

CONSUMER PROFILE and SUITABILITY QUESTIONNAIRE FOR FIXED ANNUITIES

This form is an essential part of the application process. It helps your producer assess your financial situation, insurance needs, financial objectives, and make recommendations appropriate to your situation. **All** questions must be answered, and the form **must** be signed by each owner/applicant and the producer.

For trust owned annuities, responses will depend on whether the trust is revocable or irrevocable.

For revocable trust ownership, responses should be provided based on the grantor's/settlor's information.

For irrevocable trust ownership, responses should be provided based on the finances of the trust.

OWNERS/APPLICANTS: (If the contract will be jointly owned, please provide information for both.)

Product Name _____ Purchase Payment \$ _____ Plan Type Qualified Non-Qualified

Owner/Applicant 1 – First Name _____

Last Name _____

Social Security Number / Tax I.D. Number _____

Age _____

Owner/Applicant 2 – First Name _____

Last Name _____

Social Security Number / Tax I.D. Number _____

Age _____

FINANCIAL PROFILE: (If the contract will be jointly owned, the information may be combined for both.)

1. What is your gross monthly household income? \$ _____

a. What are your sources of income? (select all that apply)

Wages/Salary

Rental Income

Investments

Pension/Retirement Benefit

SSI

Other _____

2. Describe your monthly income: it is stable -or- it fluctuates

3. What are your monthly household living expenses? \$ _____
(Includes: housing, food, transportation, insurance, medical care, and property taxes.)

4. Federal Income Tax Rate: ≤10% 11-20% 21-30% 31-36% 37%+

5. What is the total value of your Household Liquid Assets: \$ _____

Indicate each liquid asset below:

Checking/Savings \$ _____ CD's \$ _____ Money Market \$ _____

Stocks/Bonds \$ _____ Mutual Funds \$ _____ Pension/401(k) (if over 59 ½) \$ _____

Fixed Annuities \$ _____ Fixed Index Annuities \$ _____ Variable Annuities \$ _____

Life Insurance Cash Value \$ _____ Other \$ _____ If Other, provide details: _____

(Only include annuities and life insurance out of surrender period.)

6. What is your Household Liquid Net Worth after the annuity purchase? \$ _____

(Liquid net worth is the amount that can be easily converted into cash without paying any kind of penalty or surrender charge.)

7. What is the total value of your Household Non-Liquid Assets: \$ _____

Indicate each asset below:

Real Estate (exclude primary residence) \$ _____ Pension/401(k) (if under 59 ½) \$ _____

Fixed Annuities \$ _____ Fixed Index Annuities \$ _____ Variable Annuities \$ _____

Life Insurance Cash Value \$ _____ Other \$ _____ If Other, provide details: _____

(Only include annuities and life insurance in a surrender period.)

8. What is the value of your Household Assets (Total Liquid Assets + Non-Liquid Assets) \$ _____

9. What is the current value for your Existing Household Debts (excluding primary mortgage) \$ _____

10. What is your Household Net Worth (Total Assets – Existing Debts) \$ _____

11. What percentage of your Household Net Worth do all Annuities represent *(including proposed purchase)*? _____%
(Total annuity holdings ÷ net worth)

12. Is your current income or liquid assets sufficient for living expenses, medical expenses, or any unexpected emergencies? Yes No

If No, please explain: _____

13. After the purchase of this annuity, do you anticipate any material changes to the following?
(If Yes, please select the option(s) that will be affected and provide an explanation below.) Yes No

Monthly Income Out-of-pocket Medical Expenses Living Expenses Liquid Assets

If Yes, please explain: _____

14. Do you have an emergency fund for unexpected expenses? Yes No

If No, please explain: _____

15. Do you have a reverse mortgage? Yes No

16. Do you reside in a nursing home or assisted living facility? Yes No

17. Do you intend to apply for Medicaid, Medi-Cal, the veterans' aid and attendance benefit or other means-test government benefits? Yes No

(If Yes, you must provide a letter from an attorney certifying that this annuity purchase does not adversely affect your eligibility to participate in the applicable federal or state program. This letter should be submitted along with the application.)

FINANCIAL OBJECTIVES AND EXPERIENCE:

18. Reason for Purchase Including Insurance Needs: *(select all that apply)*

Principal Preservation Growth/Wealth Accumulation Tax Deferral (non-qualified only) Income

Retirement/Estate Planning Inheritance/Death Benefit Other _____

19. Which of the following financial products do you own and/or have previously owned and indicate number of years for each? *(select all that apply)*

Fixed Annuities _____ years Variable Annuities _____ years Life Insurance _____ years

Bonds _____ years Stocks _____ years Other _____ years

CDs _____ years Mutual Funds _____ years

20. Source of funds for this annuity purchase? *(select all that apply)*

(If annuity contracts or life insurance policies are being replaced, the replacement chart for question 26 will need to be completed.)

