

## North Carolina Suitability Form (Not for EliteDesigns\*)

Distributed by Security Distributors, Topeka, Kansas *Questions? Call 877-700-6847*.

## Instructions

This Suitability Form must be completed in its entirety. If you are completing a hard copy of this Form, please submit the signed original with the completed Variable Annuity Application.

Please read the questions and statements on this Form very carefully.

Thank you for your trust in us to help you reach your retirement goals. Before we process your Application and issue your variable annuity contract, we are required to ask for information that will help determine that there is a reasonable basis for believing that the purchase suits your current investment goals and financial situation. We also need to confirm that you have been reasonably informed of the terms and features of a variable annuity and would benefit from certain features of a variable annuity. Please complete all sections of this form. We may need to contact you for additional information if necessary.

Your privacy is a high priority to us. The information in this Form will remain confidential and will not be used for any purpose other than evaluating your suitability for this product. Please type or print.

(Please note that definitions for all footnoted terms appear at the end of this form.)

1. Provide Annuitant Information			
Annuitant Complete Legal Name First		Last	
O Male O Female Age at Last Birthday			
Mailing Address  Street Address	City	State	Zip Code
Social Security Number/Tax I.D. Number			
Daytime Phone Number	Home Phone Nun	nber	
Employment Status $\bigcirc$ Employed $\bigcirc$ Unemployed $\bigcirc$ Retired $\bigcirc$ Affiliated with a registered broker/dealer $\bigcirc$ Yes $\bigcirc$ No			
Occupation			
Employer Name			
Employer Mailing Address Street Address	City	State	Zip Code

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2. Provide Contractowner Information				
$\square$ Same as Annuitant				
Contractowner Complete Legal Name First	MI	Last		
O Male O Female Age at Last Birthday		Last		
Mailing Address  Street Address	City		State	Zip Code
Social Security Number/Tax I.D. Number	•		0.0.0	p
Daytime Phone Number	_ Home Phone Numb	er		
Employment Status $\bigcirc$ Employed $\bigcirc$ Unemployed $\bigcirc$ Retired  Occupation	•	stered b	roker/de	ealer O Yes O No
Employer Name				
Employer Mailing Address Street Address	City	_	State	Zip Code
3. Provide Joint Owner Information (if applicable)				
Joint Owner Complete Legal Name				
O Male O Female Age at Last Birthday		Last		
Mailing Address  Street Address	City		State	Zip Code
Social Security Number/Tax I.D. Number	•	_	Sidle	Zip Code
Daytime Phone Number	_ Home Phone Numb	er		
Employment Status $\bigcirc$ Employed $\bigcirc$ Unemployed $\bigcirc$ Retired  Occupation	•	stered b	roker/de	ealer O Yes O No
Employer Name				
Employer Mailing Address Street Address	City		State	Zip Code
4. Type of Annuity Contract				
Please select the contract type O Non-qualified O Roth IRA	O Traditional IRA			
Anticipated initial purchase amount \$				
5. Type of Applicant				
○ Individual ○ Joint ○ Trust ○ Partnership ○ Guardians	ship O Custodian			
For any of the preceding non-natural entities, please complete	·	n Form		

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6.	Financial Information of Owner				
(If	contract is jointly owned, information should be aggregated	for both Owners.)			
1.	Approximate annual income <sup>1</sup>	\$			
2.	Approximate annual living expenses <sup>2</sup>	\$			
3.	Does Owner anticipate a significant increase in living expen changes in the overall financial picture or employment in the		e or liquid assets, or any other		
	○ Yes ○ No If yes, please explain				
4.	Federal income tax bracket $\bigcirc$ 0%-15% $\bigcirc$ 25% and up				
5.	Approximate net worth <sup>3</sup>	\$			
6.	Approximate liquid net worth, after this annuity purchase 4	\$			
7.	s Owner contributing the maximum amount to available qualified plans, e.g. 401(k), 403(b), IRA, etc.?				
	○ Yes ○ No If no, please explain.				
8.	Please indicate the type and amounts of the following investm	nent and insurance products the	at Owner currently holds.		
	Fixed annuities/fixed life insurance		Stocks/bonds/mutual funds		
	Bank accounts/CDs (non-securities)		. Other		
	Variable annuities/variable life insurance				

