you planning on living in an Assisted Living Facility within the next 3 years?

Yes No Please explain _____

12. Are you currently living in or are you planning on living in a nursing home within the next 3 years?

Yes No Please explain _____

13. Why are you considering the purchase of an annuity? (Check all that apply)

Immediate Income Stable Growth Tax Deferral Estate Planning Death Benefit
 Safety of Principal Retirement Potential to earn higher interest related to a market index
 Option for lifetime income Post Purchase Liquidity Other _____

3 Transaction Information

If this transaction is a Single Premium Immediate Annuity, do not answer questions 14a or b.

14. a) Do you intend to take distributions prior to attaining age 59 ½? Yes No

If Yes, please explain what exception you will rely upon to avoid the 10% federal tax penalty.

b) Do you intend to take withdrawals before the end of the surrender charge period? Yes No

If Yes, do you intend to withdraw more than 10% of the annuity value per year? Yes No

If Yes, please explain _____

15. What source of funds will you use if you buy an annuity? (Check all that apply)

Savings Account Money Market Bank CD Stocks/Bonds/Mutual Funds Home Equity Loan
 Reverse Mortgage Annuity Life Insurance Retirement Gift from _____
 Other (please list) _____

a) Will any potential charges or penalties be incurred by using the above funds? Yes No

Amount \$ _____

b) Is the person writing the check other than the proposed owner of the annuity? Yes No

Please explain _____

c) Is the source of funds from a previously owned life insurance policy or annuity contract? Yes No

Please explain _____

4 Exchanges / Replacements

In the case of an exchange or replacement the insurance agent must have reasonable grounds to believe that the transaction is suitable taking into consideration the information provided in response to the questions below.

In CA & MN, if a replacement transaction involves a person age 65 or older and a surrender charge is incurred, the purchase must have a substantial benefit over the life of the contract to the consumer.

16. Will the annuity be funded by an Exchange or Replacement?

Yes No (If Yes, please complete 16a through 16p.)

Excluding this proposed transaction, have you exchanged an annuity within the last 36 months, (60 months in CA & MN)?

Yes No

If Yes, please give this information:

Company Name _____

Product Type (e.g. variable, fixed) _____

		Replaced	Proposed
a.	Is there a surrender charge? If Yes, list the current dollar amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Not Applicable
b.	What is the remaining Surrender Charge Period?	_____ Yrs.	_____ Yrs.
c.	Is the replaced/proposed contract qualified or non-qualified?	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
d.	Is there a Premium Enhancement (Interest Rate Enhancement) or Bonus? If Yes, provide the amount or percentage and how long you will receive this enhancement.	<input type="checkbox"/> No \$ or % For Yrs <input type="checkbox"/> Yes _____	<input type="checkbox"/> No \$ or % For Yrs <input type="checkbox"/> Yes _____
e.	Is there a Premium Enhancement or Bonus Recapture Charge? In other words, will the premium enhancement or bonus be forfeited?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
f.	Is there a Market Value Adjustment (MVA)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
g.	If there is a Market Value Adjustment (MVA), then what is the amount and is it positive or negative?	(Pos.) \$ _____ (Neg.) \$ _____	Not Applicable
h.	What is the Minimum Guaranteed Interest Rate over the life of the contract? (i.e. required by state law and in the contract)	_____ %	_____ %
i.	If replacing a fixed product to another fixed product, what is the current base fixed interest rate? (exclude any enhancements)	<input type="checkbox"/> N/A _____ %	<input type="checkbox"/> N/A _____ %
j.	If replacing a fixed or equity indexed product to an equity indexed product what is the base fixed interest rate?	<input type="checkbox"/> N/A _____ %	0%
k.	Is there an Annual Surrender Charge Free Withdrawal Privilege? —Year available for proposed contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ %	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ % <input type="checkbox"/> Yr.1 <input type="checkbox"/> Yr.2
l.	Is there a Confinement Waiver Benefit? If Yes, what is the age limitation for the benefit on the annuity?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age
m.	Is there a Terminal Illness Waiver/Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
n.	Are there any Rider Benefits being replaced and applied for? If Yes, please list type of rider benefits in the additional space on page 4.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
o.	What is the total amount of fees associated with the Rider Benefits? (Percentages Not Accepted. If there are no fees, please respond N/A or 0.)	\$ _____	\$ _____

► **NOTE: This question MUST be completed for all replacement transactions or risk delay in processing.**

16p. Please explain the benefit of the proposed annuity compared to the contract you are replacing.

17. (CALIFORNIA RESIDENTS ONLY) - 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

Please explain:

18. (CALIFORNIA RESIDENTS ONLY) - If owner is 65 years old or older, was any part of the sales process performed in their home? (If yes, please complete and submit Form 4126) Yes No

5 State-Specific Disclosures

► **NOTE: In CA & MN, completion of all suitability information on this form is required if the owner is a CA or MN resident and a replacement will occur.**

► **NEW JERSEY PRODUCERS PLEASE NOTE:** You should maintain in your files any other information you used or considered, not listed above, in making your recommendation.