Current Income Life Insurance IRA/Retirement Plan

Cash/Savings/Checking Annuity Stocks/Bonds/Mutual Funds

CDs Loan/Reverse Mortgage Other _____

21. Excluding the current transaction, have you replaced any other annuity contracts within the past 60 months? Yes No

If Yes, please explain: _____

22. How long do you plan to keep this annuity? (select one) 1-3 years 4-7 years 7+ years Lifetime

a. Do you understand this annuity's limits on additional purchase payments? Yes No

b. Do you plan to make additional purchase payments into this annuity? Yes No N/A

23. How do you anticipate taking distributions from this annuity? (select all that apply)

Free/Partial Withdrawals Immediate Income Lump Sum Surrender Annuitize

Lifetime Income Rider Systematic Withdrawals Requirement Minimum Distribution

Not Anticipating Taking Distributions From This Annuity Other _____

24. When do you anticipate taking your first distribution? (select one)

Less than 1 year 1-5 years 6-9 years 10+ years None anticipated

25. What is your risk tolerance for this annuity?

Conservative: Accept little to no risk of principal for the potential of limiting or lower returns

Moderate: Accept some risk of principal for the potential of higher returns

Aggressive: Accept high risk of principal for the potential of even greater returns

26. Are you willing to accept non-guaranteed elements in the contract? Yes No

("Non-guaranteed elements" include, but are not limited to (depending on product purchased): contract values, renewal rates, renewal caps, participation rates, trigger rates, fixed interest rates (subject to contract minimums), index performance, surrender values, etc.)

27. If the source of funds includes a life insurance policy and/or annuity contract, complete the replacement chart below:
(If there is more than one contract/policy, please use an additional page 3 for each.)

Product Specs and Features	Replaced Contract	Proposed Contract
Name of Company		
Product Type (<i>Variable, Fixed, Life</i>)		
Product Name		
Contract or Policy Number		
Date of Issue		
Total Premium		
Net Premium (<i>Premiums less withdrawals</i>)		
Current Accumulation Value		
Current Surrender Value		
Annuitization Value (<i>if applicable</i>)		
Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Percentage for Remaining Years		
Free Withdrawal Percentage		

Minimum Guaranteed Interest Rate		
Death Benefit Value		
Living Benefit Value		
Interest Crediting Method Type <i>(if applicable)</i>		
Mortality & Expense Fee, Administrative Fee <i>(Percentage)</i>		
Living Benefit Rider Fee		
Death Benefit Rider Fee		

28. Is there a surrender charge for liquidating the existing contract?

Yes No

If Yes, what is the Surrender Charge? *(Dollar and/or percentage)* _____

29. Please describe what benefit(s) the owner/applicant will achieve by replacing the current contract or policy. If the owner/applicant is giving up a living or death benefit rider please explain why the rider is no longer needed.

ADDITIONAL REMARKS:

OWNER/APPLICANT'S STATEMENT:

I confirm that I provided the information above and that it is true and complete to the best of my knowledge. I discussed my current financial situation, anticipated financial needs and risk tolerance with my producer. The producer discussed with me the surrender charges, if applicable, and other costs relating to this annuity contract. Furthermore, I reviewed the product-specific Disclosure Statement and understand the product features, its interest crediting elements, and if applicable, the indexes upon which the interest calculation will be based. I understand the risks associated with this product include fluctuating interest rates and potentially lower returns. My producer discussed with me the advantages and disadvantages of this annuity contract as well as the basis (bases) of the recommendation. I understand that if I refused to provide all of the requested information or provided inaccurate information, the ability of my producer and Protective Life Insurance Company to determine suitability may be affected.

Please check the box next to the statement(s) below that apply. The application will not be accepted if this section is incomplete.

- I have determined that purchasing this annuity contract supports my insurance needs and will assist me in meeting my financial goals and objectives.
- I have selected this product despite a contrary recommendation (or absence of a recommendation) from my producer. ***(If selected, you must complete the Consumer Decision to Purchase an Annuity NOT Based on a Recommendation form.)***
- I REFUSE to provide any or a LIMITED amount of information to the questions above. ***(If selected, you must complete the Consumer Refusal to Provide Information form.)***

New Jersey residents ONLY: The sale and suitability of annuities is regulated by the Department of Banking and Insurance and consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or visiting the Department's website at www.njdoabi.org.

Applicant 1: _____ Date: _____

Applicant 2: _____ Date: _____

PRODUCER'S STATEMENT:

I have made a reasonable effort to obtain the following information about the applicant(s): financial resources, net worth and liquidity, tax status, investment objectives, risk tolerance, time horizon, and financial goals and objectives. I have discussed with the applicant the advantages and disadvantages of this product in the context of that information. Sections a. and b. must be completed to confirm the advantages and disadvantages of this purchase. I considered or compared other Protective products available to me.

a. Advantages of purchasing the proposed annuity: *(select all that apply)*

- Guarantees Immediate Income Lower Risk More Stability Safety of Principal
 Reduced Fees Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider Retirement Income
 Other, please explain: _____

b. Disadvantages of purchasing the proposed annuity: *(select all that apply)*

- Surrender Period/Length Surrender Charges Chance for Less Gain than Current Product
 Loss of Death Benefit Replacement/Transfer Penalty
 Other, please explain: _____

Please provide the basis (bases) of recommendation for this purchase (required field): _____

Please check the box next to one of the statements below. The application will not be accepted if this section is incomplete.

- Based on the information the applicant supplied and the applicant's circumstances of which I am currently aware, I believe the recommended product is suitable, appropriate, and will help achieve the applicant's insurance needs and financial objectives.
- The applicant selected this product despite a contrary recommendation (or absence of a recommendation) from me. ***(If selected, the Consumer Decision to Purchase an Annuity NOT Based on a Recommendation form must be completed.)***

Producer: _____ Date: _____