



**A step-by-step guide to completing
Athene's Annuity Suitability
Questionnaire in Florida**

Driven to do more.  **ATHENE**

For financial professional use only. Not to be used with the offer or sale of annuities.

This material is provided by Athene Annuity and Life Company (61689) headquartered in West Des Moines, Iowa, which issues annuities in 49 states (excluding NY) and D.C., and Athene Annuity & Life Assurance Company of New York (68039) headquartered in Pearl River, New York, which issues annuities in New York.

When it comes to annuities, “one size does not fit all.”

Since no two clients are alike and no two retirement goals are the same, Athene is committed to helping you match your clients with an annuity solution that will help them reach their own unique financial objectives.

An annuity can be a valuable addition to a client's overall portfolio. But it isn't right for everyone. Because it is necessary that your recommendations for the purchase or exchange of an annuity product be appropriate for each individual client's circumstances, it is your duty to uncover to the best of your ability any relevant information pertaining to the sale.

Athene provides an Annuity Suitability Questionnaire ([form 55444](#)) to assist you with fact finding. This questionnaire, available for download on [Athene Connect](#), must be filled out completely and accompany all Athene annuity applications.*

This guide will take you step-by-step through the questionnaire in order to help you obtain the most accurate depiction of your clients' financial situation, lifestyle and objectives.

Client satisfaction is our priority. Providing as much detailed information as possible will help make the best possible recommendation for your client and ultimately lead to appropriate annuity sales and satisfied customers.

Please remember that it is your obligation to provide a signed and completed copy to each customer by the time of contract delivery.

*Your organization may not use Athene's Customer Identification and Suitability Confirmation Worksheet. Please check with your back office for guidelines.

It is important to get a complete picture of your client’s financial situation. If additional space is needed, you may attach additional sheets or provide a cover letter of explanation to the questionnaire (form 55444). Do not leave any blanks. The State of Florida requires this form to be on file with the company within 10 calendar days of the earliest signature dates on the form. Any corrections must also be received within 10 calendar days of initial and date. Any forms received outside this regulated time frame will be required to be resigned and dated (for the initially received form) or re-initialed and dated (on corrections).

1. Please complete as applicable for the contract owner.

In the tax status field, please use “single”, “head of household”, “married filing jointly”, “married filing separately”, or “widowed” (as applicable) for individually owned contracts. For trust owned contracts, please use “trust” or “other”.

In the form of ownership field, please indicate if the ownership is a “trust” or “entity”. For supporting documentation, a trust verification form or trust documentation may be used for trust owned contracts and a corporate resolution may be used for entity owned contracts.

2. Please complete as applicable for the contract joint owner.

3a. Please provide annual income.

3b. Please provide the source of income.

3c. Please provide the annual household income.

3d. Please provide the total of existing assets not including home or automobiles.


ANNUITY SUITABILITY QUESTIONNAIRE

Athene Annuity and Life Company
 Mailing Address: PO Box 1555, Des Moines, IA 50306-1555
 Overnight Address: 7700 Mills Civic Parkway, West Des Moines, IA 50266-3862
 Annuity Customer Contact Center - Tel: 888 266 8489 Fax: 800 531 0038

Agents: Please return completed form to Athene **within 10 calendar days of being signed** and provide a copy to the customer no later than delivery of the contract.

Thank you for your interest in Athene’s Fixed Annuity Product. Please complete this worksheet as part of the application process. The worksheet helps your agent assess your insurance needs and financial objectives. It also ensures compliance with the USA Patriot Act. If additional space is needed please attach another sheet or provide a cover letter of explanation.

