



## Florida Senior Consumer Suitability Form ANNUIITY SUITABILITY QUESTIONNAIRE

Thank you for your interest in an Allianz annuity. Before we can process your application and issue your policy, we need to confirm that the annuity purchase suits your current financial situation and long-term goals.

**Please complete this form in its entirety and submit with your application.**

Owner's name <sup>1</sup>	Age	Product name
Joint owner's name	Age	Premium amount
Annuity type <input type="checkbox"/> Qualified <input type="checkbox"/> Nonqualified		Are you actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Your privacy is a high priority to us. The information you provide is only used to confirm the suitability of your purchase. It will not be shared and is treated with the highest degree of confidentiality.**

### FINANCIAL STATUS

1. **Approximate gross monthly household income<sup>2</sup>** \$ \_\_\_\_\_ /Month
  - Examples: salary, Social Security, pension/retirement benefits, investment and rental income
  - Exclude income currently earned on the money that will be used to purchase this annuity
2. **Approximate monthly household living expenses** \$ \_\_\_\_\_ /Month
  - Examples: housing, transportation, insurance, food, healthcare and taxes (include property, income, and FICA taxes)
3. **Disposable income (line 1 minus line 2)** \$ \_\_\_\_\_ /Month
4. **Does your monthly income exceed your monthly expenses?**  Yes  No
5. **Minimum number of years you must own this annuity to receive the maximum value** \_\_\_\_\_ Years
6. **Do you anticipate a significant increase in living expenses or decrease in household monthly income during the time period indicated in question 5?**  Yes  No
  - If yes, please explain (if possible, approximate when you expect changes in living expenses or income, and the amount)
  - Examples of increases in living expenses might be housing, medical, nursing home, assisted living, or travel expenses
  - Examples of decreases in household income might be retirement or a lower pension amount

7. **Federal income tax bracket**  0%  10%  15%  25%  28%  33%  35%

	/		/	
<b>Applicant's Signature</b>		<b>Date</b>		<b>Joint Applicant's Signature</b>
				<b>Date</b>

<sup>1</sup> For trust and corporate owned contracts, see agent guide for instructions on completion of form

<sup>2</sup> Household means the owner and spouse/partner, if a member of the owner's household

## ANNUITY SUITABILITY QUESTIONNAIRE

- 8. Approximate household net worth** \$ \_\_\_\_\_  
• Net worth = total assets less total debt  
• Exclude primary residence, mortgage, and personal belongings
- 9. Approximate household liquid assets** \$ \_\_\_\_\_  
• Examples: checking, savings or money market accounts, short-term CDs, bonds, annuities without surrender charges, etc.  
• Exclude assets used to fund this annuity, free withdrawals from this annuity, and personal belongings
- 10. Do you anticipate any significant reduction in your liquid assets during the time period indicated in question 5?**  Yes  No
- 11. Total value of all annuities you own** (include the purchase of this annuity) \$ \_\_\_\_\_
- 12. Do you currently reside in a nursing home or assisted living facility?**  Yes  No

### FINANCIAL OBJECTIVES

- 13. Financial objectives in purchasing this product (check all that apply)**  
 Income now  Guarantees provided  Growth potential  Growth followed by income  
 Tax-deferred growth  Pass on to beneficiaries  Other \_\_\_\_\_
- 14. Other financial products you own or have previously owned (check all that apply)**  
 None  Certificates of deposit  Fixed annuities  Variable annuities  Stocks/bonds/mutual funds
- 15. Source of this annuity's premium (check all that apply)**  
 Annuity  Life insurance  Certificates of deposit  Other \_\_\_\_\_  
 Reverse mortgage/home equity loan  Savings/checking  Stocks/bonds/mutual funds
- 16. Is this a replacement of an annuity or life contract?**  Yes  No  
If yes, what type?  Fixed  Fixed index  Variable  
If yes, is there a surrender charge?  Yes  No  
If there is a charge, what is it on each contract being replaced? \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

### ACCESSING YOUR MONEY

- 17. How do you anticipate taking distributions from this annuity? (check all that apply)**  
 Free/systematic withdrawals or income rider  Annuitize  Required minimum distribution  
 Enhanced withdrawal benefit  Lump sum  Loans  Leave to beneficiary  Immediate income
- 18. When do you anticipate taking your first distribution from this annuity? (choose one)**  
 Less than one year  Between one and five years  Between six and nine years  
 10 or more years  None anticipated
- 19. I understand how my beneficiaries can receive the maximum contract value**  Yes  No

**NOTE: Please verify that all 19 questions were answered.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Applicant's Signature** **Date** **Joint Applicant's Signature** **Date**

**PAGES 4 – 7 OF THE ANNUITY SUITABILITY QUESTIONNAIRE (FORM NB3051-FL)  
ARE REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.  
FOR APPLICANTS OR JOINT APPLICANTS AGE 65 OR OLDER.**

