



Client Name: \_\_\_\_\_ Joint Client Name: \_\_\_\_\_

Company & Contract Name: \_\_\_\_\_

Who initiated the conversation about this specific Annuity product?  Client  Financial Professional

Did you use a hypothetical or other marketing materials?

Yes, attach a copy  No, why not? \_\_\_\_\_

Account Type: \_\_\_\_\_

**FINANCIAL INFORMATION**

Does the Client own other investments (excluding Insurance)?  Yes, complete the table below & indicate where held  No

Liquid Assets	Non-Qualified	Qualified	Non-Liquid Assets	Non-Qualified	Qualified
All Annuities (Penalty free)	\$	\$	All Annuities (in surrender)	\$	\$
Checking / Savings / CD / Money Market	\$	\$	Private Placements / REITS / LPs	\$	\$
Market Securities (Mutual Funds, Stocks, ETFs, Bonds)	\$	\$	Employer-Sponsored Plans	----	\$

Percentage of this Annuity purchase compared to the Client(s) liquid assets listed above: \_\_\_\_\_%

Does the Client own insurance products?  Yes, indicate type, value, and years owned  No

<input type="checkbox"/> Term Life	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Universal/VUL
Face Value \$	Face/Cash Value \$	Face/Cash Value \$
Years Owned	Years Owned	Years Owned

Does the Client have sufficient cash reserve (typically 3-6 months of expenses) or other liquid assets for living expenses and unexpected emergencies, such as medical expenses, in excess of this Annuity purchase?

Yes  No, explain why this Annuity purchase is in the Client's best interest.

Client(s) Estimated Average Monthly Net Income \$ \_\_\_\_\_ Estimated Average Monthly Expenses \$ \_\_\_\_\_

Does the Client anticipate any significant financial changes in income, expenses or life events during the new contract's surrender charge period or prior to age 59 ½?  Yes, provide details  No

Does the Client intend to make subsequent purchases to the new contract?  Yes  No

If Yes, what is the source, approximate amount & frequency? \_\_\_\_\_

If Yes, will the additional deposits be subject to the surrender schedule?  Yes  No

Based upon the Time Horizon indicated on the IPI NAF, will the Client rely on income from this Annuity to meet any of these expenses?

No income needed  RMD Only  Living expenses  Health care expenses  Discretionary  Other \_\_\_\_\_

What is the intended purpose(s) of the Annuity?

Savings Vehicle  Retirement Income  Death Benefits/Wealth Transfer  Tax-Deferred Growth

Other \_\_\_\_\_

**Describe how this Annuity purchase will benefit the Client.**



Provide details of reasonably available alternatives discussed with the Client.

**SOURCE OF FUNDS: What is the source of funds used to purchase this Annuity?**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Salary/Current Income | <input type="checkbox"/> Insurance Surrender/Withdrawal             | <input type="checkbox"/> Legal/Insurance Settlement | <input type="checkbox"/> Direct Rollover |
| <input type="checkbox"/> Business Revenue      | <input type="checkbox"/> Mutual Fund Redemption                     | <input type="checkbox"/> Sale of Assets             | <input type="checkbox"/> Savings         |
| <input type="checkbox"/> Stock Redemption      | <input type="checkbox"/> Annuity Surrender/Withdrawal/1035 Exchange |   | <input type="checkbox"/> Inheritance     |

If Source of Funds is the redemption of a Mutual Fund\*, Fixed Annuity\*, CD\* or any Life Insurance Policy\*\*, complete this section & include a recent contract/account statement. If not, skip to this section.

Policy/Contract/Account #	Policy/Contract/Account Value (\$)
Company/Fund Name	Surrender Charges (\$)

\*I understand if redeeming Mutual Funds, CDs, or any Annuities prior to maturity, I may incur charges or penalties.

\*\*I understand if redeeming Life Insurance Policy, I may incur a surrender charge and the living or death benefits cannot be reinstated.

**REPLACEMENT INFORMATION: Is this a replacement of an existing Annuity?**

- Yes, complete this section & include a recent contract statement  No, skip this section

Please select features of the new Annuity that cannot be found on the existing contract (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Enhanced Death Benefit         | <input type="checkbox"/> Increased Investment Options | <input type="checkbox"/> Other Riders or Guarantees |
| <input type="checkbox"/> Enhanced Living/Income Benefit | <input type="checkbox"/> Lower Fees                   |   |

Provide specific details on how the options selected above benefit the Client.

Can riders be added to or removed from existing contract?  Yes  No

If Yes, describe how the addition or removal of riders might meet the Client's objectives: \_\_\_\_\_

Has the client exchanged any other policy/contract within the past 60 months?  Yes  No

If Yes, when? \_\_\_\_\_ (Month/Year)

Did the same Financial Professional recommend previous replacement?  Yes, provide details  No

Reason for previous replacement: \_\_\_\_\_

Is the Financial Professional the writing agent on the policy/contract being replaced?  Yes  No

If Yes, when was that policy/contract written? \_\_\_\_\_ (Month/Year)

Please select specific disadvantages of the replacement (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Surrender Penalty/Withdrawal Charge | <input type="checkbox"/> Increased Fees                     | <input type="checkbox"/> Tax Liability             |
| <input type="checkbox"/> New Surrender Schedule              | <input type="checkbox"/> Decreased Sub-Account Options      | <input type="checkbox"/> Loss of Riders / Benefits |
| <input type="checkbox"/> Decreased Death Benefit*            | <input type="checkbox"/> Loss of Guarantees (specify below) |  |

Provide specific details of any benefits lost or higher fees related to the replacement.

\*Explain why the replacement is in the best interest of the Client if the death benefit is lower on the new contract than the previous one.

