



Founded 1954

# Annuity Products Suitability Analysis Form 1330

AMERICAN SAVINGS LIFE INSURANCE COMPANY

480.835.5000 | 800.880.2112 | fax:480.835.5355

935 E Main Street, Mesa, Arizona 85203

www.AmericanSavingsLife.com

*This form is designed to assist the company in gathering information to determine whether the purchase of an annuity is suitable to the client.*

## **PERSONAL INFORMATION:**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Joint Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ List ages of Dependents: \_\_\_\_\_

What is the Applicant's employment status?  Employed  Retired  Other \_\_\_\_\_

What is the Joint Applicant's employment status?  Employed  Retired  Other \_\_\_\_\_

## **FINANCIAL PROFILE:**

- 1) After the purchase of the annuity, will your income and liquid net worth be enough for living expenses and emergencies? Yes  No  *(Many financial planners recommend that a person maintain an amount of liquid net worth equal to 3 to 6 months of a person's monthly living expenses in case of emergencies.) We recommend that you don't use more than 50% of the assets that you have set aside for retirement to purchase this Annuity, excluding your home. We also recommend you keep at least \$25,000 of savings on hand for emergencies.*
- 2) Does the value of this annuity purchase exceed 50% of the client's net worth? Yes  No
- 3) If you are past age 70, have you consulted with a family member before buying this annuity? Yes  No
- 4) **Financial Objectives** (check all that apply):  
 Income  Growth  Tax Deferral  Estate Planning  
 Preservation of Principal  Other (explain) \_\_\_\_\_
- 5) **Period of Time Before Money is Needed:**  
 1-3 years  4-6 years  7-9 years  10-12 years  13 or more years

## **FUNDS PROFILE:**

- 1) Are funds from an existing life insurance policy or annuity contract being considered for use?  
 Yes  No How long have the policy(ies) or contract(s) been in force? \_\_\_\_\_
- 2) Will there be a surrender charge associated with the existing funds?  Yes  No  
If yes, what is the amount of the charge? \$ \_\_\_\_\_ (approximate value)
- 3) Do you have any outstanding loans on the existing life insurance or annuity contract(s)?  
 Yes  No  Not Applicable
- 4) Are you currently receiving Required Minimum Distributions or 72t distributions or taking free or systematic withdrawals from your annuity contract(s)?  
 Yes  No  Not Applicable
- 5) Source of Funds for this Annuity Application \_\_\_\_\_

# Annuity Products Suitability Analysis Form 1330

**APPLICANT - ONLY COMPLETE EITHER BOX "A" OR BOX "B" – DO NOT SIGN BOTH.**

**BOX "A" - APPLICANT'S ACKNOWLEDGMENT OF SUITABILITY:**

I acknowledge that this document has been read to me, or that I have read this document, and fully understand the information and questions contained in this document and that all information provided herein is accurate to the best of my knowledge

I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my current financial needs and objectives.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant(s) Signature

\_\_\_\_\_  
Date

**AGENT'S ACKNOWLEDGEMENT:** I acknowledge that I have reviewed the content of this suitability worksheet and disclosure with my client and have completed a suitability and needs analysis review regarding the purchase of this annuity. Based on information collected, I believe the purchase of this annuity is suitable.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**BOX "B" - APPLICANT'S ACKNOWLEDGMENT OF RESPONSIBILITY:**

I elect NOT to provide financial related information or answers to the above personal financial questions. I have decided to purchase this fixed annuity without a recommendation from my agent or the Company, who cannot make such a recommendation without this information.

I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my current financial needs and objectives.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant(s) Signature

\_\_\_\_\_  
Date

**AGENT'S ACKNOWLEDGEMENT:** The Applicant(s) has not provided complete information and has decided to purchase this fixed annuity without my recommendation.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**THIS FORM MUST BE SUBMITTED TO AMERICAN SAVINGS LIFE TOGETHER WITH THE APPLICATION.**