

ANNUITY SUITABILITY INFORMATION AND ACKNOWLEDGMENT

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

GENERAL INFORMATION

OWNER	JOINT OWNER
OWNER NAME	JOINT OWNER NAME
HOW DO YOU RATE YOUR INVESTMENT KNOWLEDGE? <input type="checkbox"/> LIMITED <input type="checkbox"/> AVERAGE <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> PROFESSIONAL	HOW DO YOU RATE YOUR INVESTMENT KNOWLEDGE? <input type="checkbox"/> LIMITED <input type="checkbox"/> AVERAGE <input type="checkbox"/> EXTENSIVE <input type="checkbox"/> PROFESSIONAL

INVESTMENT OBJECTIVES AND SOURCE OF FUNDS

- Please rate your financial risk tolerance (Check one): ☐ Conservative ☐ Moderate ☐ Aggressive
- What is the total estimated amount of this annuity purchase? \$ _____
- What is the source of funds for this annuity purchase? (Check all that apply)
☐ Checking/Savings ☐ CD ☐ Annuity ☐ Life Insurance ☐ Brokerage Account
☐ 401k ☐ Reverse Mortgage\Home Equity Loan ☐ Other: _____
- Will any existing life insurance or annuity policy be surrendered, withdrawn or borrowed from, reduced in value, or otherwise replaced in connection with the proposed purchase of this annuity?
☐ Yes ☐ No

If you answered "Yes" to question 4, answer question 5 and complete the Replaced Policy Worksheet.

- Explain how the replacement will provide a substantial financial benefit over the life of the new policy.

- Have you replaced any other annuity policies in the last 60 months? ☐ Yes ☐ No
 If "Yes", please provide an explanation for each replacement transaction, including the reason for replacement, the source of premium for the replaced policy and the amount of all surrender charges and other penalties (e.g., any bonus recapture or negative market value adjustment).

- What are your primary goals in purchasing this annuity? (Check all that apply)
☐ Tax Deferral* ☐ Growth ☐ Safety of Principal ☐ Future Income ☐ Current Income
☐ Pass Assets to Heirs *Buying an annuity within an IRA or other tax-deferred plan does not provide any extra tax benefits compared to other investments held in a tax-deferred plan.

- How long do you plan to keep this annuity? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 or more years

REPLACED POLICY WORKSHEET

If replacing more than two policies, make copies of this Replaced Policy Worksheet as needed. Provide the amount of any surrender charge, bonus recapture or other penalty. Do not reduce the penalty amount by any positive market value adjustment on the source of funds or any bonus on this annuity.

Product Information and Features	1 st Replaced Policy	2 nd Replaced Policy
Company Name		
Product Name		
Policy Type	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable <input type="checkbox"/> Life Insurance	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable <input type="checkbox"/> Life Insurance
Issue Date		
Current Accumulation Value	\$	\$
Length of Surrender Charge Period From Issue Date	_____ Years	_____ Years
Surrender Charge Amount if Replaced in This Transaction	\$	\$
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount (\$)(+/-): \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount (\$)(+/-): \$ _____
Bonus Recapture if Replaced in This Transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ _____
Current Interest Rate	_____ %	_____ %

9. How and when do you anticipate taking money from this annuity? (Check all that apply):

	Less than 1 year	1 to 5 years	6 to 10 years	More than 10 years
Interest Only Withdrawals				
Penalty free withdrawals	N/A			
Lump Sum (other than Annuitization)				
Required minimum distributions (RMDs)	N/A			
Guaranteed Lifetime Withdrawal Benefit (GLWB)	N/A			

FINANCIAL INFORMATION

10. *When calculating totals, use combined spousal values.*

INCOME & ASSETS	TOTALS
Monthly Income:	\$
Monthly Expenses:	\$
Total Liquid Net Worth: (excluding funds from this purchase)	\$
Total Net Worth: (excluding funds from this purchase and primary residence)	\$

11. What is the source of your household income? (Check all that apply) ☐ Salary ☐ Investments
☐ Social Security ☐ Pension Plan ☐ Required Minimum Distribution (RMD) ☐ Other: _____

12. Are you able to cover all your living expenses, including medical? ☐ Yes ☐ No

OWNER'S ACKNOWLEDGMENT

I have read, understand and agree to the following:

- All information provided in this form is complete and accurate. Oxford Life and my producer are entitled to rely on that information.
- The annuity applied for is a long term contract. Surrender during the surrender charge period could result in a loss of my principal because of a surrender charge and any market value adjustment or forfeiture of non-vested bonus applicable under the terms of the annuity policy.
- I have reviewed my financial situation, investment objectives and product features with my producer, and I have determined that this annuity is suitable for my financial situation and needs.
- There may be potential tax penalties associated with a withdrawal of income from this annuity prior to age 59 ½.
- If the policy applied for includes a premium bonus, I understand that annuities with a premium bonus may have lower fixed account interest rates and lower caps on indexed accounts than a similar product without a premium bonus.
- Neither Oxford Life nor any of its representatives offer legal or tax advice. I have been advised to consult my attorney or tax advisor for legal or tax advice.

New Jersey Residents: The sale and suitability of annuities is regulated by the New Jersey Department of Banking and Insurance. You may obtain assistance from the Department by calling 609-292-7272 or 800-446-7467, or by visiting the Department's website at state.nj.us/dobi.

Owner's Signature _____ Date _____

Joint Owner's Signature (if applicable) _____ Date _____

PRODUCER'S STATEMENT

My recommendation(s) to purchase the Proposed Annuity or to Replace or Exchange the Existing Annuity(ies) are as follows:

PRODUCER'S ACKNOWLEDGMENT AND SUITABILITY RECOMMENDATION

I have read, understand and agree to the following:

- All information provided in this form is complete and accurate to the best of my knowledge.
- I made a reasonable effort to obtain from the Owner information about the Owner's financial status, investment objectives and other information necessary to determine the suitability of this annuity.
- I have informed the Owner of all material features of the annuity, including the surrender charge period, surrender charges, fees for any riders, any applicable market value adjustment or premium bonus vesting features.
- If this transaction involves a replacement, I gathered all relevant information regarding the replaced product and determined that the replacement is suitable and in compliance with the Company's position on replacements.
- Based on the information the Owner provided and other information known to me at this time, the annuity being applied for is suitable for the Owner's financial situation and needs.

Producer's Signature

Date

Producer's Number