

Capitol Life Insurance Company • PO Box 224, Brownwood, Texas 76804-0224 • 5750 County Road 225, Brownwood, Texas 76801 (Overnight)  
 800-745-4927 • 866-505-9377 (Fax) • AnnuityCSR@life-insurers.com

**All Sections of this form must be fully completed.**

**SECTION 1: PERSONAL INFORMATION**

	Owner	Spouse (if any)
Full Name		
Current Age		
Gender		
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Work-Full Time <input type="checkbox"/> Work-Part Time	<input type="checkbox"/> Retired <input type="checkbox"/> Work-Full Time <input type="checkbox"/> Work-Part Time
Current Occupation		
Dependents	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, list number of dependents and ages:</b>

**SECTION 2: FINANCIAL INFORMATION OF OWNER**

Annual Household Income	\$
Source of Income	
Income Tax Bracket (Federal & State)	%
Total Assets (Total Liquid and Non-Liquid Assets prior to purchase of this annuity)	\$
Total Liquid Assets (All assets that are readily convertible to cash after the purchase of this annuity)	\$
Total Outstanding Debt	\$

**SECTION 3: FINANCIAL SITUATION AND NEEDS OF OWNER**

Does your income cover all of your living and medical expenses?  
  Yes  
  No  
 **If no, please explain:**

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Do you expect changes in your living expenses?  
  Yes  
  No  
 **If yes, please explain:**

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Do you anticipate changes in your out-of-pocket medical expenses?  
  Yes  
  No  
 **If yes, please explain:**

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Is your income sufficient to cover future changes in your living and out-of-pocket medical expenses during the surrender charge period?  
  Yes  
  No  
 **If no, please explain:**

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Do you have an emergency fund for unexpected expenses?  
  Yes  
  No  
 **If no, please explain :**

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# Suitability Analysis

What other investments do you currently own? (Check all that apply)

- |                                  |                                      |                                       |  |
|----------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Stocks  | <input type="checkbox"/> Bonds       | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Personal Business |
| <input type="checkbox"/> Options | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Partnerships | <input type="checkbox"/> Other: _____      |

Please describe your risk tolerance:

- |                                       |  |                                   |  |                                     |
|---------------------------------------|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Moderately Conservative | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderately Aggressive | <input type="checkbox"/> Aggressive |
|---------------------------------------|--|-----------------------------------|--|-------------------------------------|

## SECTION 4: THIS PRODUCT PURCHASE

Reason(s) for purchasing this product: (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asset accumulation       | <input type="checkbox"/> Tax deferred growth      | <input type="checkbox"/> Immediate income  |
| <input type="checkbox"/> Future retirement income | <input type="checkbox"/> Guaranteed interest rate | <input type="checkbox"/> Transfer to heirs |
| <input type="checkbox"/> Safety of principal      | <input type="checkbox"/> Other: _____             |  |

Do you plan to withdraw any portion of the funds in this product during the surrender charge period?

- Yes       No      **If yes, please explain:**

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When do you anticipate needing access to these funds other than described above?

- 0-2 years from now     3-4 years from now     5-6 years from now     7-8 years from now     9 or more years from now

Source of funds used to purchase this product (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CD/Savings/Checking              | <input type="checkbox"/> Inheritance                              | <input type="checkbox"/> Current income              |
| <input type="checkbox"/> Liquidation of assets            | <input type="checkbox"/> Death benefit proceeds                   | <input type="checkbox"/> Qualified plan distribution |
| <input type="checkbox"/> Cash value from existing annuity | <input type="checkbox"/> Rollover/transfer from qualified account | <input type="checkbox"/> Other: _____                |

## SECTION 5: EXISTING ACCOUNT INFORMATION

Do you plan to use funds from an existing life or annuity policy to purchase this product?	<input type="checkbox"/> Yes (complete the rest of section 5) <input type="checkbox"/> No (go to section 6)
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How long has the life insurance or annuity been in force?	_____ years
Is there a surrender charge on the existing product?	<input type="checkbox"/> Yes What is the current charge? _____% When will it expire? _____ <input type="checkbox"/> No
What type is the existing product?	<input type="checkbox"/> Life Insurance Annuity: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Equity Indexed
What interest rate is currently being credited to the existing product? Please describe any expected change(s) to this rate in the additional information section below.	_____ %

If the existing product is a tax-qualified annuity, are you taking Required Minimum Distributions from it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 100px;"><input type="checkbox"/> Not Required due to age</span>
If the existing product is an annuity, are you taking any other periodic distributions from the existing annuity?	<input type="checkbox"/> Yes Describe: _____ <input type="checkbox"/> No

**SECTION 6: OTHER**

Which, if any, of the following persons assisted you in your decision to purchase this product? (Check all that apply)

- None                     
  Accountant                     
  Attorney                     
  Family Member  
 Other (please specify): \_\_\_\_\_

Why You are being asked to complete this form:

You're buying a financial product – an annuity. To recommend a product that effectively meets your needs, objectives and situation, your agent or broker needs information about you, your financial situation, your insurance needs and your financial objectives.