Note: If applying as a joint owner and your relationship is not spousal, separate worksheets must be completed by each joint owner. For an entity owner, information on pages 1 - 3 of the worksheet must be relevant to the entity. The Identification Verification on page 4 should be provided by the person(s) authorized to act on behalf of the entity.



www.atheneannuity.com

1. OWNER:

Last:		First:	Middle:
Date of Birth (MM/DD/YY): / /	Age:	Sex:	SSN:
Entity (if applicable):			
Tax Status:		Relationship to Annuitant(s):	
Form of Ownership:			
Supporting documents (list):			

2. JOINT OWNER:


Last:		First:	Middle:
Date of Birth (MM/DD/YY): / /	Age:	Sex:	SSN:
Entity (if applicable):			
Tax Status:		Relationship to Annuitant(s):	
Form of Ownership:			
Supporting documents (list):			

3. FINANCIAL INFORMATION:

a. Annual Income:	
b. Source of Income:	
c. Annual Household Income:	
d. Existing Assets: (all financial assets including life insurance and annuities less liabilities) (not including home or automobile)	

Owner Signature: X	Date Signed:
Joint Owner Signature: X	Date Signed:

DFS-HI-1980 (Effective 10/21/2014)
55444 10-14 FL Rev. (05/18)



Adopted in Rule 69B-162.011, F.A.C.
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RED FLAG

If the funds for the annuity are coming from a non-liquid source, question 3d and 3e cannot be the same value.

3e. Please provide the total of existing liquid net worth.

3f. If yes, please list the total amount.

3g. If yes, please list the total amount.

3h. If no, please provide a written explanation.

3i. If yes, please provide a written explanation.

3j. If yes, please provide a written explanation.

3k. If no, please provide a written explanation.

3l. If no, please provide a written explanation.

4. The reason(s) for purchasing the annuity should be consistent with the product being purchased and its features.

5. Each selection should be consistent with the product being purchased and its features. If "other" is selected, please provide a written explanation.

6. This information is needed for all contract owners. If "other" or "aggressive" are chosen, please provide a written explanation.

7. Each type of investment should have its own length of time. Please do not apply the length of time to more than one investment type.

3. FINANCIAL INFORMATION: (continued)	
e. Existing Liquid Net Worth: (all financial assets that can readily be converted into their cash equivalent, without loss of principal ex: checking, savings, short term CDs)	
f. Do you currently own any annuities? Please list total amount:	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you currently own life insurance? Please list total amount:	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Does your income cover all your living expenses including medical? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Do you expect changes to your living expenses? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Do you anticipate changes in your out-of-pocket medical expenses? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Do you have an emergency fund for unexpected expenses? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Why are you purchasing this annuity? _____

5. What are your financial objectives for this purchase? (Check all that apply)
 Income Growth (long term) Safety of Principal and Income
 Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
 Other: _____

6. Describe your risk tolerance: (Check all that apply)
 Conservative Moderately conservative Moderate Moderately aggressive
 Aggressive Other: _____
Comments: _____

7. Please list your investment experience by type, and length of time with each: _____

8. What is the source of the funds for the purchase of the proposed annuity? _____

9. What is the premium amount of the proposed annuity? _____

10. How many years from today will you need access to your funds without a penalty? _____

11. Will the proposed annuity replace any product? Yes No
If yes, will you pay a penalty or other charge to obtain these funds? Yes No
If yes, the total amount of the charge/penalty \$ _____
if applicable, +/- MVA charge \$ _____

RED FLAG
Source types such as "IRA," "Roth," etc. are not acceptable answers.

8. If funds are coming from an existing vehicle such as an annuity, mutual funds or life insurance policy, four months prior to, or 13 months after, the purchase of a new annuity contract, the transaction will be considered a replacement. This is true even if the funds have been placed in another funding source prior to being sent to Athene.

9. Please list the premium amount for the proposed annuity.

10. The timeframe given should meet or exceed the contract's Withdrawal Charge Period.

11. If funds are coming from an existing annuity or life insurance policy four months prior to, or 13 months after, the purchase of a new annuity contract, please mark yes. If yes, will you pay a penalty or other charge to obtain the funds? If yes, please provide the total amount of the charge/penalty.

RED FLAG
Incorrect: Mutual Funds and Certificate of Deposit - 10 years.
Correct: Mutual Funds - 10 years, Certificate of Deposit - 10 years.

12. Describe the advantages of purchasing the proposed annuity. "None," "N/A" or leaving the question blank is not acceptable.

13. Describe the disadvantages of purchasing the proposed annuity. "None," "N/A" or leaving the question blank is not acceptable.

14. Describe the basis for your recommendation to purchase the proposed annuity or to replace or exchange the existing annuity(ies). "None," "N/A" or leaving the question blank is not acceptable.

