

FINANCIAL NEEDS ANALYSIS

EquiTrust Life Insurance Company®

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The information provided on this form will help you, your agent and EquiTrust determine if the annuity product being applied for meets your current financial needs and objectives. **This entire form must be completed where applicable.**

Owner/Applicant Name		Joint Owner/Applicant Name	
Age	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Age	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired

Please complete each section on behalf of the owner; for joint owners, the information should be combined. For minors, provide the financial objectives of the parent/guardian. If the annuity will be owned by a trust, use the assets and objectives of the trust.

FINANCIAL PROFILE

1. Approximate annual household income

- ☐ \$0-19,999 ☐ \$20,000-49,999 ☐ \$50,000-99,999 ☐ \$100,000-149,999
☐ \$150,000-199,999 ☐ \$200,000-249,999 ☐ \$250,000-499,999 ☐ Over \$500,000

Please provide the source(s) of your income (check all that apply)

- ☐ Wages ☐ Pension Payments ☐ Guarantee Annuity Payments (Income)
☐ Investments ☐ Social Security ☐ Rental Income ☐ Other _____

2. Current Federal Income Tax Bracket (check one)

- ☐ 0% ☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37%

3. Approximate annual household expenses

- ☐ \$0-24,999 ☐ \$25,000-49,999 ☐ \$50,000-74,999 ☐ \$75,000-100,000 ☐ Over \$100,000

4. Do you anticipate/Are you aware of potential material changes in your income or expenses, during the current surrender charge period? ☐ No ☐ Yes (please describe fully)

5. Do you currently have a reverse mortgage on your primary residence? ☐ No ☐ Yes

(A reverse mortgage is a type of loan that allows homeowners ages 62 and older to borrow part of their home's equity to supplement their income; repaid when the borrower dies, permanently moves out or sells the home.)

If yes, will the source of funds for this annuity come from the reverse mortgage? ☐ No ☐ Yes

6. What is your risk tolerance for this annuity purchase?

- ☐ Conservative ☐ Moderate ☐ Aggressive

FINANCIAL SITUATION/INFORMATION

7. Please indicate the financial product(s) you have current or prior experience with by selecting each.

- ☐ Fixed Annuities ☐ Variable Annuities ☐ Mutual Funds ☐ CDs
☐ Equities/Securities ☐ Bonds ☐ Alternative Investments ☐ Life Insurance
☐ Other _____

8. Net Worth Calculation

a. Checking/Savings **(after purchase of this annuity)**

- ☐ Under \$5,000 ☐ \$5,000-9,999 ☐ \$10,000-24,999 ☐ \$25,000-49,999 ☐ \$50,000-99,999
☐ \$100,000-149,999 ☐ \$150,000-199,999 ☐ \$200,000-249,999 ☐ \$250,000-500,000 ☐ Over \$500,000

b. All other liquid assets **(after purchase of this annuity)**

e.g. Money market funds, securities that can be sold without surrender charges or penalties, out of surrender annuities, qualified assets (owner is 59 ½ or older)

- ☐ Under \$5,000 ☐ \$5,000-9,999 ☐ \$10,000-24,999 ☐ \$25,000-49,999 ☐ \$50,000-99,999
☐ \$100,000-149,999 ☐ \$150,000-199,999 ☐ \$200,000-249,999 ☐ \$250,000-500,000 ☐ Over \$500,000

c. Total non-liquid assets **(after purchase of this annuity)**

e.g. Real estate, cash value life insurance, annuities with surrender charges, employer-based retirement plans, qualified assets (owner is under age 59 ½)

- ☐ Under \$100,000 ☐ \$100,000-149,999 ☐ \$150,000-199,999 ☐ \$200,000-249,999 ☐ \$250,000-299,999
☐ \$300,000-349,999 ☐ \$350,000-399,999 ☐ \$400,000-499,999 ☐ \$500,000-749,999 ☐ \$750,000-1 million
☐ \$1.0 – 1.49 million ☐ \$1.5 – 1.99 million ☐ \$2.0 – 2.49 million ☐ \$2.5 – 3.0 million ☐ Over \$3 million

d. Total amount of debt, excluding primary residence/mortgage.

e.g. Credit cards, student loans, personal loans, auto loans, etc.

