

Financial Suitability Form



Americo Financial Life and Annuity Insurance Company

Owner/Annuitant _____ Home Phone _____ Age _____

ASSETS

Real Estate (Exclude primary residence) \$ _____	Life Insurance Cash Value \$ _____	Total Assets \$ _____
Annuities <input type="checkbox"/> \$0-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$1,000,001+	Cash/Stocks/Bonds/CDs <input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> \$500,001+	Less Total Debt \$ _____ = Net Assets \$ _____ Note: Net worth is assets less liabilities. Exclude your primary residence, home furnishings, and auto.

ADDITIONAL FINANCIAL INFORMATION

Tax Bracket _____% (See reverse for tax brackets) Life Insurance Death Benefit \$ _____

Approximate Monthly Income & Expenses: Income \$ _____ Expenses \$ _____

Complete only for Platinum Income: After purchase of this annuity, will you have funds available to you for the following: 1) Nursing home care? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Other expenses (e.g., funding grandchildren's education, future travel)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Complete only for Platinum Income: What are sources/amounts of monthly retirement income in the future (excluding assets listed above): 1) Social Security..... \$ _____ 2) Pensions and/or lifetime income from an annuity .. \$ _____ 3) Other sources (e.g., savings, 401(k), IRA).....\$ _____
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Do you anticipate receiving in the near future additional income or assets in the form of inheritance, pension, government agency entitlement, or other income that would affect the assets listed above? Yes No If Yes, please explain: _____

Have you or will you replace, discontinue coverage, stop paying premiums, initiate a reduction in face amount, borrow or surrender cash value on any life insurance or annuity as a result of this contract being issued? Yes No
 If Yes, complete all required replacement forms and provide surrender charges on the policy being replaced \$ _____

ANNUITY OBJECTIVES

With regard to purchase of this annuity, rank the following objectives from 1 to 7, with 1 being the most important:
 ___ Future income ___ Current income ___ Safety of principal ___ Protection from inflation ___ Growth ___ Reduced taxation ___ Liquidity

In what timeframe do you wish to achieve these objectives? 5 years or less 6 years or more

DO NOT complete this question if applying for Platinum Income:
 Beyond a 10% annual penalty-free withdrawal or receipt of interest earnings, when do you anticipate needing access to the funds you are committing? 5 years or less 6 years or more

- I elect not to provide the information necessary for my Agent to make a recommendation to make this purchase.
- I have decided to enter into the annuity purchase without a recommendation from my Agent.

By signing below, I/We represent to Americo Financial Life and Annuity Insurance Company that the statements made on this Senior Protection Form are true, complete, and correctly recorded to the best of my/our knowledge and understanding. I/We acknowledge that failure to provide complete or accurate information may affect the ability of the Agent and/or Insurer to determine the suitability of the annuity product being offered. **I/We believe that the annuity product for which I/We are applying is a suitable product for my/our financial needs.**

Owner/Annuitant Signature _____ Date _____ Joint Owner _____ Date _____

FOR USE IN CALIFORNIA ONLY: Did the Agent meet with the Senior in his/her own home? Yes No
(Must Be Completed) If Yes, you must submit form 03-185-1-CA with application.

By signing below, I acknowledge that the above information was furnished to me by the customer and that I believe the product is suitable for the customer based upon the information disclosed to me by the customer.

Agent Signature _____ Agent # _____ Date _____

The information provided on this form will not be shared with outside sources. It will only be used to assess suitability prior to an annuity purchase. Our privacy policy information will be provided with your new contract or upon request.

2007 TAX BRACKET (Adjusted Gross Income)

Joint Return	Single Taxpayer	Rate
\$0 - \$15,650	\$0 - \$7,825	10.00%
15,651 – 63,700	7,826 – 31,850	15.00%
63,701 – 128,500	31,851 – 77,100	25.00%
128,501 – 195,850	77,101 – 160,850	28.00%
195,851 – 349,700	160,851 – 349,700	33.00%
349,701 and up	349,701 and up	35.00%