

NON-QUALIFIED ANNUITY SUITABILITY QUESTIONNAIRE

The National Slovak Society of the USA (NSS Life) is required by your state insurance department to ask information that will help determine whether an annuity contract is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose and will remain confidential.

You have the legal right to decline to provide this information. If this is your wish, please read the following statement, sign, date, and return this form with your Application for Annuity.

Waiver of Non-Qualified Annuity Suitability Questionnaire

☐ No, I will not answer the questions on this Non-Qualified Annuity Suitability Questionnaire and I take full responsibility for determining whether the proposed annuity is suitable for me.		
	ety of the USA (NSS Life) may elect not to issue	ses will be used to evaluate the suitability of an annuity contract. I understand the annuity contract being applied for based on a reasonable determination
Proposed Annuitant:		
Phone #:	Social Security #:	Occupation:
Martial Status: ☐ Married	\square Single \square Widowed \square Divorced	Age:
Primary Financial Objectives: ☐ Preservation of Capital ☐ Education Planning	(Check all that Apply) ☐ Future Income ☐ Wealth Accumulation ☐ Tax Deferral ☐ Immediate Income	☐ Inheritance ☐ Charitable Giving
Time Frame for this Investment: When will you need the money you are investing in this annuity? (Check One) □ 1 year or less □ 1-3 years □ 3-7 years □ 7-10 years □ 10 years □ Never (money for charity/Inheritance)		
Intended Use of Annuity:		
Financial Information: Annua	al Household Income: \$	Liquid Net Worth: \$
Source of Income: (Check all t	hat apply) ☐ Employment ☐ Investments	☐ Social Security ☐ Retirement ☐ Other
Source of Funding:		
Tax Bracket: (Check one)] 10% □ 15% □ 25% □ 28% □ 33%	% □ 35% Proposed Annuity represents:% of Net Worth
Do you have any funds availa	ble to you in case of emergency? □ Yes	□ No
Other relevant information (fir	nancial constraints, health concerns, long-term care	considerations, etc.):
Existing Accounts: Are you considering using funds	from existing life insurance policy(ies), contract(s)	, or certificate of deposit(s) to purchase this annuity?
How long has the policy(ies), co	ntract(s), or certificate of deposit(s) been in force?	# of years
Are there any surrender charges associated with the above-mentioned existing policy(ies), contract(s), or certificate of deposit(s)?		
If yes, what are the current surre	ender charges?	

Proposed Annuitant Signature

FORM # NQ - ASQ - 005 G 02/06/2024

Date