

# Consumer Profile Form



Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality. **Note: If this form is not completed in full, signed, and dated, we are unable to consider your application.**

P.O. Box 14432, Des Moines, IA 50306-3432

Applicant/Owner's first name	MI	Last name	Contract number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Applicant/Owner's first name	MI	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## A. Household financial information

1. Household disposable income:

A. **Monthly** household income \$ .00 (i.e. Employment salary, pension, Social Security, investment, disability)

B. **Monthly** household expenses \$ .00 (i.e. Cost of daily living, mortgage/rent, car, health/ltc/auto insurance, loan repayments)

C. **Disposable monthly income** \$ .00 (A minus B)

2. Household net worth: assets - liabilities (debts).

**Premiums for all household pending applications are to be included in the funding source(s) below.**

**Liquid assets** – Does NOT include primary residence, personal possessions, cars, etc.

	Current dollars invested
A. Stocks/bonds	\$ <input type="text"/> .00
B. Annuities - (out of surrender period)	\$ <input type="text"/> .00
C. Mutual funds - (excluding B shares)	\$ <input type="text"/> .00
D. CDs	\$ <input type="text"/> .00
E. Money market	\$ <input type="text"/> .00
F. Checking/savings	\$ <input type="text"/> .00
G. Pension/401(k) - (over 59 1/2)	\$ <input type="text"/> .00
H. Net cash surrender value of life insurance	\$ <input type="text"/> .00
	(total of A through H)
I. <b>Total liquid assets</b>	\$ <input type="text"/> .00

**Non-liquid assets** – Does NOT include primary residence, personal possessions, cars, etc.

	Current dollars invested
J. Real estate - (exclude primary home)	\$ <input type="text"/> .00
K. Annuities - (in surrender period)	\$ <input type="text"/> .00
L. Pension/401(k) - (under 59 1/2)	\$ <input type="text"/> .00
M. Limited partnership	\$ <input type="text"/> .00
	(total of J through M)
N. <b>Total non-liquid assets</b>	\$ <input type="text"/> .00

O. **Total household assets** \$ .00 (total of I plus N)

P. **Household liabilities:** \$ .00 (include debts and other obligations, exclude primary home mortgage)

Q. **Total household net worth:** \$ .00 (O minus P)



\$132499

**(Section A continued) - Household financial information**

3. Financial experience (number of years):   Stocks   Bonds   Mutual funds   Fixed annuities  
  Variable annuities   Life insurance   CDs   Pension/401(k)/403(b) or,  None

4. Federal Income Tax Bracket:  10%  12%  22%  24%  32%  35%  37%

5. Tax filing status:  Single  Head of household  Married filing jointly  Married filing separately  Widowed

6. Risk tolerance for this annuity:  Low  Moderate  Moderate to high  High  Speculative

7. Are there any dependents within the household?  Yes  No

7a. If yes, list ages:   Age   Age   Age

8. After considering your net worth, source of funds, liquidity needs, and time horizon, do you believe this annuity contract effectively addresses your financial situation, insurance needs and financial objectives over the life of the contract?  Yes  No

9. Excluding this transaction, has your producer previously sold you any other policies or annuity contracts?  Yes  No

10. Do you intend to apply for any means-tested government benefits and/or are you seeking qualification of any state or federal aid programs? (examples – medicaid, veterans aid and attendance benefit, etc.)  Yes  No

If yes, please explain: \_\_\_\_\_

11. Do you have a reverse mortgage?  Yes  No

11a. If yes, is any of the premium intended for this annuity proceeds from a reverse mortgage?  Yes  No

**B. Financial objectives/Insurance needs**

1. My financial objective for purchasing this annuity (check all that apply):  Liquidity  Long-term growth  Guarantees provided  
 Transfer of assets to beneficiaries  Long-term growth, followed by income  Preservation of principal  
 Guaranteed death benefit  Guaranteed lifetime withdrawal benefit  Annuitize

2. Do you have sufficient funds available for monthly living expenses, medical expenses, and emergencies other than the funds planned for this annuity or any other annuities already owned?  Yes  No

