

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Suitability Analysis

P.O. Box 5147 • Springfield, Illinois 62705-5147 • 800-745-4927 • 800-505-9377 Fax

Thank you for applying for an annuity policy from Liberty Bankers Life Insurance Company. The insurance agent is required by law to make reasonable efforts to obtain information concerning your financial status, tax status, investment objectives and other pertinent information. Please read and respond to the questions and statements below.

FINANCIAL STATUS

Annual Income: \$24,999 & Under \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$250,000 \$250,000+

Net Worth¹: \$49,999 & Under \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999 \$500,000+

¹Net Worth = Total Assets (not including home and automobile) – Total Debts

FEDERAL AND STATE INCOME TAX STATUS – My combined tax rate is:

Less than 15% 15% to 28% Greater than 28%

FINANCIAL OBJECTIVES

- 1. Your financial objective in purchasing this product (check all that apply):
 Income now Flexibility Tax deferral Growth followed by income
 Pass on to beneficiaries Provides guarantees Other
2. Do you have cash, liquid assets, or other sources of income available for living expenses, health care and emergencies in addition to the money you plan to use to purchase this annuity contract? Yes No
3. Do you understand there are surrender charges for early termination, except for required minimum distributions and free withdrawals provided in your policy? Yes No
4. How do you plan to withdraw money from this product?
 Regular income Lump sum No plans to withdraw
5. Period of time before principal in the annuity for which you are applying is likely to be needed:
 1-3 years 4-6 years 7-9 years 10-12 years 13-15 years 16 years or longer
6. Indicate which of the following financial products you now own or have owned? (check all that apply)
 Certificate of Deposit Traditional Fixed Annuity Equity-Indexed Annuity Variable Annuity
7. How are you funding the purchase of this annuity? (check all that apply)
 Annuity Bank Checking/Savings Account Certificates of Deposit Mutual Funds/Stocks Other
8. Will you incur any penalty to fund the purchase of this annuity? Yes No
If Yes, approximately how much? \$

I elect not to provide some or all of the information requested above.

NOTE: If this form is not completed and signed, we cannot consider your application.

By signing below, I acknowledge that the fixed annuity product for which I am applying is a long-term contract that contains penalties for early withdrawal. I have reviewed the product brochure with my agent and have determined that it meets my financial needs and objectives.

Owner's Printed Name Owner's Signature Date

I have reasonable grounds for believing that the recommendation for this applicant to purchase or exchange an annuity is suitable on the basis of the facts disclosed above. Furthermore, I agree to maintain the information collected and used as the basis for this recommendation for a period of at least five (5) years and make it available upon request to Liberty Bankers Life or the insurance commissioner.

During the solicitation of this annuity, I did did not use any sales materials other than pre-printed product brochures provided by Liberty Bankers Life. I certify that the applicant was given a copy of the applicable product brochure. I have attached any and all supplementary information used in the solicitation of this annuity to this form.

Insurance Agent's Printed Name Insurance Agent's Signature Date