



Field
Update



December 17, 2009

New Forms Required in Florida

Annuity Suitability Questionnaire and Disclosure and Comparison of Annuity Contracts

As previously communicated, Florida Senate Bill 2082 required the Department of Financial Services to prescribe a new Suitability Questionnaire and Disclosure and Comparison of Annuity Contracts for annuity sales. The Department of Financial Services has formally adopted Rule 69B-162.011 providing the form requirements with an effective date of 12/25/09. The new Suitability Questionnaire will be required with ALL annuity applications in Florida and is available for use immediately. In addition, a Disclosure and Comparison of Annuity Contracts will be required with all annuity applications that are replacements. Below are a few things to keep in mind while filling out the Suitability Questionnaire and the Disclosure and Comparison of Annuity Contracts forms:

- Answer all questions. Fill in all blanks, including a written explanation, to ensure New Business has all of the information needed to process and eliminate the need to return the form for additional information. If no answer is needed, enter N/A or Not Applicable. Filling the form out completely the first time will result in much faster processing times.
- The Applicant/Owner is required to Sign and Date **EACH** page of the form(s).
- If you need additional space to provide further information, please attach any supplemental sheets and have the Applicant/Owner sign & date each page.
- The Suitability Questionnaire provides an option for the client to decline to provide some or all of the information requested on the form (page 5). Please note that it is Aviva's current business practice to only process applications where the suitability form has been entirely completed and all questions have been answered on the form. Please be aware if the client selects the option to decline to provide some or all of the information requested on the form, this will delay processing and may result in the denial of the application.

In addition to the new forms, the State of Florida is taking steps to further protect consumers. Some of the points addressed by Florida Senate Bill 2082 include changes in Continuing Education and Licensure as well as Unfair Methods of Competition, which include churning business, submitting fraudulent signatures and improper use of designations. These measures are being implemented to provide additional safety measures for consumers and outline fines including possible imprisonment for not meeting these requirements.

The State of Florida has made use of the new forms effective 12/25/09. **All new annuity business received by the company after 12/23/09 will require a properly completed Suitability Questionnaire and the Comparison of Annuity Contracts form will also be required if the new business is a replacement.**

Both of the forms are attached to this announcement and are available on the Aviva Agent Portal. If you have any questions, please contact Sales Support at (800) 255-2405, ext. 6620.

We appreciate YOU and YOUR BUSINESS!!

Thank you for your interest in Aviva's Fixed Annuity Product. Please complete this worksheet as part of the application process. The worksheet helps your agent assess your insurance needs and financial objectives. It also ensures compliance with the USA Patriot Act. If additional space is needed please attach another sheet or provide a cover letter of explanation.

Note: If applying as a joint owner and your relationship is not spousal, separate worksheets must be completed by each joint owner. For an entity owner, information on pages 1 - 3 of the worksheet must be relevant to the entity. The Identification Verification on page 4 should be provided by the person(s) authorized to act on behalf of the entity.

1. PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____
Date of Birth ____/____/____ Age ____ Sex ____ Tax Status _____
Number and Age of Dependents: _____

2. JOINT ANNUITANT'S PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____
Date of Birth ____/____/____ Age ____ Sex ____ Tax Status _____
Number and Age of Dependents: _____

3. APPLICANT/OWNER'S PERSONAL INFORMATION (OTHER THAN ANNUITANT/JOINT ANNUITANT)

Owner: Last _____ First _____ Middle _____
Date of Birth ____/____/____ Age ____ Sex ____
Number and Age of Dependents: _____
Entity: _____
Tax Status _____ Relationship to Annuitant(s): _____
Form of Ownership: _____
Supporting documents (list): _____

4. JOINT APPLICANT/JOINT OWNER'S PERSONAL INFORMATION (OTHER THAN ANNUITANT/JOINT ANNUITANT)

Owner: Last _____ First _____ Middle _____
Date of Birth ____/____/____ Age ____ Sex ____
Number and Age of Dependents: _____
Entity: _____
Tax Status _____ Relationship to Annuitant(s): _____
Form of Ownership: _____
Supporting documents (list): _____

Applicant/Owner's Signature *Date*

Joint Applicant/Joint Owner's Signature *Date*



Annuity Suitability Questionnaire



5.	Applicant/ Owner	Joint Applicant/ Joint Owner	Annuitant	Joint Annuitant
a. Annual Income:				
b. Source of Income:				
c. Annual Household Income:				
d. Net Worth:				
e. Liquid Assets:				
f. Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:				
g. Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:				

6.	Applicant/ Owner	Joint Applicant/ Joint Owner	Annuitant	Joint Annuitant
a. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:				
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:				
c. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:				
d. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:				
e. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:				
f. Why are you purchasing this annuity?				