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7. Owner's Investment Experience and Investment Objectives						
1.	Describe your investment experience by indicating what other financial products you have previously owned but do not currently own.					
	$\square$ Fixed annuities/fixed life insur	ance	☐ Variable annuities/variable life insurance			surance 🗆 Other
	$\square$ Bank accounts/CDs (non-sect	urities)	rities) 🗆 Stocks/bonds/mutual funds			
2.	What is your current risk tolerand	ance? <sup>5</sup>				
	○ Conservative	O Moder	ate	O Aggre	ssive	
	$\bigcirc$ Moderately conservative	O Moder	ately aggressive	e		
3.	Why are you purchasing a variable annuity? (Check all that apply.)					
	$\square$ Systematic withdrawals	☐ Annuit	nnuitization $\Box$ Asset accumulation $\Box$ C		on 🗆 Other	
	☐ Tax-deferred growth	☐ Probat	e avoidance	$\square$ Death	benefit	
4.	Why are you purchasing this par	e you purchasing this particular variable annuity? (Check all that apply.)				
	$\square$ Variety of investment options		$\square$ Low fees and	d charges		$\square$ Systematic withdrawals
	☐ Death Benefit rider		☐ Annuity options			☐ Other
5.	. What is the source of this variable annuity's initial purchase payment? (Check all that apply.)				that apply.)	
	$\square$ Savings/checking account/CE	Os	☐ Annuity ☐ Stock/bonds/mutual funds			☐ Inheritance
	☐ Current income				unds	$\square$ Life insurance
	☐ Reverse mortgage		☐ Rollover (IRA	A, 401k, 40	3b, 457)	☐ Other
	$\square$ Borrowed funds or home equi	ty loan				
6.	What is your investment objective	∍?				
	$\square$ Long term capital growth $\square$	Income	$\square$ Growth and	Income	☐ Capital	Preservation

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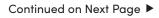
8.	Replacements 6					
1.	Is this purchase a replacement of any annuity contract or life insurance policy? O Yes (If yes, please complete this entire section. If no, please skip to the next section.	) No				
2.	If this is a replacement, has Owner replaced another annuity contract or life insurance policy within the past 36 months? O Yes O No					
3.	If this is a replacement, what types of contracts are being replaced?  ☐ Fixed annuity ☐ Indexed annuity ☐ Variable life insurance  ☐ Variable annuity ☐ Fixed life insurance					
4.	If this is a replacement, will a surrender charge be imposed on any contract that is being If yes, what is the amount of the surrender charge for each contract being replaced?					
5.	If this is a replacement, will a bonus recapture, market value adjustment, or other fees o contract that is being replaced? O Yes O No If yes, list the charge, fee or adjustment and the amount on each contract being replace					
6.	If this is a replacement, does any contract being replaced provide you with guaranteed withdrawal benefits, guaranteed income benefits, guaranteed accumulation benefits, to assisted living waiver, or any other benefit or waiver? O Yes O No If yes, list the benefit and the amount on each contract being replaced.					
7.	If this is a replacement of a <i>fixed or variable annuity</i> contract, please provide the follow contract being replaced.	ving information about the				
	Sales load imposed on purchases or deferred sales load on amount surrendered	%				
	Annual administrative charge or contract fee	\$				
8.	If this is a replacement of a <i>variable annuity</i> contract, please provide the following information about the contract being replaced.					
	Mortality and expense risk fees (as a percentage of average separate account value)	%				
	Separate account fees and expenses	%				
	Total annual underlying fund operating expenses (expenses that are deducted from und management fees, distribution and/or service (12b-1) fees,and other expenses)	derlying fund assets, including				
	Minimum % Maximum %					
9.	Accessing Your Money					
1.	When do you anticipate taking your first distribution from this variable annuity? (Choose	e one.)				
	O Less than one year One to five years None anticipated					
	$\bigcirc$ Six to nine years $\bigcirc$ 10 or more years					
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10. Owner Acknowledgement				
Please check each statement				
$\hfill \square$ I have read and understand the prospectus for the variable annuity for which I am applying.				
I believe that the variable annuity for which I am applying is suitable for my insurance needs and investment objective considering my financial status and understand that I am encouraged to discuss this proposed investment with my personal financial advisors.				
☐ I have adequate income or available liquid assets to meet my financial obligations and emergency expenses without using the money I am investing in this variable annuity.				
☐ I understand (a) that the value of the Subaccounts under the variable annuity will vary based performance of the Subaccounts and I may receive less than the premiums paid, (b) the risk of subaccounts I have selected, and believe that these subaccounts are consistent with my investigation (c) that no minimum amount of Contract Value is guaranteed.	associated with the			
☐ I understand the charges that apply to the variable annuity, including the return of premium (if I have selected this rider), mortality and expense risk charge, and annual administrative ch				
I understand (a) tax penalties may apply if I sell or redeem my variable annuity before reaching variable annuity provides no tax benefits beyond those provided in a tax qualified plan such a should therefore consider whether investing in a variable annuity is appropriate if I have not a amount to tax qualified plans that are available to me, (c) that an annuity's expenses can out tax-deferred compounding for investors in lower tax brackets, and (d) that I should consult me possible tax implications of the purchase, sale, surrender, and annuitization of a variable annuity annuity contract or life insurance policy.	as a 401(k) plan, and I contributed the maximum weigh the benefits of y tax advisor regarding			
☐ (For replacements only): I understand that if I replace an existing annuity or life insurance policy with the variable annuity for which I am applying, the death benefit promised under the policy being replaced will not transfer to the variable annuity for which I am applying.				
☐ (For replacements only): I believe that this variable annuity will meet my investment needs be being replaced.	tter than the contract(s)			
☐ (If applicable): I have allocated my initial purchase payment to the Money Market Subaccount based on the understanding that my personal investment advisor may re-allocate my purchase payments and Contract Value among the Subaccounts as he/she deems appropriate in consideration of my investment goals and personal financial situation				
☐ I affirm that, the information on this form was obtained prior to the proposed purchase of this variable annuity and I acknowledge that such information is true and complete and that I have read and understand the above statements.				
Note: Please verify that ALL questions were answered. This Form must be completed, signed, as consider the Application.	nd dated so we can			
X Owner's Signature	Date (mm/dd/yyyy)			
X	Date (mm/dd/yyyy)			