**\*Note:** if the death benefit or living benefit rider on the proposed annuity contract is less than or equal to the current surrender value of the existing contract, then the client must be made aware of the disadvantages associated with this replacement.



**DISCLOSURES: Please read carefully and initial the appropriate section below.**

1. I understand Annuities are long-term investments. If surrendered early, a surrender charge and/or income tax may apply.
2. I understand that any guarantees associated with this product are backed by the ongoing claims paying ability of the issuer/underwriting insurance company.
3. I have been informed of any applicable fees and expenses associated with this product. I understand the items listed in this disclosure may not include all features of the annuity selected.
4. For a 1035 exchange, I have discussed with my IPI Financial Professional the comparison of the fees and expenses between the product being exited and the product being purchased and want to proceed with the exchange.
5. I understand that taking withdrawals from this product may decrease the amount of income received or death benefit paid to my beneficiary(ies).
6. I understand gains in this product grow tax deferred, and by purchasing in a qualified account (IRA or QP), I do not gain any additional tax-deferred advantages. The IRS may impose a 10% penalty on withdrawals prior to age 59 1/2, depending on circumstances.
7. I understand under current tax code, upon death a "stepped-up" cost basis is not available, and the gains are subject to ordinary income tax.
8. I understand that I may lose money, depending on the product minimum guarantee contract provisions. I understand the account may be subject to Market Value Adjustment, which may reduce the amount received in case of early liquidation, and the reduction would be in addition to any surrender charges.
9. I understand that if purchasing a bonus annuity, it may have higher internal charges, reduced crediting, or benefits and longer surrender periods.
10. I understand there is a "free look" period after the delivery of the contract (length of time varies by state).
11. I understand my IPI Financial Professional offers other investment choices. I have considered all reasonably available alternatives, and after discussions with my Financial Professional and due consideration, I consider this annuity the best selection for my financial needs and objectives. I have determined the costs associated with this product are acceptable given my objectives.
12. I understand that my Financial Professional and IPI will be compensated for the sale of this product. For specific information about the compensation paid, please ask your Financial Professional.

**Additional Variable & Variable Index Linked Annuity Disclosures**

13. I understand the value of the account will fluctuate and may be worth more or less than the original amount when liquidated. The "guarantee" features apply only in case of death or, in certain contracts, as a "living benefit" by lump sum or series of payments.
14. I understand any "living benefits" will be deducted from my account and any deduction over chosen levels may result in a significant decline in the living benefit payment from the date of the excess withdrawal forward.
15. I understand that in times of low interest the return on "money market" subaccounts may be lower than the annual fees charged, resulting in a total return that is negative.
16. I understand that the "separate accounts" chosen will differ in risk and volatility, the choices are mine to make, and changes made will be effective as of market close. There is no assurance that guidance from my IPI representative (if any) will result in gains.
17. I understand the participation rate, cap rate and/or the index spread may be subject to change by the issuing company according to the annuity contract provisions. If the issuing company makes such changes, this could adversely affect the return.
18. I understand that the interest earned in a Variable Indexed account may be affected by a stock or equity index.
19. If applicable, I understand that a stock index is a price index and does not reflect dividends paid on the underlying stocks.

**Additional Fixed- & Equity-Index Linked Annuity Disclosures**

20. I understand a Fixed or Equity Index Annuity is an insurance product and may or may not be registered with the Securities Exchange Commission as a security.
21. I understand the participation rate, cap rate and/or the index spread may be subject to change by the insurance company according to the annuity contract provisions. If the insurance company makes such changes, this could adversely affect the return.

**If you have questions about the information contained in this document, or you would like to speak with IPI's home office, please contact our Compliance Department at (217) 425-6340 or send an email to [compliance@investment-planners.com](mailto:compliance@investment-planners.com). For more information on all types of annuities, visit [www.finra.org](http://www.finra.org). Select → For Investors > Learn to Invest (column on left side) > Types of Investments > Annuities. Your IPI Financial Professional can provide copies of Investor Alerts upon verbal or written request.**



**COSTS & FEATURES: Review the product prospectus for a complete list of fees & features.**

<u>Estimated Annual Contract Fees</u>	<u>New Contract</u> (Always complete this column)	<u>Previous Contract</u> (Complete if replacing annuity or insurance product)
<b>Product Name &amp; Type</b>		
<b>Surrender Schedule: CDSC % year by year</b>	1 2 3 4 5 6 7 8 9 10	Remaining # of years, if any:
<b>Estimated Surrender Charge (for replacements ONLY)</b>	//// NA ////	Amount or percentage, if any: \$ %
<b>Death Benefit</b>	At Issuance \$	Current or most recent statement \$
<b>Mortality &amp; Expense Fee (M&amp;E)</b>	May decrease in future year <input type="checkbox"/> Yes <input type="checkbox"/> No %	%
<b>Administrative Fee</b>	%	%
<b>Distribution Fee</b>	%	%
<b>Annual Maintenance Fee</b>	\$ Waived for Balance Size? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ Waived for Balance Size? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Selected Rider(s) &amp; Rider Fee(s)</b>	Fees may vary from year to year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Average of all Sub-Accounts Chosen</b>	%	%
<b>Advisory Fee (if applicable)</b>	%	%
<b>Estimated Total Fees (M&amp;E+Adm+Distr+Rider+Sub+Adv)</b>	%	%
<b>Describe Buffer (if applicable)</b>		
<b>Describe Cap or Participation Rate (if applicable)</b>		
<b>Describe Spread (if applicable)</b>		

In review of the information provided in the pages of this Suitability & Disclosure, the total annual expense on the *proposed* product is  MORE  LESS than the total annual charges on the product *being replaced (if applicable)*.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Financial Professional: \_\_\_\_\_ Date: \_\_\_\_\_