Applicant/Owner's Signature

Date Signed

Joint Applicant/Joint Owner's Signature

Date Signed



7. 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: _____

8. Describe your risk tolerance: (Check all that apply)

- Conservative Moderately conservative Moderate Moderately aggressive
 Aggressive Other: _____
Comments: _____

9. Describe your investment experience by type and length of time: _____

10. How long do you plan to keep the proposed annuity?

11. How do you anticipate taking money from this annuity? Check all that apply:

- Free/Systematic withdrawals Free/Lump Sum Income Rider Required Minimum Distributions
 Immediate Income Annuitize in the future I don't anticipate taking any distributions
 Other please explain: _____

12. When do you first plan to take money from this annuity?

- Less than 1 year 1 to 5 years 6 to 9 years 10 or more years
 I don't anticipate taking any distributions

13. What is the source of the funds for the purchase of the proposed annuity?

14. Will the proposed annuity replace any product? Yes No

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

If yes, the amount of the charge or penalty \$ _____

15. Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust?

- Yes No If yes, please explain: _____

Applicant/Owner's Signature

Date Signed

Joint Applicant/Joint Owner's Signature

Date Signed



CUSTOMER IDENTIFICATION VERIFICATION

Owner Verification

US Citizen: Yes No

Occupation _____

Place of Birth _____

Type of Government Issued Photo ID

ID Number _____

State or Country of Issue _____ Exp. Date _____
OR

Unexpired Government issued photo ID not available.

Joint Owner Verification

US Citizen: Yes No

Occupation _____

Place of Birth _____

Type of Government Issued Photo ID

ID Number _____

State or Country of Issue _____ Exp. Date _____
OR

Unexpired Government issued photo ID not available.

AGENT'S CONFIRMATION

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

16. **Advantages of purchasing the proposed annuity:** _____

17. **Disadvantages of purchasing the proposed annuity:** _____

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

19. **Was the owner's decision to purchase this annuity based on your recommendation:** Yes No

Agent's Signature

Date Signed

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

Applicant/Owner's Signature

Date Signed

Joint Applicant/Joint Owner's Signature

Date Signed



OWNER'S CONFIRMATION, 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. In addition, by not providing the requested information on this form, the company may not be able to process the application for the annuity in which I am applying.

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

20. Was your decision to purchase this annuity based on your agent's recommendation? Yes No

By signing below, I acknowledge that:

- I reviewed the Customer Identification Notice (form number 10200) and agree with the terms of the notice.
- The information I provided on pages 1 through 3, regarding my financial status, tax status, financial objectives, identification information and any other information requested by my agent is complete and accurate to the best of my knowledge.
- Neither the Company nor its representatives offer legal or tax advice and that I have been advised to consult my own personal attorney or tax advisor on any tax matters.
- The annuity I am applying for is a long term contract with substantial penalties for early withdrawal; additionally I am aware that any withdrawals taken from the annuity may result in a taxable event.
- I understand that if I am replacing an existing annuity, I may incur a surrender charge penalty, that I may or may not be able to overcome any penalty incurred and that I may or may not be able to reinstate the replaced contract(s).
- I believe the annuity I am applying for is suitable according to my insurance needs and/or financial objectives.

APPLICANT / OWNER: 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/OWNER AND/OR JOINT APPLICANT/JOINT OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Applicant/Owner's Signature

Date Signed

Joint Applicant/Joint Owner's Signature

Date Signed



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 the investment 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 total liabilities or encumbrances applicable to those assets.

