



- NEW ERA LIFE INSURANCE COMPANY
- PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
- NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

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# ANNUITY SUITABILITY ANALYSIS

Thank you for applying for an annuity policy from the New Era Company checked above. 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+
- Net Worth<sup>1</sup>:     \$99,999 and Under     \$100,000 - \$499,999     \$500,000 - \$999,999     \$1,000,000+

<sup>1</sup>Net 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 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
- How do you plan to withdraw money from this product?
- Regular income     Lump sum     No plans to withdraw
4. 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
  5. 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
  6. Other than your insurance producer, which, if any, of the following persons assisted in your decision to purchase the annuity policy? (check all boxes that apply)
    - Accountant     Financial planner     Family Member     None
    - Attorney     Other (please specify) \_\_\_\_\_

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.**

I acknowledge that I have read the Disclosure Statement for this annuity and believe it meets my needs at this time. To the best of my knowledge and belief, the information above is true and complete.

Owner's Printed Name	Signature of Owner	Date
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I reasonably believe the purchase of this annuity is suitable based on the information provided by the Owner regarding his or her insurance needs and financial objectives.

Insurance Agent's Printed Name	Signature of Agent	Date
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