



BANKERS LIFE INSURANCE COMPANY
 11101 ROOSEVELT BLVD N, ST. PETERSBURG, FL 33716
 P. O. BOX 15707, ST. PETERSBURG, FL 33733
 (800) 839-2731 FAX (800) 946-3306

ANNUITY SUITABILITY QUESTIONNAIRE AND ACKNOWLEDGMENT

This form is designed to help you, our customer, determine if purchasing a Bankers Life annuity contract meets your financial needs. Please complete the questionnaire and acknowledgment in its entirety and submit with your application.

PERSONAL INFORMATION – Individuals and Trusts

1. Owner Name: _____
- 2 Age: _____ Occupation: _____
 (If a Trust, age of Person who established the trust) (Please note if retired)

FINANCIAL PROFILE – For Joint Owners – information may be combined

3. Approximate Household Income: \$ _____ (If a trust, estimated value of trust)
4. Approximate Net Worth: \$ _____ (Net Worth = Total Assets, Excluding home and automobile, minus Total Debts)
5. Do you have sufficient liquid assets (assets that can be easily converted to cash without incurring penalty charges) available for monthly living expenses and emergencies, such as medical expenses, in addition to the premium you are paying for this annuity?
 Yes Please list amount of liquid assets \$ _____
 No Please list amount of liquid assets \$ _____ and explain why you believe an annuity contract, which typically has withdrawal limitations and surrender charges, is suitable for your financial needs.
 _____.
6. Primary Source of Income *(check all that apply)*
 Current Wages Pension Plan Social Security Investment Income
 Required Minimum Distribution (RMD) or 72 (f) (q) distributions Other _____
7. Federal Income Tax Bracket:
 0% 10% 15% 25% 28% 33% 35%
8. What is your financial objective in purchasing a Bankers Life annuity? *(check all that apply)*
 Income Now Flexibility Tax Deferral Provides Guarantees
 Potential Growth Followed by Income Pass Assets to Beneficiaries Lifetime Income Payment
 Other _____
9. Single Premium Amount remitted with application or estimated amount of 1035 Exchange/Transfer: \$ _____
10. This annuity transaction represents approximately the following percentage of your Net Worth:
 0-25% 25% -50% 50% - 75% 75% - 100%
11. Do you now, or have you previously owned, any of the following financial products? *(check all that apply)*
 Certificate of Deposit Fixed annuity Variable Annuity
 Stock/Bond/Mutual Funds Other Investments Other _____
12. What is the source of premium funds for this annuity? *(check all that apply)*
 Annuity Life Insurance CD Cash
 Other Investments Reverse Mortgage/Home Equity Loan Other _____

13. Are there any settlement fees, surrender charges or penalties of any kind associated with any source(s) of the annuity's premium? Yes No

If Yes: List the percentage, or amount if known, of any settlement fees, surrender charges or penalties of any kind associated with any source(s) of this annuity's premium. List total percentage for each premium source, including MVAs, if applicable. Do not deduct any applicable income bonus percentages received on the new annuity.

If multiple sources of premium, list each percentage separately.

Source of Premium (Name of Product and Company Name)	Date of Purchase	Penalty Percentage	Penalty Amount (if Known)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. How do you anticipate taking distributions from this annuity? (check all that apply)

- Free/systematic withdrawals or income option
- Lump Sum
- Annuitize
- Required minimum distribution
- Leave to beneficiary

15. When do you anticipate taking your first distribution from this annuity? (choose one)

- Less than one year
- Between one and Five years
- Between six and nine years
- 10 or more years
- None anticipated

16. Have you purchased or replaced any annuities within the preceding 36 months? Yes No

If yes, please explain: _____

17. Did you discuss your current financial and insurance products with your agent before deciding to purchase this Bankers Life annuity? Yes No

18. Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust? Yes No

If yes, please explain: _____

19. What other information, if any, did you consider material in deciding to purchase this annuity?

If any, please explain: _____

20. Do you currently reside in a nursing home or assisted living facility or do you plan to enter a nursing home in the next 6 months? Yes No

If yes, please explain: _____

21. With the exception of any free withdrawals, required minimum distribution, etc., do you expect to take any money out of this product before the end of the withdrawal charge period? Yes No

If yes, please explain: _____

22. Did your insurance agent explain that if you take money out of this product in excess of the free withdrawal amount provided in the contract during the withdrawal charge period you would incur penalty? Yes No

If no, please explain: _____

Client refused to provide some or all of the above information.

ANNUITY ACKNOWLEDGMENT

This form is designed to help you determine if purchasing a Bankers Life annuity contract meets your financial needs. By initialing below, I am stating that I agree and understand that:

_____ I understand that the interest credited will not offset any surrender charges that I may incur as a result of purchasing
initials this annuity.

_____ I am applying to purchase an annuity contract that may have fixed and indexed account strategies.
initials

_____ The Bankers Life annuity contract is not a mutual fund, savings account, certificate of deposit, bond, security or
initials similar financial product.

_____ The Bankers Life annuity contract is not a short-term investment. Any withdrawal of funds before the last day of the
initials withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract.

_____ I have reviewed, understand, and signed the Certificate of Disclosure and consider the matters addressed in this
initials Annuity Suitability Acknowledgement. I believe the Bankers Life annuity contract is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest.

_____ Bankers Life does not permit its Independent Agent to advise me with respect to the tax consequences associated
initials with a purchase of an annuity contract, including any exchange of the annuity contract or withdrawal of funds from any other source, for the purpose of purchasing the annuity contract. I am not relying on any tax advise from the Independent Agent or Bankers Life and will consult with my own tax professional to the extent necessary.

_____ If I am purchasing the annuity contract for inclusion in an IRA, 401(k) or other self-directed qualified plan, I
initials understand that I receive no additional tax deferral.

_____ Capital gains or tax liability may be incurred as a result of liquidating or withdrawing funds from any existing
initials investment for the purpose of purchasing this annuity contract.

_____ The Independent Agent and Bankers Life may rely upon the information provided by me in this Annuity Suitability
initials Acknowledgement and all such information is true and accurate to the best of my knowledge and the Independent Agent and Bankers Life may rely on such information.

_____ Owner's signature

_____ Date

_____ Joint Owner's signature

_____ Date

AGENT CONFIRMATION

Please describe how the annuity you recommended will assist the applicant in meeting his or her financial needs and objectives.

Please describe any disadvantages for your client in selecting this annuity. _____

By signing below, I acknowledge that:

- ◆ The Owner's decision to purchase this annuity is based on my recommendation.
- ◆ I have made a reasonable effort to obtain information from the Owner concerning the Owner(s)' financial status, tax status, financial objective and other information considered reasonable.
- ◆ It is my belief that based on the information the Owner provided, and based on all the circumstances known to me at the time the recommendation is suitable for the Owner(s) insurance needs and /or financial objectives.
- ◆ I have verified the identity of the Owner(s) and believe the information the Owner(s) provided to me regarding his or her identity is true and accurate.

_____ Agent's Signature

_____ Date