

# Indexed Annuity Questionnaire and Disclosure

Printed Client Name(s) \_\_\_\_\_ Current Age: \_\_\_\_\_

Amount of Policy: \$ \_\_\_\_\_ Company and Policy: \_\_\_\_\_

<b>Market index Selected:</b> <input type="checkbox"/> S&P 500 <input type="checkbox"/> NASDAQ 100 <input type="checkbox"/> DJIA <input type="checkbox"/> S&P400 <input type="checkbox"/> Other _____													
<b>Initial Earnings Cap/Limit</b> _____ % <input type="checkbox"/> N/A				<b>Bonus or Credit Enhancement on this Annuity?</b> _____ % <input type="checkbox"/> N/A									
<b>Initial Participation Rate</b> _____ % <input type="checkbox"/> N/A				<b>Does the policy include a "nursing home" waiver?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Index Spread/Margin/Admin Fee</b> _____ % <input type="checkbox"/> N/A				<b>Other Information</b> _____									
<b>Indexing Method</b> ( <i>Check one</i> ) <input type="checkbox"/> Annual Reset (Ratchet) <input type="checkbox"/> High Water Mark <input type="checkbox"/> Point-to-Point <input type="checkbox"/> Other: _____													
<b>Should you surrender the policy early, the following charges will apply:</b>													
IN YEAR--	1	2	3	4	5	6	7	8	9	10	11	12	13
Surrender Charge	%	%	%	%	%	%	%	%	%	%	%	%	0

The amount placed in this policy represents what percent of my investments?

- Less than 25%                     
  Less than 50%                     
  More than 50%

Does this policy have a "market value adjustment" (MVA)?    YES    NO

**I anticipate that I will begin to access the money in this policy:**

- Never   
  0 - 5 years   
  6 - 10 years   
  11 - 15 years   
  15+ years   
  after age 59½

Do you have sufficient available cash, liquid assets, or other sources of income for monthly living expenses and emergencies other than the money you plan to use to purchase this policy?    Yes    No

**Client Affirmations:**

1. I understand the participation rate, cap rate and/or the index spread may be subject to change by the insurance company according to the annuity contract provisions. If the insurance company makes such changes, this could adversely affect the return.
2. I understand that the guarantees of the Equity Indexed Annuity are backed by the claims paying ability of the underwriting insurance company.
3. I understand the surrender charge period for this product may be longer and the surrender charges may be higher than other annuity products.
4. I understand that an Equity Indexed Annuity is an insurance product, and may or may not be registered with the Securities and Exchange Commission (SEC) as a security.
5. I understand that Equity Index Annuities are long-term investments. If the annuity contract is surrendered early, I may be required to pay a surrender charge and/or income taxes. The IRS may also impose a 10% penalty on withdrawals prior to age 59 ½, depending on the circumstances.
6. I understand that I may lose money, depending on the product minimum guarantee contract provisions.
7. I understand that by purchasing this product in my IRA or qualified account [including a 403(b) & 457(b)] that there are no additional tax advantages from which I will benefit.
8. I understand that a stock index is a price index and does not reflect dividends paid on the underlying stocks.
9. I understand that there may be a "Market Value Adjustment" (MVA) on this policy, which may reduce the amount received in case of early liquidation. This reduction would be in addition to any surrender charges.
10. I understand that only the interest earned in an Indexed Account may be affected by a stock or equity index.
11. I understand that if purchasing a bonus annuity, it may have higher internal charges, reduced crediting or benefits an longer surrender periods.
12. I understand that my First Asset Financial Inc. representative also offers other investment choices, such as mutual funds and variable annuities. I have considered at least these alternatives and after discussion and after due consideration, I consider this annuity policy a suitable product for my financial needs and objectives.
13. I understand the indexing features listed in this disclosure may not include all features of the annuity I am purchasing.

I acknowledge that I have reviewed the above information and agree with the accuracy of the completed items and have read and understand the items in the "Client Affirmations" section. I believe the policy meets my needs at this time.

X \_\_\_\_\_                     
 X \_\_\_\_\_  
 Owner Signature                                      Date                      Joint Owner Signature (if any)                      Date

Agent's Information & Signature is completed on the back of this Questionnaire and Disclosure form?    YES    NO

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**FOR REPRESENTATIVE'S USE ONLY**

This customer already has a (new) account form on file with First Asset Financial Inc.

--OR--

A First Asset Financial Inc. Account Form accompanies this application

**Representative's statement and affirmation:**

I certify that the disclosure material, product information, and other information as required by the specific insurance company for the policy in this sale has been delivered to the person signing on the reverse side of this form (applicant). I have either previously delivered or completed a First Asset Financial Inc. Account form that accompanies the application for the applicant.

I have not made statements that differ in any significant manner from the material provided by the insurance company. I have not made promises or guarantees about the future value of any non-guaranteed elements. I believe that the policy on the reverse is suitable for the applicant.

I have revealed to the applicant that I am a Registered Representative with First Asset Financial Inc. and that I offer other securities products which may fit the applicant's specific investment needs. I have given a brief description of the investments that I feel might fit the applicant's objectives as a potential alternative to the indexed annuity.

I also state that I am either (a) currently appointed with the insurance company listed on the reverse or (b) that an appointment application accompanies the customer application. I also certify that I am licensed for insurance in the state in which the applicant resides.

I have reasonable grounds for believing that the recommendation to purchase/exchange or the replacement of another annuity is suitable on the basis of the facts disclosed by the consumer as to their investments, other insurance products, and their financial situation and needs.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Registered Representative

Printed Last Name of Representative \_\_\_\_\_