- ☐ Under \$10,000 ☐ \$10,000-49,999 ☐ \$50,000-99,999 ☐ \$100,000-249,999
☐ \$250,000-399,999 ☐ \$400,000-649,999 ☐ \$650,000-750,000 ☐ Over \$750,000

CALIFORNIA RESIDENTS ONLY: Please indicate the length of your longest outstanding debt.

- ☐ 0-5 Years ☐ 6-10 Years ☐ 11-15 Years ☐ 16+ Years

e. Estimated Total Net Worth

- ☐ Under \$100,000 ☐ \$100,000-149,999 ☐ \$150,000-199,999 ☐ \$200,000-249,999 ☐ \$250,000-299,999
☐ \$300,000-349,999 ☐ \$350,000-399,999 ☐ \$400,000-499,999 ☐ \$500,000-749,999 ☐ \$750,000-1 million
☐ \$1.0 – 1.49 million ☐ \$1.5 – 1.99 million ☐ \$2.0 – 2.49 million ☐ \$2.5 – 3.0 million ☐ Over \$3 million

9. Do you have sufficient assets to cover future living and/or medical expenses? ☐ Yes ☐ No (if no, please explain)

10. If you purchase this annuity, how many months of living expenses can your liquid assets cover?

- ☐ 1-3 months ☐ 4-6 months ☐ 7-12 months ☐ 13+ months

ANNUITY OBJECTIVES

11. An annuity is a long-term contract with substantial penalties for early surrenders and/or withdrawals. Do you understand if you take more than the penalty-free withdrawal amount during the surrender charge period, you will incur a Surrender Charge, Market Value Adjustment (also referred to as an Interest Adjustment in some contracts/endorsements, if applicable) and potentially an additional 10% tax penalty if you are under age 59 ½?
☐ No ☐ Yes
12. How long do you plan to keep this annuity?
☐ Less than 3 years ☐ 4-7 years ☐ 8-10 years ☐ 10+ years
13. How will this annuity purchase help meet your objectives? (Check all that apply)
☐ Tax deferral ☐ Wealth accumulation ☐ Immediate income ☐ Contract guarantees
☐ Death benefit ☐ Estate planning ☐ Protection from market risk ☐ Deferred income
14. Do you anticipate taking distributions from this annuity during the surrender charge period?
☐ NA – Confidence Income ☐ No anticipated distributions
☐ Yes – 0-3 years from now ☐ Yes – 4-7 years from now
☐ Yes – 8-10 years from now ☐ Yes – 10+ years from now
15. If you answered yes to the prior question, please select the method you intend to take future distributions from this annuity (check all that apply):
☐ Annuitize ☐ Income Rider (selection must be made on the Product Disclosure)
☐ RMDs (Qualified Plans only) ☐ Penalty-free withdrawals
☐ LTC Rider (Bridge Product only) ☐ Lump Sum

ADDITIONAL INFORMATION

16. What is the source of funds for this annuity? (If more than one source, check all that apply)
☐ Checking/Savings ☐ Money Market ☐ Bank CD ☐ Stocks/Bonds/Mutual Funds
☐ Existing Annuity ☐ Death Proceeds ☐ Cash Value Life Insurance ☐ Retirement/Pension
☐ Inheritance/Gift ☐ Other _____
17. Have you replaced or exchanged any life policy or annuity contract within the past 36 months (past 60 months if you reside in California or Minnesota)?
☐ No ☐ Yes
18. Do you (or the trust beneficiary/grantor/settlor if a trust is the Owner) or the Annuitant currently reside in a nursing home or assisted living facility or plan to enter a nursing home or assisted living facility in the next 6 months?
☐ No ☐ Yes
19. **California residents only:** Do you intend to apply for means-tested governmental benefits, including, but not limited to, Medi-Cal or the veteran's aid and attendance benefit?
☐ No ☐ Yes

INSURANCE AGENT/PRODUCER DISCLOSURE FOR ANNUITIES

Do not sign unless you have read and understand the information in this form.