Prior to selling individual fixed deferred and immediate annuity contracts directly to consumers, the Act requires insurers, insurance producers and non-licensed society producers, representatives or members to make reasonable efforts to obtain and record information regarding:

- the consumer's financial status,
- the consumer's tax status,
- the consumer's investment objectives, and
- any other information considered to be relevant to provide reasonable grounds for believing the annuity is suitable for the consumer.

The form containing this information must be signed and dated by the consumer and must also include information advising the consumer that the sale and suitability of annuities is regulated by the Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at <https://www.state.nj.us/dobi>.

6 Acknowledgement and Signatures

Did you fully complete all the previous suitability questions?

If **YES**, please acknowledge and sign the following:

Owner/Trustee/Partner Section:

I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives. If I am exchanging my current annuity, I understand that with this exchange: (1) I am subject to the commencement of a new surrender charge period or commutation schedule; and (2) I will lose the existing contractual benefits.

X _____
Signature of Owner/Trustee/Partner

Date: Month / Day / Year

X _____
Signature of Joint Owner/Trustee/Partner (if applicable)

Date: Month / Day / Year

Insurance Agent Section:

I acknowledge that I have a reasonable belief that the annuity for which the owner is applying for is suitable on the basis of the suitability information provided by the owner and as to his or her financial situation and needs. I have made a reasonable effort to obtain suitability information for the owner as required by law.

X _____
Signature of Insurance Agent

Date: Month / Day / Year

If **NO**, please acknowledge and sign the following:

Owner/Trustee/Partner Section:

I ELECT NOT to provide the information and/or I ELECT NOT to provide answers to certain questions. I acknowledge that I have decided to purchase this annuity without a recommendation from my producer or the Company. I understand that the annuity is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives.

X _____
Signature of Owner/Trustee/Partner

Date: Month / Day / Year

X _____
Signature of Joint Owner/Trustee/Partner (if applicable)

Date: Month / Day / Year

Insurance Agent Section:

The Owner(s) has not provided complete suitability analysis information and has decided to purchase this annuity without my recommendation.

X _____
Signature of Insurance Agent

Date: Month / Day / Year

► NOTE TO INSURANCE AGENT:

You must maintain all documentation regarding this transaction/recommendation for a minimum of 5 years in most states and up to 10 years in certain other states. If any information is missing or changed on this form, the consumer must initial and date all changes or updates.

7 USA PATRIOT Act Notice To be read by or to customer

The USA PATRIOT Act requires that we have an Anti-Money Laundering (AML) Program, notify customers that we verify their identity, and collect documents and information sufficient to provide verification. Failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your business.

Customer Identification Verification: we require our Insurance Agent to review and verify a **current** government issued photo ID for **EACH Owner/Trustee/Partner** associated with a contract. Information on such identification must be record below. If the Owner is a minor or non-legal entity, we must review the identification of the individual who submits an application on behalf of the minor or non-legal entity. We may use third party sources to verify the information provided.

► **NOTE:** The following information should be recorded exactly as it appears on the identification reviewed. If more than two owners to a contract, submit an additional USA PATRIOT Act Notice.

Name of Owner/Trustee/Partner	Name of Joint Owner/Trustee/Partner (if applicable)
<p>Street Address (Not P.O. Box)</p> <p>_____</p> <p>City _____ State _____</p> <p>Zip _____ Date of Birth _____</p> <p>Number on ID _____</p> <p>Identification Expiration Date _____</p> <p>State or Country _____</p> <p>Form of ID used to verify the identification of the Owner/Trustee/Partner:</p> <p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Resident Alien ID "Green Card"</p> <p><input type="checkbox"/> Other (describe): _____</p>	<p>Street Address (Not P.O. Box)</p> <p>_____</p> <p>City _____ State _____</p> <p>Zip _____ Date of Birth _____</p> <p>Number on ID _____</p> <p>Identification Expiration Date _____</p> <p>State or Country _____</p> <p>Form of ID used to verify the identification of the Joint Owner/Trustee/Partner:</p> <p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Resident Alien ID "Green Card"</p> <p><input type="checkbox"/> Other (describe): _____</p>

1. Check the appropriate entity and **submit copies of documentation** indicating the existence of a legitimate business entity (e.g. Articles of Incorporation, Certificate of Limited Partnership, Joint Venture Agreement, or similar document/ agreement governing the formation and operation of the entity).

- | | |
|--|--|
| <input type="checkbox"/> Corporation, LLC, Professional Association | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> General Partnership or Joint Venture | <input type="checkbox"/> Trust and All Other Entities |

2. Insurance Agent Acknowledgement (check **one**):

- I certify that I personally met with the proposed Owner/Trustee/Partners and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the proposed Owner/Trustee/Partners.
- I was unable to personally review the identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Owner/Trustee/Partners is true and accurate.
- Reason for not reviewing document: _____

► **NOTE:** Failure to personally review the identification documents will result in processing delays in order to verify customer identity and may result in a decision not to accept the business.

x _____
Insurance Agent Signature **Date:** Month / Day / Year