

Annuity Needs Worksheet

This worksheet is designed to help producers thoroughly document clients' needs.

Agent Information

Name _____ Company _____

Client Information

Proposed Owner _____ Date of Birth _____

Owner's SSN/TIN _____ State of Solicitation _____

Proposed Insured _____ Date of Birth _____

Spouse _____ Date of Birth _____

Account/Financial Profile (For Joint Accounts, information may be combined.)

Annual Income

- \$0-\$10,000
- \$10,001-\$25,000
- \$25,001-\$50,000
- \$50,001-\$100,000
- \$100,001+

Source of Income

- Employment
- Investment/Savings
- Social Security
- Retirement Plans
- Other _____

Federal Tax Bracket

- 0-15%
- 16-25%
- 26-28%
- Over 28%

Liquid Assets

Exclude primary residence, automobiles, and furnishing.

- Under \$50,000
- \$50,001-\$100,000
- \$100,001-\$250,000
- \$250,001-\$500,000
- Over \$500,000

Risk Tolerance

- Conservative
- Moderately Conservative
- Moderate
- Moderately Aggressive
- Aggressive

Time Horizon

When will money be accessed?

- Less than 1 year
- 1-5 years
- 6-9 years
- More than 10 years

Financial Experience

- Limited
- Good
- Extensive

Financial Objectives

Check all that apply.

- Income Now
- Growth Followed by Income
- Tax Deferral/Savings/Planning
- Guarantee Against Loss of Principal
- Guarantee Death Benefit
- Pass Assets on to Beneficiaries
- Other _____

Existing Assets

Check all that apply.

- Stocks
- Bonds
- Mutual Funds
- Options
- Partnerships
- Annuities \$ _____
total amount of all annuities held and pending
- Life Insurance
- Certificates of Deposit
- Other _____

Source of Funding

Check all that apply.

- Savings/Checking
- Annuity Proceeds
- Life Insurance Proceeds
- Certificates of Deposit
- Other Investments
- Reverse Mortgage/Home Equity Loan
- Rollover/IRA/401(k)
- Pension Rollover
- Other _____

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

Existing Account Information

Is this a replacement of an existing life insurance policy or annuity? <i>If no, the below questions are not applicable, and you may skip to the next page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the current agent also the writing agent on the existing coverage being replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the current interest rate and guarantee period on the existing coverage?	_____ % and _____ years
What is the guaranteed minimum interest rate on the existing coverage?	_____ %
What are the total policy charges on the existing coverage?	\$ _____ or _____ %
What are the total rider charges on the existing coverage?	\$ _____ or _____ %
Does the existing coverage include any vested, guaranteed living benefits, death benefits or other contractual benefits that the owner may lose by exchanging or replacing his/her existing coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the benefit types and values under the existing coverage.	Death Benefit \$ _____ Accumulation Benefit \$ _____ Withdrawal Benefit \$ _____ Income Benefit \$ _____ Annuitization Benefit \$ _____ Other \$ _____
Has the owner exchanged or replaced other coverage within the past 36 months (60 months in California)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the surrender charge that will be incurred?	\$ _____ or _____ %

What are the reasons for the replacement of the client's existing coverage? _____

<p>What concerns you about your financial instruments?</p>	<input type="checkbox"/> Outliving my assets <input type="checkbox"/> Not meeting financial goals <input type="checkbox"/> Loss of principal <input type="checkbox"/> Tax consequences <input type="checkbox"/> Other _____	
<p>What financial purpose does this annuity purchase satisfy? <i>(Choose all that apply.)</i></p>	<input type="checkbox"/> Income now <input type="checkbox"/> Guarantees provided <input type="checkbox"/> Growth, followed by income <input type="checkbox"/> Safety of principal <input type="checkbox"/> Other _____	<input type="checkbox"/> Tax-deferred growth <input type="checkbox"/> Growth potential <input type="checkbox"/> Pass on to beneficiaries
<p>Do you currently live in an assisted living or nursing home?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Do you anticipate any significant changes to your financial status?</p>	<input type="checkbox"/> Yes <i>(Select all that apply.)</i> <input type="checkbox"/> Increases in living expenses (medical, nursing home, or assisted living) <input type="checkbox"/> Decreases in income (retirement or lower pension) <input type="checkbox"/> Decreases in liquid assets (reduction or decrease in balance of checking, savings, stocks or mutual funds). <i>Event details and timing:</i> _____ _____ _____ <input type="checkbox"/> None anticipated	
<p>What is your risk tolerance with respect to this annuity?</p>	<input type="checkbox"/> I would rather have a predictable return over time. <input type="checkbox"/> I would rather have opportunity for higher return over time but can withstand low/no returns through the years. <input type="checkbox"/> My main goal is to achieve high returns over time, and I can tolerate substantial loss in order to do so.	
<p>Are guarantees important to you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes

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