Applicant/Owner's Signature

Date Signed

Joint Applicant/Joint Owner's Signature

Date Signed





Disclosure And Comparison Of Annuity Contracts

Please complete separate forms for any additional contracts being replaced.

EXISTING ANNUITY CONTRACT		PROPOSED ANNUITY CONTRACT	
Annuitant(s)		Annuitant(s)	
Owner		Owner	
Insurer		Insurer	
Contract #		Application #	

	Existing Annuity Contract	Replacement Annuity
Contract Issue Date (Est.)	Mo ____ Day ____ Yr ____	Mo ____ Day ____ Yr ____
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Waiver of Surrender Charge Benefit or Similar Benefit? (List limitations, requirements, exclusions of the benefit)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Guaranteed Interest Rate	%	%
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset Fees		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be Payable		
Interest Rate Cap		
Participation Rate		
Index Type		
Administrative Fees or Margins		
Writing Agent		

Other _____

- How will the replacement contract better assist you in meeting your insurance needs and financial objectives?
 - Lifetime Income Payout Interest Rates/Index Credit Potential Penalty-free Death Benefit
 - Change in Financial Objective Enhanced Benefits Increased Liquidity Multiple Index Options
 - Immediate Income Other - Please Explain _____
- Have you exchanged any annuities within the preceding 36 months? Yes No
If Yes, please explain _____

Applicant/Owner Signature _____

Date Signed _____

Joint Applicant/Joint Owner Signature _____

Date Signed _____





Disclosure Of Surrender Charges If Existing Annuity Is Replaced Or Exchanged

Existing Annuity Contract No. _____

Annuity Total Valueⁱ \$ _____ Annuity Surrender Valueⁱⁱ \$ _____

Surrender Chargesⁱⁱⁱ Applicable at exchange \$ _____

This is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____/____/____.

ACKNOWLEDGEMENTS AND SIGNATURES

Agent Acknowledgement

I acknowledge that I have provided the Applicant/Owner with a completed and signed copy of this form.

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT, APPLICANT/OWNER AND/OR JOINT APPLICANT/JOINT OWNER FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT MUST INDICATE THAT.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

Applicant/Owner Acknowledgement

THE APPLICANT/OWNER AND/OR JOINT APPLICANT/JOINT OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT/OWNER: DO NOT SIGN THIS FORM IF:

- 1. ANY ITEM HAS BEEN LEFT BLANK;**
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR**
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

You should understand:

- You may or may not be able to overcome any surrender charge incurred due to the replacement of your existing contract.
- Once the existing contract is replaced, you may or may not be able to reinstate that contract.
- That the annuity you are applying for will have a withdrawal charge on any withdrawals over the free withdrawal amount provided in the contract during the withdrawal charge period.

I have reviewed and compared the contract provisions of the existing annuity contract to the annuity contract I am applying for and believe this is appropriate for me according to my current insurance needs and financial objectives.

Applicant/Owner's Name (please print)

Applicant/Owner's Signature

Date Signed

Joint Applicant/Joint Owner's Name (please print)

Joint Applicant/Joint Owner's Signature

Date Signed





Explanation Of Terms

“Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Annuity Maturity Date” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Generic Contract Type” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Index Type” is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

“Initial Bonus Percentage or Amount” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Initial Surrender Charge Percentage Rate” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“Interest Rate Cap” is the maximum interest earnings that will be credited to the annuity contract.

“Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Marketing Name” is the name adopted by the insurer to identify the contract form.

“Minimum Guaranteed Interest Rate” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Participation Rate” is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

“Potential Loss of Bonus if Exchanged” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Qualified Contract” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

Applicant/Owner Signature

Date Signed

Joint Applicant/Joint Owner Signature

Date Signed





Explanation Of Terms (continued)

"Surrender Charge" is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

"Surrender Charge Percentage Schedule for Remaining Years" the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the "free withdrawal" limit.

"Surrender Charge Period" is the number of annuity contract years a surrender charge may be applicable.

"Waiver of Surrender Charge Benefit or Similar Benefit or Provision" is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

i This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

ii This amount represents the surrender value of the existing annuity.

iii Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

Applicant/Owner Signature

Date Signed

Joint Applicant/Joint Owner Signature

Date Signed

