



QUALIFIED ANNUITY SUITABILITY QUESTIONNAIRE

CUSTOMER INFORMATION:

Owner's Name: _____ Age: _____

Occupation: _____

Marital Status: Single Married Widowed/Divorced

HOUSEHOLD FINANCIAL INFORMATION:

The money funding this Annuity comes from: _____

Household Annual Income: \$ _____ Net Worth (total): \$ _____ Liquid Net Worth: \$ _____

Do you expect the contract to be in force for at least 5 years? Yes No

If No, why: _____

When do you anticipate taking your first distribution?: _____

After purchasing this annuity, do you feel that your other assets are sufficient to meet your liquidity needs? Yes No

Did you or will you incur withdrawal or surrender charges on the money used to fund this purchase? Yes No

If Yes, amount of charges?: _____

What is your Federal Tax Bracket?: 10% 15% 25% 28% 33%

Are you living in an assisted living facility or nursing home or expect to move into one in the next year? Yes No

Are you in good health and mentally competent? Yes No Details: _____

FINANCIAL OBJECTIVE:

Retirement Pension Protection Tax-deferral Estate Preservation

Other/Comments: _____

RISK TOLERANCE:

Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

Other/Comments: _____

GENERAL INFORMATION:

Representatives of NSS Life are paid a commission by NSS Life. Commissions are **not paid by members**. Commissions are **not** deducted from your account value. All contributions received from you are credited to your account at 100%.

Not a Deposit	Not Insured By Any Federal Government Agency	No Bank or Credit Union Guarantee	Not FDIC/NCUA Insured
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DISCLOSURES:

- A. There are no fees with purchase of a NSS Life annuity.
- B. If the Owner surrenders the contract or takes partial withdrawals before a specified date, there is a charge of between 2% and 9% of the amount withdrawn depending on the plan and contract year.
- C. NSS Life pays my representative a commission of 0.25% to 3.75% of the base payment to this annuity. An override commission may be paid to my representative's broker/agency .
- D. None of my initial payment or additional payments are used to pay these commissions.

ACKNOWLEDGEMENTS:

I acknowledge that my NSS Life representative has explained to me that they are a fiduciary and are required to act in my best interest.

I acknowledge that my NSS Life representative is an independent contractor who sells NSS Life products.

I acknowledge that I have read the information and disclosures contained in this form; received a written receipt of the information; and approve this transaction. **I also attest** that the information I provided on this form is accurate to the best of my knowledge and in accordance with my financial objectives and anticipated needs.

Applicant's Signature

Date

I attest that I am contracted with NSS Life to sell NSS Life products.

I certify that I am acting as a fiduciary and have explained my duties as such to the applicant.

I attest that the sale of this product is in the applicant's best interest. This form is submitted in the belief that the purchase of this annuity is appropriate for the applicant based on the information furnished and reviewed with the applicant.

Representatives Signature

Agent #

Date



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