## ANNUITY SUITABILITY QUESTIONNAIRE

### ADDITIONAL INFORMATION REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.

#### PROPOSED ANNUITANT'S PERSONAL INFORMATION

20. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 21. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 22. Age \_\_\_\_\_ 23. Sex \_\_\_\_\_ 24. Tax Status \_\_\_\_\_  
 25. Number and Age of Dependents: \_\_\_\_\_

#### JOINT ANNUITANT INFORMATION

26. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 27. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 28. Age \_\_\_\_\_ 29. Sex \_\_\_\_\_ 30. Tax Status \_\_\_\_\_  
 31. Number and Age of Dependents: \_\_\_\_\_

#### APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

32. Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 33. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 34. Age \_\_\_\_\_ 35. Sex \_\_\_\_\_  
 36. Entity: \_\_\_\_\_  
 37. Tax Status \_\_\_\_\_ 38. Relationship to Annuitant(s): \_\_\_\_\_  
 39. Form of Ownership: \_\_\_\_\_  
 40. Supporting documents (list): \_\_\_\_\_

	Applicant	Joint Annuitant
41. Annual Income:		
42. Source of Income:		
43. Annual Household Income:		
44. Net Worth:		
45. Liquid Assets:		
46. Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
47. Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

\_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_  
**Applicant's Signature**                      **Date**                      **Joint Applicant's Signature**                      **Date**

## ANNUITY SUITABILITY QUESTIONNAIRE

	Applicant	Joint Annuitant
<b>48.</b> Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
<b>49.</b> Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
<b>50.</b> Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
<b>51.</b> Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
<b>52.</b> Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		

**53. Why are you purchasing this annuity?** \_\_\_\_\_

**54. What are your investment objectives?** (check all that apply)

- Income                                       Growth (long term)                       Safety of Principal and Income  
 Safety of Principal and Growth     Pass assets to a beneficiary or beneficiaries at death  
 Other: \_\_\_\_\_

**55. Describe your risk tolerance:** (check all that apply)

- Conservative                                       Moderately conservative                       Moderate  
 Moderately aggressive                       Aggressive                                       Other: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**56. Describe your investment experience by type and length of time:** \_\_\_\_\_

**57. What is the source of the funds for the purchase of the proposed annuity?** \_\_\_\_\_

**58. How long do you plan to keep the proposed annuity?** \_\_\_\_\_

**59. Will the proposed annuity replace any product?**  Yes  No

**60. If yes, will you pay a penalty or other charge to obtain these funds?**  Yes  No

**61. If yes, the amount of the charge or penalty \$** \_\_\_\_\_

_____ / _____ <b>Applicant's Signature</b> <b>Date</b>	_____ / _____ <b>Joint Applicant's Signature</b> <b>Date</b>
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## ANNUITY SUITABILITY QUESTIONNAIRE

**NOTE:**

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

**62. Advantages of purchasing the proposed annuity:** \_\_\_\_\_

**63. Disadvantages of purchasing the proposed annuity:** \_\_\_\_\_

**64. The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):** \_\_\_\_\_

Agent's signature	Agent number	Date signed
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**Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.**

**Questions 1 - 19 on pages 1 and 2 are required by Allianz Life Insurance Company and must be complete so we can consider your application.**

### ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

### APPLICANT:

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

The applicant, joint applicant and/or owner may substitute their initials for signatures on all form pages with the exception of the signatures below, which are required.

Applicant or owner's signature	Date signed
Joint applicant or owner's signature	Date signed

# ANNUITY SUITABILITY QUESTIONNAIRE

## EXPLANATION OF TERMS

**“Age”** is the natural person’s attained age on the day the form is completed.

**“Annual Household Income”** is the combined annual income received by all household members each calendar year.

**“Annual Income”** is income received during a calendar year, whether earned or unearned.

**“Form of Ownership”** is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

**“Intended use of the Annuity”** means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process) (6) Other, as stated by the Senior Consumer.

**“Investment Objectives”** are the senior consumer’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass to a beneficiary or beneficiaries at death.

**“Liquid Assets”** are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

**“Risk Tolerance”** means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

**“Source of Annual Income”** is the income-generating source, such as pension income, dividends, or earned income etc.

**“Source of the funds”** to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

**“Supporting Documents”** are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant if applicable, and the Applicant/Owner as it may exist.

**“Tax Status”** is the senior consumer’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

**“Total Net Worth”** is the senior consumer’s total assets minus liabilities or encumbrances applicable to those assets. Please exclude primary residence, mortgage, and personal belongings.

_____ / _____	_____ / _____
<b>Applicant’s Signature</b>	<b>Joint Applicant’s Signature</b>
<b>Date</b>	<b>Date</b>