Please choose **One** of the following:

- You are buying an annuity recommended by your agent or broker.
- You understand that you are buying an annuity, but the agent, broker or company did NOT recommend that you buy it. If you are buying it without a recommendation, you understand that you may lose protections under the Insurance Code of your state.

Please choose **One** of the following so the insurance company better understands the information you have provided herein:

- You have REFUSED to provide your agent, broker, or the company with any information needed to decide if the annuity effectively meets your needs, objectives and situation. You may lose protections under the Insurance Code of your state if you sign this form or provide inaccurate information.
- You have provided your agent, broker, or the company with LIMITED information needed to decide if the annuity effectively meets your needs, objectives and situation. You may lose protections under the Insurance Code of your state if you sign this form or provide inaccurate information.
- You have provided your agent, broker, or the company with ALL the information needed to decide if the annuity effectively meets your needs, objectives and situation.

**Please enter any additional relevant information to be considered in determining suitability of this product:**

\_\_\_\_\_

**SECTION 7: INSURANCE AGENT (PRODUCER) (“Me”, “I”, “My”) INFORMATION & DISCLOSURE FOR ANNUITIES**

My First Name: \_\_\_\_\_ My Last Name: \_\_\_\_\_

My Business/Agency Name: \_\_\_\_\_ My Website: \_\_\_\_\_

My Business Mailing Address: \_\_\_\_\_

My Business Telephone Number: \_\_\_\_\_ My Email Address: \_\_\_\_\_

My National Producer Number in Your State: \_\_\_\_\_

What Types of Products I Can Sell to You:

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 (Choose All that Apply):

- 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. The non-insurance financial products that I am licensed and authorized to provide advice about or to sell are as follows (Choose All that Apply):

- Mutual Funds     Stocks/Bonds     Certificates of Deposits

Whose Annuities Can I Sell to You? I am authorized to sell (Choose One):

- Annuities from Only One (1) Insurer     Annuities from Two or More Insurers     Annuities from Two or More Insurers although I primarily sell annuities from: \_\_\_\_\_.

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, and how I will be paid for your transaction, please ask me. Depending on the particular annuity you buy, I will or may be paid cash compensation as follows (Choose All that Apply):

- Commission, which is usually paid by the insurance company or other sources. If other sources, describe: \_\_\_\_\_
- Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer (You).
- Salary / incentive agreement from my employer that is paid through their payroll system. My employer receives a commission from the annuity company.
- Other(Describe): \_\_\_\_\_

Indirect Compensation (Choose One):

- I do not receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation).
- I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as  payment of licensing fees and costs,  health or retirement benefits,  office rent and support, or  other incentives from the insurance company or other sources, as follows: \_\_\_\_\_.

My Material Conflict of Interest in Your Transaction:

"Material conflict of interest" means I have a financial interest in the sale of Your annuity that a reasonable person would expect to influence the impartiality of my recommendation that I have not already disclosed to you above. (Choose One)

- I do **Not** have a material conflict of interest in your transaction.
- I **Do** have a material conflict of interest in your transaction as follows: \_\_\_\_\_



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## PTE 84-24 Compensation Disclosure and Acknowledgement Form

Agent Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Joint Owner (if any) \_\_\_\_\_

Insurance Company Name and Product: \_\_\_\_\_

**This disclosure form provides important information for the Fiduciary or IRA owner to consider prior to making the purchase of or adding additional payments to a tax-qualified insurance or annuity policy (“Policy”) issued by an insurance company. In that regard, the information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24 (“PTE 84-24”).**

### **This form will describe the following:**

- The relationship between the Agent and the insurance company;
- The compensation (commissions) the Agent will receive as a result of Your purchasing this Policy;
- A description of any charges, fees, discounts, penalties or adjustments that may be imposed in connection with the purchase, holding, exchange or sale of the Policy, and,
- A notice on certain conflicts of interest.

### **The Relationship Between the Agent and the Insurance Company**

You will be purchasing the Policy through the Agent who is independent of the insurance company listed above and is under no contractual obligation to offer the above insurance company’s Policies. The Agent is licensed and appointed with a number of insurance companies and Policies of which he/she can represent. The Agent may not make any representations or accept any responsibilities on behalf of the insurance company that are not expressly contained in the Insurance Company’s Policy or Policies. The Agent may not waive or modify any terms of your Policy or Policies. The fact that the Agent may receive a commission for the sale can create a conflict of interest.

### **Compensation**

The insurance company will pay commissions for the sale of this Policy. In addition, the insurance company may pay additional amounts to other third parties that are involved in the marketing, training, administration, wholesaling, supervision of the Agent, or issuance of the Policy. These parties may also allocate a portion of such amounts to the Agent. The commissions are paid by the insurance company and one-hundred percent of your premium payment will be credited to the accumulation value of your Policy.

The commission the Insurance Company pays for the sale of this Policy to you is \_\_\_\_\_ percentage of gross annual premium in the first year and \_\_\_\_\_ in subsequent years the Policy is active.

### **Acknowledgment/Approval**

I acknowledge receipt of the information contained in this disclosure for the qualified purchase referenced above. I approve the purchase of the policy as well as the compensation and other charges disclosed for that contract.

\_\_\_\_\_  
Contract Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (if any)

\_\_\_\_\_  
Date