

Questions? Call our National Service Center at 1-800-888-2461.

1. Agent and Client Information

Agent Name _____
First MI Last

Agent Number _____

Client Name(s) _____
First MI Last

Client(s) Date of Birth or Age _____ **Social Security Number/Tax I.D. Number** _____
(mm/dd/yyyy)

Proposed Premium Amount \$ _____ **State Application will be signed in** _____

Proposed Product _____ **Rider Type** _____ N/A

Where does the client currently reside? Personal residence With family members Nursing home Assisted living

2. Financial Information

Client's Net Worth (excluding primary residence, automobiles and personal belongings) \$ _____

Client's Gross Annual Income \$ _____ Client's Gross Annual Expenses \$ _____

Total Liquid Assets (do not include assets funding this annuity) \$ _____

Total Annuities owned (including this annuity) _____

3. Source of Funds/Replacement

Source of funds _____ Qualified or Non-Qualified

If you are replacing an annuity or life policy, complete the following:

What Product are you replacing? _____ Issue Date (or years in-force) _____

Account Value \$ _____ Surrender Value \$ _____

Rider Type _____ N/A Benefit Base Value (if applicable) \$ _____

Are you the original writing agent on the contract you are replacing? Yes No

4. Purpose of Annuity

What is the client's purpose of establishing this annuity? Please include any other information that would be helpful in our decision process _____

Completed forms can be faxed to the suitability department at 785.368.1767.
Please include statements or account summaries for any replacements if possible. If you have questions or would like to speak with a suitability administrator please email suitabilityreview@SecurityBenefit.com.
This form allows a preliminary review for suitability and in no way eliminates the required suitability paperwork. An initial projection of suitability based on this information does not guarantee suitability approval of the full application.