1. INSURANCE AGENT INFORMATION ("Me", "I", "My")

Full Name (first-middle-last)		
Business Telephone Number	National Producer Number	State

2. OWNER/APPLICANT INFORMATION ("You", "Your")

Full Name (first, middle, last)
Joint Owner Full Name (first, middle, last)

3. TYPES OF PRODUCTS I CAN SELL:

I am licensed to sell annuities to you in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

☐ Fixed or Fixed Indexed Annuities ☐ Variable Annuities ☐ Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

☐ Mutual Funds ☐ Stocks/Bonds ☐ Certificates of Deposits

4. ANNUITIES I CAN SELL:

I am authorized to sell: ☐ Annuities from One (1) Insurer ☐ Annuities from Two (2) or more Insurers

☐ Annuities from Two (2) or more Insurers although I primarily sell annuities from _____

5. HOW I'M PAID FOR MY WORK:

It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows (select one):

☐ Commission, which is usually paid by the insurance company or other sources.

☐ Other (Details) _____

If you have questions about the above compensation I will be paid for this transaction, please ask me.

ACKNOWLEDGEMENTS AND SIGNATURES

By signing below, I acknowledge that I have reviewed the product-specific Disclosure Statement with my agent, in addition to the financial factors listed on this form and have determined that the product meets my needs and objectives.

Do not sign this form if any item has been left blank, before carefully reviewing the information recorded, or if any of the information recorded is not true and correct to the best of your knowledge.

New Jersey residents ONLY: The sale and suitability of annuities is regulated by the Department of Banking and Insurance and consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or visiting the Department's website at www.njdobi.org.

APPLICANT/OWNER REFUSAL TO PROVIDE INFORMATION

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker or company needs information about you, your financial situation, insurance needs and financial objectives. If you refuse to provide your agent, broker, or company, some or all of the information needed to decide if this annuity effectively meets your needs, objectives and situation, or you provide inaccurate information, you may lose protections provided by various state insurance laws.

Note: if you refuse or are unable to provide the requested information, EquiTrust is unable to issue the contract.

Statement of Purchaser:

- ☐ I have provided complete and accurate information at this time.
- ☐ I **REFUSE** to provide information at this time.
- ☐ I have chosen to provide **LIMITED** information at this time

Purchase Recommendation:

- ☐ My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- ☐ My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

Owner/Applicant Signature	Date	Joint Owner/Applicant Signature	Date
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AGENT/PRODUCER ACKNOWLEDGEMENT

By signing below, I acknowledge that I have made a reasonable effort to obtain information concerning the financial and tax status, investment objectives and other information considered reasonable for this purchase. It is my belief that based on this information and all circumstances known to me at this time, the annuity being applied for meets the financial needs and objectives provided by my clients. In addition, I have verified identity, believe the information provided to me is true and accurate and I understand the Company may contact my client directly for additional information, if necessary.

I understand and acknowledge that some annuity recommendations, such as those related to "rollovers" or transfers from certain retirement plans or IRAs, could be "fiduciary" investment advice recommendations as that term is defined by ERISA and the Internal Revenue Code. If I make such a fiduciary recommendation, I acknowledge that I am responsible for complying with the requirements of an applicable U.S. Department of Labor prohibited transaction exemption covering any receipt of sales-related compensation. I understand and acknowledge that if I choose to rely on PTE 84-24, an 84-24 disclosure form must be completed, signed by the applicant and the producer, and a copy left with the applicant. I understand that the 84-24 disclosure form should not be sent to EquiTrust.

REQUIRED FOR EACH APPLICATION: The basis for my recommendation to purchase the proposed annuity(ies):

Agent/Producer Signature	Date	EquiTrust Agent/Producer Number
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