

**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 <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Life Insurance or Annuity with LTC benefits		Policy Number (if known)		
<b>1. Owner Information</b>				
<b>Individual</b>		<b>Entity</b> (please complete form as it pertains to the entity/trustee/grantor)		
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)				
Name of Premium Payor (if other than the Owner)		Relationship to Owner		
<b>2. Financial Information</b>				
<b>a. Annual Income<sup>1</sup></b> (from all sources)		<b>b. Net Worth<sup>2</sup></b> (excluding your residence)		<b>c. Liquid Net Worth<sup>3</sup></b>
<input type="checkbox"/> \$30,000 and under		<input type="checkbox"/> \$30,000 and under		<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"/> \$75,001 - \$150,000		<input type="checkbox"/> \$75,001 - \$150,000		<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"/> \$300,001 - \$500,000		<input type="checkbox"/> \$300,001 - \$500,000		<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"/> 0 - 15%		<input type="checkbox"/> 16 - 25%		<input type="checkbox"/> 26 - 30%
<input type="checkbox"/> 16 - 25%		<input type="checkbox"/> 26 - 30%		<input type="checkbox"/> 31 - 35%
<input type="checkbox"/> 26 - 30%		<input type="checkbox"/> 31 - 35%		<input type="checkbox"/> Over 35%
<input type="checkbox"/> 31 - 35%		<input type="checkbox"/> Over 35%		
<input type="checkbox"/> Over 35%				
<b>d. Tax Rate</b> (highest marginal)				
<b>e. Annual Expenses<sup>4</sup></b> (recurring)				
<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				
<b>f. I/We currently own (check all that apply)</b>				
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Real Estate <input type="checkbox"/> Money Market/CDs <input type="checkbox"/> None				
<input type="checkbox"/> Life Insurance, if so, total current inforce face amount _____				
<input type="checkbox"/> Annuities, if so, total current existing account value _____				
<b>3. Source of Funds Used for Purchase</b>				
(check all that apply)				
<input type="checkbox"/> Cash or Personal Savings		<input type="checkbox"/> Insurance Proceeds		<input type="checkbox"/> Legal Settlement
<input type="checkbox"/> Income from Earnings		<input type="checkbox"/> Investment Proceeds		<input type="checkbox"/> Gift
<input type="checkbox"/> Inheritance		<input type="checkbox"/> Pension/IRA/Retirement Savings		<input type="checkbox"/> Transfer/Exchange from Existing Annuity
				<input type="checkbox"/> Sale of Business
				<input type="checkbox"/> Transfer/Exchange from Existing Life Insurance
				<input type="checkbox"/> Other _____

<sup>1</sup>Annual income includes income from sources such as employment, alimony, social security, investment income, etc.

<sup>2</sup>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.

<sup>3</sup>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.

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

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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 proposed 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)*

- |  |  |  |  |
|--|--|--|--|
| <b>a. Financial Objective</b>                      | <b>b. Intended Use</b>   | <b>c. Financial Experience</b><br><i>(number of years)</i> | <b>d. Risk Exposure</b><br><i>(check one)</i>  |
| <input type="checkbox"/> Preservation of Capital   | <input type="checkbox"/> Income                                  | _____ <input type="checkbox"/> Stocks                      | <input type="checkbox"/> Conservative          |
| <input type="checkbox"/> Income                    | <input type="checkbox"/> Asset Accumulation                      | _____ <input type="checkbox"/> Bonds                       | <input type="checkbox"/> Moderate Conservative |
| <input type="checkbox"/> Long Term Growth          | <input type="checkbox"/> Protection of Principal                 | _____ <input type="checkbox"/> Mutual Funds                | <input type="checkbox"/> Moderate              |
| <input type="checkbox"/> Short Term Growth         | <input type="checkbox"/> Retirement Needs Planning               | _____ <input type="checkbox"/> Variable Annuities          | <input type="checkbox"/> Moderate Aggressive   |
| <input type="checkbox"/> Income & Growth           | <input type="checkbox"/> Estate Preservation Planning            | _____ <input type="checkbox"/> Fixed Annuities             | <input type="checkbox"/> Aggressive            |
| <input type="checkbox"/> Long-Term Care Benefit    | <input type="checkbox"/> Long-Term Care Expenses                 | _____ <input type="checkbox"/> Life Insurance              |  |
| <input type="checkbox"/> Interest Earnings         | <input type="checkbox"/> Death Benefit/Enhanced<br>Death Benefit | _____ <input type="checkbox"/> Other _____                 |  |
| <input type="checkbox"/> Tax Deferral <sup>5</sup> | <input type="checkbox"/> Other _____                             |  |  |
- 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 may contain non-guaranteed elements?  Yes  No  
Are you willing to accept these non-guaranteed elements?  Yes  No  
If NO to either of the above, please provide an explanation \_\_\_\_\_
- 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)*

<sup>5</sup>A contract owner may benefit from tax deferral under a Qualified Plan without the use of an annuity contract.

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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 <i>(if applicable)</i>	Date
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**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	Name of Representative <i>(please print)</i>	Date
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**Please list any other producer(s) who has exercised material control or influence in the making of this recommendation and is receiving direct compensation as part of this recommendation or sale *(regardless of whether the producer had any contact with the consumer(s))*.**

All producers listed below **MUST** each complete a separate **Producer Compensation Disclosure for Annuities** (form I-34191).

Name of Representative <i>(please print)</i>	Name of Representative <i>(please print)</i>
Name of Representative <i>(please print)</i>	Name of Representative <i>(please print)</i>
Name of Representative <i>(please print)</i>	Name of Representative <i>(please print)</i>