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## SD Principal's Approval

By signing below, I certify that I believe that: 1) the above customer has been informed, in general terms, of the material features of deferred variable annuities; 2) that the customer would benefit from certain features of deferred variable annuities; and 3) that this variable annuity as a whole, the underlying Subaccounts to which funds are allocated at the time of purchase, and the death benefit rider, if selected, are suitable (and in the case of an exchange, the transaction as a whole also is suitable) for the above customer, based on the information provided in this Form and the accompanying Application.

X		
	SD Principal's Signature	Date (mm/dd/yyyy)

- "Income" is earned income and investment income from all sources, before taxes, and includes salary and wages, Social Security payments, IRA and other pension/retirement plan payments, payments from annuities, interest payments, rental income, and profits and losses from the sale of a business or asset.
- <sup>2</sup> "Living expenses" include rent, mortgage, household maintenance costs, insurance premiums, health care, nursing home and assisted living costs, taxes, debt repayment, support for dependents, food costs, transportation costs, membership costs, charitable contributions, and vacation and recreation costs.
- <sup>3</sup> Net worth is total assets less total debt.
  - "Total assets" includes the premium for the purchase of this variable annuity, but does not include the value of the Owner's primary residence or personal belongings or other personal property such as jewelry, furnishings, and vehicles. "Total debt" does not include any mortgages or debt owed on the Owner's primary residence.
- 4 "Liquid net worth" includes that part of a person's net worth held in cash or easily convertible to cash.
- <sup>5</sup> "Conservative" means you prefer little risk and low volatility in return for accepting potentially lower returns. Minimizing exposure of principal to loss or fluctuation is very important.
  - "Moderately conservative" means you are willing to take some risk to seek enhanced returns. Reduced exposure of principal to loss or fluctuation is important.
  - "Moderate" means you are willing to assume an average amount of market risk and volatility or loss of principal to achieve higher returns.
  - "Moderately aggressive" means you are willing to assume an above average amount of risk and volatility or loss of principal to take advantage of potentially higher return opportunities.
  - "Aggressive" means you are willing to sustain substantial volatility or loss of principal and assume a high risk in pursuing higher returns.
- "Replacement" means a transaction in which a new contract is to be purchased, and it is known or should be known that by reason of the transaction, an existing policy or contract has been or is to be: (1) lapsed, forfeited, surrendered or partially surrendered, assigned to the issuer of the new contract or otherwise terminated; (2) converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of nonforfeiture benefits or other policy values; (3) amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid; (4) reissued with any reduction in cash value; or (5) used in a financed purchase.

Mail this form only if you are not submitting online. If you are mailing this form, mail to: Security Distributors

P.O. Box 750497 | Topeka, Kansas 66675-0497 | Fax to 785.368.1772

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