

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

Instructions

This form is not required to be submitted with an Application. Should additional information about the suitability of this product be needed, Security Benefit will request this form (or a similar form that covers the same information) be submitted. All sections are required to be completed. Approximate, not exact, values are sufficient. The financial information of the joint applicant should be included in the responses. If the Applicant's spouse or partner is a member of the same household, and is not the joint applicant, the spouse or partner's information should be included in the responses.

All information will be treated with the highest degree of confidentiality and will not be used for any other purpose than to assess the suitability of this product. Please type or print.

Provide Applicant Information

Applicant Name _____
First MI Last

Social Security/Tax I.D. Number _____ **Date** _____
(mm/dd/yyyy)

Joint Applicant Name _____
First MI Last

Social Security Number/Tax I.D. Number _____

Annual Income (List \$0 if no such source.)

- | | | | |
|--|----------|---|----------|
| 1. Salary and wages | \$ _____ | 7. Profits and losses from the sale of an asset | \$ _____ |
| 2. Social Security payments | \$ _____ | 8. Other _____ | \$ _____ |
| 3. IRAs and other pension/retirement plans | \$ _____ | 9. Other _____ | \$ _____ |
| 4. Payments from annuities | \$ _____ | 10. Other _____ | \$ _____ |
| 5. Interest/dividend income | \$ _____ | Total Annual Income | \$ _____ |
| 6. Rental income | \$ _____ | | |

Annual Living Expenses (List \$0 if no expenses in that category.)

- | | | | |
|--|----------|-------------------------------------|----------|
| 1. Rent/mortgage payment | \$ _____ | 9. Taxes | \$ _____ |
| 2. Utilities and other household maintenance | \$ _____ | 10. Dependent support | \$ _____ |
| 3. Insurance premiums | \$ _____ | 11. Charitable donations | \$ _____ |
| 4. Debt repayment | \$ _____ | 12. Vacation and recreation | \$ _____ |
| 5. Transportation/fuel | \$ _____ | 13. Other _____ | \$ _____ |
| 6. Food | \$ _____ | 14. Other _____ | \$ _____ |
| 7. Health care | \$ _____ | 15. Other _____ | \$ _____ |
| 8. Nursing home and assisted living costs | \$ _____ | Total Annual Living Expenses | \$ _____ |

Total Assets

(Please exclude Applicant's primary residence and personal property such as jewelry, furnishings and vehicles.)

- | | | | |
|---|----------|--|----------|
| 1. Checking/Savings accounts | \$ _____ | 7. Real estate (excluding primary residence) | \$ _____ |
| 2. Certificates of deposit | \$ _____ | 8. Business equity | \$ _____ |
| 3. Non-retirement stocks, bonds, and mutual funds | \$ _____ | 9. Other _____ | \$ _____ |
| 4. Non-retirement annuities | \$ _____ | 10. Other _____ | \$ _____ |
| 5. Retirement annuities | \$ _____ | 11. Other _____ | \$ _____ |
| 6. Retirement stocks, bonds, and mutual funds | \$ _____ | Total Assets | \$ _____ |



Total Debt (List \$0 if no debts in that category.)

1. Mortgages on non-primary residence properties	\$ _____	5. Loan on annuity being replaced (if any)	\$ _____
2. Credit card debt	\$ _____	6. Other _____	\$ _____
3. Automobile loan/lease payments	\$ _____	7. Other _____	\$ _____
4. Student loans	\$ _____	Total Debt	\$ _____

Net Worth

Net Worth = Total Assets Less Total Debt

Total Assets	\$ _____
Less Total Debt	\$ _____
Total Net Worth	\$ _____

Liquid Assets (List \$0 if no assets in that category.)

(Please exclude funds that will be used to purchase this annuity, and personal property such as jewelry, furnishings, and vehicles.)

1. Checking accounts	\$ _____	5. Annuity free withdrawals	\$ _____
2. Savings accounts	\$ _____	6. Surrender free annuities	\$ _____
3. Money market accounts	\$ _____	7. Other _____	\$ _____
4. Stocks, bonds, and mutual funds	\$ _____	8. Other _____	\$ _____
		Total Liquid Assets	\$ _____

Additional Information

(Optional. To be completed by Financial Professional or Applicant, or both.)

Please use this space to list any additional information about the Applicant's financial situation that would help us in making a determination about suitability. Please explain any differences between the information that is being reported on this Financial Inventory form and the Annuity Suitability form that was previously completed.

Applicant Acknowledgment

Note: Please verify that all required information has been provided.

I acknowledge that the information above is true and complete.

X _____	_____	(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
Applicant Signature	Date (mm/dd/yyyy)	
X _____	_____	
Joint Applicant Signature	Date (mm/dd/yyyy)	
X _____	_____	
Financial Professional Signature	Date (mm/dd/yyyy)	

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