

Consumer Suitability and 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



(To be completed with all annuity applications.)

Product: Fixed Annuity Life Insurance or Annuity with LTC benefits

Policy Number (if known): _____

1. Owner's Personal Information

Individual		Entity
Owner:	Age:	Corporation/Trust (if applicable):
Joint Owner (if applicable):	Age:	Trustee/Grantor (if applicable):
Marital Status:	Estimated Value of Trust: \$	

List all Proposed Insureds and Annuitants applying at this time (if different than Owner):

2. Household Financial Information

Skip this section if Owner is a Corporation or Trust.

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

¹Annual income includes income from sources such as employment, alimony, social security, investment income, etc.
²Net 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.
³Liquid 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.
⁴Annual 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: _____

Name of Premium Payor, if other than the Owner: _____

Relationship to Owner: _____

4. Surrender Charges, Withdrawal Fees, or Penalties

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: _____

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*

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

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

f. Have you surrendered/exchanged an annuity in the last 36 months (60 months in CA or MN)? Yes No

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

g. If you are surrendering/exchanging an annuity, please explain why this is a suitable recommendation in view of the surrender charges imposed during the surrender period.

h. 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.

i. **California annuitants only**, do you intend to apply for means – tested government benefits, including but not limited to, Medi-Cal or the veterans' Aid and Attendance benefit? Yes No

If yes, a written explanation must be provided.

6. Benefit(s) of Proposed Annuity Contract

Please describe the reason(s) this recommendation benefits the applicant (a written explanation must be provided):

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 **Please Initial** _____
If no, please explain why you would like to proceed. _____

b. 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 **Please Initial** _____

c. What is the percentage of liquid net worth being used to purchase the annuity? _____ %
If greater than 30%, please explain 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
- Features of riders
- Market risk and limitations on interest returns
- Insurance and investment components

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
- Features of riders
- Market risk and limitations on interest returns
- Insurance and investment components

Representative Signature *Date* *Name of Representative (Please Print)* *Date*

Complete, Sign and Return with Application.