

Suitability Evaluation Worksheet for Fixed Annuities



Mail or fax completed form to:

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Athene Annuity and Life Company

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Contact us:

Annuity Customer Contact Center - Tel: 888 266 8489

Athene Annuity & Life Assurance Company of New York

Pearl River, NY 10965

Please answer all questions as completely as possible. If the question is not applicable to you, or if the answer to the question is none, please answer the question with an N/A or NONE. Please inform your agent if you wish to decline to answer any or all of the following questions.

Owner/Applicant Name:		Date of Birth:	
Occupation:		Occupation Status:	
Marital Status:		Number of Dependents:	
Address:		Phone:	
City:		State:	Zip:
Spouse's Name:		Date of Birth:	
Occupation:		Occupation Status:	
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your spouse a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When do you plan to retire?		When does your spouse plan to retire?	

Approximate Annual Income:			
<input type="checkbox"/> \$0 - \$24,999	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> \$75,000 - \$99,999
<input type="checkbox"/> \$100,000 - \$199,999	<input type="checkbox"/> \$200,000 - \$299,999	<input type="checkbox"/> \$300,000 - \$399,999	<input type="checkbox"/> \$400,000 and over

Sources of Income: (check all that apply)		
<input type="checkbox"/> Current Wages	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Social Security
<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Required Minimum Distribution (RMD) or 72 (t)/(q) distributions	
<input type="checkbox"/> Other:	What annual income do you require?	

Approximate New Worth: (Fixed and Liquid Assets)	
<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> \$50,000 - \$149,999
<input type="checkbox"/> \$150,000 - \$249,999	<input type="checkbox"/> \$250,000 - \$499,999
<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$1,000,000 and over

Federal Income Tax Bracket:		
<input type="checkbox"/> 10%	<input type="checkbox"/> 12%	<input type="checkbox"/> 22%
<input type="checkbox"/> 24%	<input type="checkbox"/> 32%	<input type="checkbox"/> 35%
<input type="checkbox"/> 37%		

Have you ever owned: (check all that apply)		
<input type="checkbox"/> Fixed Annuity	<input type="checkbox"/> Variable Annuity	<input type="checkbox"/> Variable Life Insurance
<input type="checkbox"/> Certificates of Deposit	<input type="checkbox"/> Money Market Account	<input type="checkbox"/> Savings Account
<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Stock	<input type="checkbox"/> Bond

Financial / Investment Objectives: (check all that apply)	
<input type="checkbox"/> Options for Lifetime Income	<input type="checkbox"/> Increase Return on Assets
<input type="checkbox"/> Preservation of Principal	<input type="checkbox"/> Pass Assets to Heirs
<input type="checkbox"/> Reduce the Effects of Inflation	<input type="checkbox"/> Increase Current Income
<input type="checkbox"/> Income Tax Deferral	<input type="checkbox"/> Other:



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What percentage of your liquid assets would you feel comfortable allocating to the risk categories listed below?

_____ Low Risk	_____ Moderate Risk	_____ High Risk	= 100% Total Liquid Assets
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Current Insurance and Annuities:

Applicant:	Premium	Face Amount	Cash Value	Death Benefit	Circle One	
_____ Life Insurance	\$	\$	\$	\$	Non Qualified	Qualified
_____ Life Insurance	\$	\$	\$	\$	Non Qualified	Qualified
_____ Life Insurance	\$	\$	\$	\$	Non Qualified	Qualified
_____ Annuity		\$	\$	\$	Non Qualified	Qualified
_____ Annuity		\$	\$	\$	Non Qualified	Qualified
_____ Annuity		\$	\$	\$	Non Qualified	Qualified
_____ Annuity		\$	\$	\$	Non Qualified	Qualified

Do you anticipate any major changes in your future income needs? Yes (please explain) No

Do you anticipate any large expenses in the foreseeable future? Yes (please explain) No

Do you have funds available in case of an emergency? Yes (if so where and how much) No

Do you currently handle your financial matters? Yes No (please explain)

Is there other information that should be considered when addressing your insurance needs and financial objectives?
 Yes (please explain) No

Owner(s) / Applicant(s) Signature:

	Date:
	Date:



