



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

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# Suitability Analysis

## 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 (number and ages)		

## SECTION 2: FINANCIAL INFORMATION OF OWNER

Annual Household Income	\$
Source of Income	
Income Tax Bracket (Federal & State)	%
Total Assets	\$
Total Outstanding Debt	\$
Total Liquid Assets (All assets that are readily convertible to cash)	\$

## 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

Do you expect changes in your living expenses?  Yes  No

If **yes**, please explain

Do you anticipate changes in your out-of-pocket medical expenses?  Yes  No

If **yes**, please explain

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

Do you have an emergency fund for unexpected expenses?  Yes  No

If **no**, please explain

Please enter any additional information to be considered in determining suitability:

### 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:

- Conservative  Moderately Conservative  Moderate  Moderately Aggressive  Aggressive

**SECTION 4: THIS ANNUITY PURCHASE**

**Primary reason for purchasing this annuity:**

- Asset accumulation
- Tax deferred growth
- Immediate income
- Future retirement income
- Guaranteed interest rate
- Transfer to heirs
- Safety of principal
- Other: \_\_\_\_\_

**How long do you plan to keep this annuity?**

- Less than 2 years
- 2 to 5 years
- 6 to 10 years
- 11+ years

**Source of funds used to purchase this annuity (check all that apply)**

- CD/Savings/Checking
- Inheritance
- Current income
- Liquidation of assets
- Death benefit proceeds
- Qualified plan distribution
- Cash value from existing annuity
- Rollover/transfer from qualified account
- Other: \_\_\_\_\_

**SECTION 5: EXISTING ACCOUNT INFORMATION**

Do you plan to use funds from an existing life insurance policy or annuity to purchase this annuity?

- Yes (complete the rest of section 5)
- No (go to section 6)

How long has the life insurance policy or annuity been in force? \_\_\_\_\_ years

What is the death benefit amount of the existing life insurance policy? \$ \_\_\_\_\_

What is the cash surrender value of the existing life insurance policy? \$ \_\_\_\_\_

Please explain the reason for replacing a life insurance policy with an annuity. \_\_\_\_\_

Is there a surrender charge on the existing annuity? \_\_\_\_\_ %

- Yes What is the current charge? \_\_\_\_\_ %  
When will it expire? \_\_\_\_\_
- No

What type is the existing annuity? \_\_\_\_\_

- Fixed
- Variable
- Equity Indexed

What interest rate is currently being credited to the existing annuity? \_\_\_\_\_ %

Please describe any expected change(s) to this rate in the additional information section below.

If the existing annuity is tax-qualified, are you taking Required Minimum Distributions from it? \_\_\_\_\_

- Yes
- No
- Not Required due to age

Are you taking any other periodic distributions from the existing annuity? \_\_\_\_\_

- Yes Describe: \_\_\_\_\_
- No

Have you exchanged or replaced any other annuity within the preceding 60 months? \_\_\_\_\_

- Yes Describe: \_\_\_\_\_
- No

Please enter any additional applicable information: \_\_\_\_\_

**SECTION 6: OWNER’S ACKNOWLEDGEMENT**

Please check the appropriate box and sign below, where indicated:

**Consumer Decision to Purchase an Annuity Based on a Recommendation.**  
 To the best of my/our knowledge, the information provided in this questionnaire is accurate. I/we understand that an annuity is a long term investment and my/our agent has reviewed the features and benefits of this annuity as well as any applicable fees and surrender charges with me/us. I understand the differences of my/our existing contract and the proposed annuity. I have been provided and understand the Insurance Agent (Producers) Disclosure for Annuities form. I/we believe that the purchase of this annuity product is suitable for my/our financial needs and objectives.

**Consumer Refusal to Provide Information.**  
 You are buying a financial product – an annuity. To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company needs information about You, Your financial situation, insurance needs and financial objectives. If You sign this form, it means You have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets Your needs, objectives and situation. You may lose protections under the Insurance Code of this state if you sign this form or provide inaccurate information.  
 Statement of Purchaser:  
 I REFUSE to provide this information at this time.  
 I have chosen to provide LIMITED information at this time.

**Consumer Decision to Purchase an Annuity NOT Based on a Recommendation.**  
**Do Not Sign This Form Unless You Have Read and Understand It.**  
 You are buying a financial product – an annuity. To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company has the responsibility to learn about You, your financial situation, insurance needs and financial objectives. If You sign this form, it means You know that you’re buying an annuity that was not recommended.  
 Statement of owner: I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it without a recommendation, I understand I may lose protections under the Insurance Code in this state.

X \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Signature of Owner Date Signed Signature of Spouse, if Joint Owner

**SECTION 7: AGENT’S ACKNOWLEDGEMENT**

<input type="checkbox"/> Based on the facts disclosed by the proposed owner and joint owner, I have reasonable grounds for believing that the recommendation for the purchase or exchange of an annuity is suitable. 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 the Company or the insurance commissioner.	OR	<input type="checkbox"/> Although I have inquired about the proposed owner’s financial information, needs and objectives, I was unable to collect the necessary information to make a recommendation. I am not aware of any circumstances that would cause me to believe that the annuity is not a suitable purchase.
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During the solicitation of this annuity, I  did  did not use any sales materials other than pre-printed product brochures and other material provided by the Company. I certify that the applicant was given a copy of the applicable product brochure, disclosure form and the Insurance Agent (Producer) Disclosure for Annuities form. I have attached to this form any and all supplementary information used in the solicitation of this annuity.

Please provide a summary of reasons the Owner will benefit from the annuity if purchased based on a recommendation. If this is a replacement and was purchased based on a recommendation, please describe how the proposed annuity is more favorable.

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X \_\_\_\_\_ \_\_\_\_\_  
Signature of Agent Date signed