

**Best Interest
Consumer
Suitability Due
Diligence
Questionnaire**

American United Life Insurance Company*
a OneAmerica® company
One American Square
P.O. Box 6003
Indianapolis, IN 46206-6003
1-800-537-6442

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United Mutual Insurance Holding Company
a OneAmerica® company
101 North 10th Street
Fargo, ND 58102
1-800-437-4692

The State Life Insurance Company*
a OneAmerica® company
P.O. Box 6062
Indianapolis, IN 46206
1-800-428-2316



This form must be completed and submitted with all Annuity product applications.

Product: Fixed Annuity Life Insurance or Annuity with LTC benefits

Policy Number (if known) _____

1. Owner Information

Individual		Entity <i>(Please complete form as it pertains to the entity/trustee/grantor.)</i>
Owner	Age	Corporation/Trust <i>(if applicable)</i>
Joint Owner (if applicable)	Age	Trustee/Grantor <i>(if applicable)</i>
Marital Status	Estimated Value of Trust \$	
List all Proposed Insureds and Annuitants applying at this time <i>(if different than Owner)</i>		
Name of Premium Payor, if other than the Owner		Relationship to Owner

2. Financial Information

a. Annual Income¹ <i>(From all sources)</i>	b. Net Worth² <i>(Excluding your residence)</i>	c. Liquid Net Worth³	d. Tax Rate <i>(Highest Marginal)</i>	e. Annual Expenses⁴ <i>(Recurring)</i>
<input type="checkbox"/> \$30,000 and under	<input type="checkbox"/> \$30,000 and under	<input type="checkbox"/> \$30,000 and under	<input type="checkbox"/> 0 - 15%	<input type="checkbox"/> \$30,000 and under
<input type="checkbox"/> \$30,001 - \$75,000	<input type="checkbox"/> \$30,001 - \$75,000	<input type="checkbox"/> \$30,001 - \$75,000	<input type="checkbox"/> 16 - 25%	<input type="checkbox"/> \$30,001 - \$75,000
<input type="checkbox"/> \$75,001 - \$150,000	<input type="checkbox"/> \$75,001 - \$150,000	<input type="checkbox"/> \$75,001 - \$150,000	<input type="checkbox"/> 26 - 30%	<input type="checkbox"/> \$75,001 - \$150,000
<input type="checkbox"/> \$150,001 - \$300,000	<input type="checkbox"/> \$150,001 - \$300,000	<input type="checkbox"/> \$150,001 - \$300,000	<input type="checkbox"/> 31 - 35%	<input type="checkbox"/> \$150,001 - \$300,000
<input type="checkbox"/> \$300,001 - \$500,000	<input type="checkbox"/> \$300,001 - \$500,000	<input type="checkbox"/> \$300,001 - \$500,000	<input type="checkbox"/> Over 35%	<input type="checkbox"/> \$300,001 - \$500,000
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000		<input type="checkbox"/> Over \$500,000

f. I/We currently own (check all that apply):

Stocks Bonds Mutual Funds Real Estate Money Market/CDs None

Life Insurance, if so, total current inforce face amount: _____

Annuities, if so, total current existing account value: _____

¹**Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

²**Net worth** is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts and other personal property. Do not include the value of your primary residence. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

³**Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

⁴**Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

3. Source of Funds Used for Purchase

Check all that apply.

<input type="checkbox"/> Cash or Personal Savings	<input type="checkbox"/> Insurance Proceeds	<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Sale of Business
<input type="checkbox"/> Income from Earnings	<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Gift	<input type="checkbox"/> Transfer/Exchange from Existing Life Insurance
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Pension/IRA/Retirement Savings	<input type="checkbox"/> Transfer/Exchange from Existing Annuity	<input type="checkbox"/> Other: _____

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4. Surrender Charges

Check correct answer.

