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☐ 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[1]: ☐ $99,999 and Under ☐ $100,000 - $499,999 ☐ $500,000 - $999,999 ☐ $1,000,000+

[1]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.

____________________	X ____________________	__________
Owner's Printed Name	**Signature of Owner**	Date

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.

____________________	X ____________________	__________
Insurance Agent's Printed Name	Signature of Agent	Date

COMPLETE AND RETURN WITH ANNUITY APPLICATION.