Acknowledgement and Signatures.

Athene does not allow a customer to refuse to provide information or provide limited information. Also, Athene does not allow the customer to purchase an annuity that was not based on the recommendation of the agent or the insurer.

Customer Identification

Verification. Please complete as applicable for the contract owner/joint owner.

Additional Information: Please provide any additional information applicable to the purchase or recommendation of the proposed annuity.

Still have questions?

When in doubt, please contact us at 888-ANNUITY (266-8489) – we're here to help.

AGENT'S CONFIRMATION:	
Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase. Each section requires a response. No section may be left blank or contain a response consisting of "None" or "N/A".	
12. Advantages of purchasing the proposed annuity:	

13. Disadvantages of purchasing the proposed annuity:	

14. The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):	

Agent Signature	Date Signed
Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.	
ACKNOWLEDGEMENTS AND SIGNATURES:	
I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.	
<input type="checkbox"/> I REFUSE to provide this information at this time. <input type="checkbox"/> I have chosen to provide LIMITED information at this time. <input type="checkbox"/> My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer. <input type="checkbox"/> My annuity purchase IS BASED on the recommendation of this agent or the insurer.	
APPLICANT:	
DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.	
THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.	
Owner Signature: X	Date Signed:
Joint Owner Signature: X	Date Signed:

CUSTOMER IDENTIFICATION VERIFICATION:	
Owner Verification: U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth:
Occupation:	
Type of Government Issued Photo ID:	ID Number:
State or County of Issue:	Expiration Date:
OR <input type="checkbox"/> Unexpired Government-issued photo ID not available	
Joint Owner Verification: U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Birth:	
Occupation:	
Type of Government Issued Photo ID:	ID Number:
State or County of Issue:	Expiration Date:
OR <input type="checkbox"/> Unexpired Government-issued photo ID not available	
AGENT'S CONFIRMATION	
By signing below, I confirm that I am an agent, insurer, or Managing General Agent proposing this purchase and I have completed the Customer Identification Verification section on this form.	
In addition, I have verified the identity of the owner(s) and believe the information the owner(s) provided to me regarding his or her identity is true and accurate.	
Agent Signature	Date Signed
ADDITIONAL INFORMATION:	

Athene specializes in innovative high-value annuities that help meet your clients' long-term financial goals. We see every day as an opportunity to set the bar even higher by providing training and sales support you can count on to grow your business.

A decision to recommend the purchase or exchange of an annuity should be based on a careful analysis of the information gathered from your client. By making sure your clients understand the features, benefits, risks and costs associated with the annuity, you can help ensure customer satisfaction and protect your business.

If you have questions regarding the appropriateness of an Athene product, please visit the Rules & Guidelines page on [Athene Connect](#) where you can find helpful information and additional tools for writing new business.

You may also contact your Athene sales partners. While we cannot make a determination that a recommendation would satisfy the applicable standard of care over the phone, we are happy to discuss each individual case and let you know of any questions or concerns we may have based on the information you share.

Athene Annuity and Life Company (61689), headquartered in West Des Moines, Iowa, and issuing annuities in 49 states (excluding NY) and D.C. is not undertaking to provide investment advice for any individual or in any individual situation, and therefore nothing in this should be read as investment advice.

ATHENE ANNUITIES ARE PRODUCTS OF THE INSURANCE INDUSTRY AND NOT GUARANTEED BY ANY BANK NOR INSURED BY FDIC OR NCUA/NCUSIF. MAY LOSE VALUE. NO BANK/CREDIT UNION GUARANTEE. NOT A DEPOSIT. NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY. MAY ONLY BE OFFERED BY A LICENSED INSURANCE AGENT.



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West Des Moines, IA 50266-3862

Athene Annuity & Life Assurance
Company of New York
Pearl River, NY 10965

[Athene.com](#)

We are Athene. And we are relentless when it comes to creating an innovative portfolio of fixed annuities to meet your accumulation and retirement income needs.

At Athene, we see every day as a new opportunity to measure ourselves against the best – and then we don't stop until we've set the bar even higher. We stand ready to help you achieve more.