- a. Will the premium be paid from funding sources that will impose surrender charges, withdrawal fees or penalties? Yes No

If YES, what is the surrender charge amount? \$ _____

If YES, please explain why this is a suitable recommendation: _____

- b. Do you plan to keep the annuity contract and/or life insurance policy at least through the policy's surrender charge period? Yes No

If NO, please explain why this is a suitable recommendation: _____

- c. Have you surrendered/exchanged an annuity in the last 60 months (5 years)? Yes No

If YES, did you incur a surrender charge? Yes No

- d. If you need access to this money earlier than expected, are you aware that you may possibly pay a surrender charge, or penalty and there may be tax consequences? Yes No

5. Financial Objective/Risk Analysis for the Purchase of Proposed Annuity Contract

Check all that apply.

a. **Financial Objective:**

- Preservation of Capital
- Income
- Long Term Growth
- Short Term Growth
- Income & Growth
- Long-Term Care Benefit
- Interest Earnings
- Tax Deferral*

**A contract owner may benefit from tax deferral under a Qualified Plan without the use of an annuity contract.*

b. **Intended Use:**

- Income
- Asset Accumulation
- Protection of Principal
- Retirement Needs Planning
- Estate Preservation Planning
- Long-Term Care Expenses
- Death Benefit/Enhanced Death Benefit
- Other _____

c. **Financial Experience:**

of Years

- _____ Stocks
- _____ Bonds
- _____ Mutual Funds
- _____ Variable Annuities
- _____ Fixed Annuities
- _____ Life Insurance
- _____ Other _____

d. **Risk Exposure**

(Check one)

- Conservative
- Moderate Conservative
- Moderate
- Moderate Aggressive
- Aggressive

e. **Financial Time Horizon:**

- Short Term (0 - 5 years)
- Short Term (5 - 10 years)
- Long Term (10+ years)
- Retirement Savings
_____ years to Retirement

- f. Do you understand which portions of the proposed annuity contract are not guaranteed? Yes No

Are you willing to accept these non-guaranteed elements? Yes No

- g. For owners under age 59½, please explain why this is a suitable recommendation in view of the possibility of tax penalties imposed on early withdrawals.

6. Benefit(s) of Proposed Annuity Contract

Please explain what makes this recommendation the best option for the client in relation to other available products (a written explanation must be provided):

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7. Available Funds for Annuity Purchase

a. After you purchase this annuity, will you have sufficient liquid assets to pay your normal living expenses and unexpected emergencies, such as medical expenses? Yes No

If NO, please explain why you would like to proceed. _____

b. Taking into account any funds liquidated to make this purchase, what is the percentage of liquid net worth being used to purchase this annuity?

0% 1% - 30% 31% - 49% 50% - 74% 75% - 100%

If 0% is checked, please explain rationale for that answer _____

If any box for more than 30% is checked, please provide an explanation why this is a suitable recommendation in view of the high degree of liquid net worth moving into this annuity.

8. Owner Signature

I confirm that the information I provided on this form is complete and accurate, and:

I believe that the annuity and/or life insurance for which I am applying is appropriate for my insurance needs and financial objectives.

The insurance representative has discussed the following (if applicable):

- Fees and charges, including potential surrender charges, and/or potential tax penalties
- Market risk and limitations on interest returns
- Features of riders
- Insurance and investment components
- Non-guaranteed elements

Owner Signature

Date

Joint Owner Signature (If applicable)

Date

9. Representative Signature

I have explained to the applicant the importance of providing complete and accurate information on this form and as part of this transaction. I have used this information and all information known to me as a basis for any recommendation that I may have provided the applicant. I will retain copies of the records and information associated with this transaction for the longer of seven (7) years or until the policy ends.

I have discussed the following (if applicable):

- Fees and charges, including potential surrender charges, and/or potential tax penalties
- Market risk and limitations on interest returns
- Features of riders
- Insurance and investment components
- Non-guaranteed elements

Representative Signature

Date

Name of Representative (Please Print)

Date

To be signed by any additional representatives who are signatories on the application for the recommended annuity contract and/or life insurance policy:

I have used this information and all information known to me as a basis for any recommendation.

Representative Signature

Date

Name of Representative (Please Print)

Date

Representative Signature

Date

Name of Representative (Please Print)

Date

Representative Signature

Date

Name of Representative (Please Print)

Date

Representative Signature

Date

Name of Representative (Please Print)

Date