3. Financial time horizon - years I plan to keep this annuity:   years  Lifetime

4. How do you anticipate taking distributions from this annuity?  RMD  Penalty free  Annuitize  Interest only withdrawal  
 Lump sum  Leave to Beneficiary  Guaranteed lifetime withdrawal benefit  Immediate income  Immediate access to funds

5. An annuity is a long-term contract with substantial penalties for early surrenders and/or withdrawals. Do you understand that if you take money out of this annuity, in excess of the penalty-free surrender amount during the surrender charge period, that you will incur a surrender charge and market value adjustment (also referred to as an interest adjustment in some annuity contracts/endorsements) – if applicable?  
 Yes  No  N/A (not applicable for single premium immediate annuities)

6. Do you anticipate a significant change in your future income or expenses during the surrender charge period?  Yes  No

If yes, please explain: \_\_\_\_\_



\$132500

**C. Funding source and replacements of life or annuity contract(s)**

1. Excluding this transaction, have you exchanged or replaced any other life policy or annuity contract within the last five years?  Yes  No

If yes, please provide the transaction dates and corresponding companies: \_\_\_\_\_

2. Source of funds to purchase this annuity (check all that apply):  Money market/brokerage account  CDs  Salary reduction  
 Death claim proceeds  Reverse mortgage/home equity  Checking/savings  Pension/401k  Stocks/bonds/mutual funds  
 Sale of primary residence  Inheritance  Traditional fixed annuity  Fixed index annuity  Variable annuity  
 Fixed life insurance  Variable life insurance  Annuitized payment(s)

**D. Applicant/Owner signature**

By signing this form, I certify that the information provided is accurate and may be relied upon by North American in the performance of its required review. I further confirm that the form presented was completed with information that I provided to my agent/representative and no required questions were blank at signature.

I understand that the contract contains non-guaranteed elements and, as part of my risk tolerance, accept such variability, subject to any stated minimum guarantees.

I acknowledge and agree that during the purchase of this insurance contract, North American, its employees, and any of its agents/representatives acting in their capacity as an independent agent/representative of North American have not suggested that I liquidate securities, otherwise provided any investment advice, or made any representations regarding losses or gains in respect to my portfolio. I have been advised to discuss any liquidation of securities with a properly licensed securities advisor, and I acknowledge that anyone (including my agent/representative if properly registered) who provided me any such advice with respect to this purchase was not doing so in his/her role as an agent/representative of North American.

By signing below, I certify that: 1) to the best of my knowledge and belief, the information provided to my agent/representative and shown above is true and complete; and 2) the annuity effectively addresses my financial situation, insurance needs and financial objectives over the life of the contract.

*Do not sign this form if any required question has been left blank.*

Applicant/Owner signature	Date (mm/dd/yyyy)
Joint Applicant/Owner signature	Date (mm/dd/yyyy)

**E. Agent statement - acknowledgment of responsibility for annuity recommendations**

By signing below, I certify that:

- 1) I have completed a needs analysis review regarding the purchase of this annuity;
- 2) I have a reasonable basis to believe that my recommendation to purchase this annuity effectively addresses the applicant/Owner's financial situation, insurance needs and financial objectives over the life of the annuity;
- 3) I understand that only properly registered investment advisors or registered representatives are allowed to recommend the sale or liquidation of securities and acknowledge if I am not properly securities licensed, I did not make such a recommendation to the applicant/Owner;
- 4) I understand that if I have made a qualified annuity recommendation as a "fiduciary" (within the meaning assigned to that term by ERISA and the Internal Revenue Code) I am solely responsible for complying with the conditions of an available U.S. Department of Labor prohibited transaction exemption (e.g., PTE 84-24) covering my receipt of sales-related compensation; and
- 5) I agree to maintain records of the information provided by the applicant/Owner and any other information used as the basis for my recommendation. I also understand that the maintenance of records may be required by state law and I agree to make such records available for review upon request by North American or by any regulatory body as required.

Agent/Representative signature	Date (mm/dd/yyyy)
Agent/Representative number	



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