

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 Annuity Suitability Questionnaire

No, I will not answer the questions on this Annuity Suitability Questionnaire, and I take full responsibility for determining whether the proposed annuity is suitable for me.

CLIENT/MEMBER INFORMATION:

Proposed Owner's Name (Must be completed): _____

Age: _____ Occupation: _____ Social Security #: _____

Marital Status: Married Single Widowed Divorced

Relationship to Annuitant: _____

HOUSEHOLD FINANCIAL INFORMATION:

1) Why are you purchasing this Annuity? _____

2) Primary Financial Objectives for this purchase: (Check all that Apply)

Capital Preservation Future Income Tax Deferral Wealth Accumulation Inheritance
 Charitable Giving Education Planning Immediate Income Other (describe) _____

3) Annual Household Income: \$ _____ Total Net Worth: \$ _____ Liquid Net Worth: \$ _____

4) Tax Bracket: (Check one) 10% 12% 22% 24% 32% 35% 37%

5) Do you have funds set aside in case of an emergency? Yes No

If yes, type of funds (checking, savings, money market, etc.) _____

EXISTING ACCOUNTS:

6) What are the source(s) of funds used to purchase this annuity: (Check all that apply)

Employment Income Investments Social Security Pension Retirement Funds (401K, 403b, IRA, Roth)
 Other (describe) _____

7) Are you considering using funds from an existing life insurance policy, annuity contract, or certificate of deposit to purchase this annuity? Yes No

If yes, provide source of funds _____

8) Are there any surrender charges associated with question #7? Yes No

If yes, what are the current surrender charges? _____

9) If you answered yes to question #7, will the proposed annuity replace any life insurance or annuities? Yes No

If yes, please complete an External or Internal Replacement Form and attach.

10) How many years from today will you need access to your funds without a penalty? _____

11) Timeframe: When will you need the money from this annuity?

- 1 year or less 1-3 years 3-7 years 7-10 years 10 years or longer

EXISTING ACCOUNTS:

12) What is your investment experience, by type and length of time?

- Mutual Funds Stocks Bonds Indexed Products Money Markets CDs
- ____ Months/Years ____ Months/Years ____ Months/Years ____ Months/Years ____ Months/Years ____ Months/Years

13) What is Your Risk Tolerance? Conservative (low risk – safeguard capital)

- Moderate (some risk – balanced risk with reward) Aggressive (tolerate volatility for higher gains)

14) Additional Information: _____

OWNER ACKNOWLEDGEMENT:

Owner Signature _____ Date Signed _____

AGENT REPORT AND ACKNOWLEDGEMENT:

Select one:

The basis of my recommendation to purchase the proposed annuity or replace/exchange the existing annuity is: _____

Client selected the “Waiver” of Annuity Suitability.

Agent Signature _____ Date _____