



**AMERICAN SAVINGS LIFE INSURANCE COMPANY**  
935 E. Main Street, Mesa, Arizona 85203-8849  
(480) 835-5000 | (800) 880-2112  
www.AmericanSavingsLife.com

## Annuity Products Suitability Analysis

This information being provided will assist you, your agent, and American Savings Life in determining if the annuity product being applied for meets your current financial needs and objectives. This form must be filled-out completely.

### Personal Identification

Owner/Applicant Full Name	SSN / Tax ID	Age	# of Dependents
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er)		
Joint Owner/Applicant Full Name (if applicable)	SSN / Tax ID	Age	# of Dependents
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er)		

### Financial Profile (For Joint Owners, information may be combined)

**1. Annual Gross Household Income:**

- ☐ \$0 – 29,999   ☐ \$30,000 – 49,999   ☐ \$50,000 – 74,999   ☐ \$75,000 – 99,999  
☐ \$100,000 – 149,999   ☐ \$150,000 – 249,999   ☐ \$250,000 – 399,999   ☐ Over \$400,000

**2. Source of Income:** (Check all that apply)

- ☐ Wages   ☐ Savings   ☐ Investments   ☐ Social Security   ☐ Pension Plan   ☐ Rental Income  
☐ Other \_\_\_\_\_

**3. What type of Investments and Insurance products do you own?**

- ☐ Mutual Funds   ☐ Stocks   ☐ Bonds   ☐ CD's   ☐ Savings Account(s)  
☐ Life Insurance   ☐ Other Annuities   ☐ Other \_\_\_\_\_

**4. What level of understanding or experience in financial/investment matters do you have?**

- ☐ Very Little   ☐ Moderate Experience/Understanding   ☐ Experienced Investor

**5. What level of principal risk tolerance do you wish maintain for most of your investments?**

- ☐ Minimal   ☐ Moderate   ☐ Above Average

**6. What type and amount of life insurance or other annuities do you own?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **Estimated Net Worth** (Exclude primary residence, furnishings & Automobiles)  
☐ \$0 - \$49,999   ☐ \$50,000 – 99,999   ☐ \$100,000 – 149,999   ☐ \$150,000 – 199,999  
☐ \$200,000 – 249,999   ☐ \$250,000 – 499,999   ☐ \$500,000 – 999,999   ☐ Over \$1,000,000
8. **Liquid Net Worth after purchasing this annuity** – These are assets that can be easily converted to cash without incurring penalty charges.  
☐ Under \$10,000   ☐ \$10,000 – 24,999   ☐ \$25,000 – 49,999   ☐ \$50,000 – 99,999   ☐ Over \$100,000
9. **Why are you purchasing this Annuity?** (Check all that apply)  
☐ Income   ☐ Stable Growth   ☐ Tax Deferral   ☐ Estate Planning   ☐ Safety of Principal   ☐ Retirement  
☐ Other \_\_\_\_\_
10. **After the purchase of this annuity, will your Income and Liquid Net Worth be enough for living expenses and emergencies:** ☐ Yes   ☐ No  
(Many financial planners recommend that a person maintain an amount of liquid net worth equal to 3 to 6 months of a person's monthly living expenses in case of emergencies.)
11. **Do you expect to withdraw any money from this annuity?** ☐ Yes   ☐ No
12. **What is your Federal Income Tax Bracket:** ☐ 14% or less   ☐ 15% - 24%   ☐ 25%-34%   ☐ 35% +
13. **Has the agent discussed whether an existing life insurance or annuity will be replaced in connection with the proposed purchase of this annuity and whether surrender charges apply?** ☐ Yes   ☐ No
14. **Are you currently receiving Required Minimum Distributions or 72t distributions or taking free or systematic withdrawals from your annuity contract(s)?** ☐ Yes   ☐ No   ☐ Not Applicable
15. **What is the source of funds you will use to purchase this annuity?** \_\_\_\_\_  
\_\_\_\_\_

**NOTICE:**

State insurance law may prohibit the owner of an annuity contract from entering into any agreement to sell, transfer or assign an annuity contract prior to the date the contract was issued, or within a period of time specified by state law after the date the contract was issued. You should consult with legal advisors if you have any questions about these matters.

Withdrawals are subject to ordinary income taxes, and if taken prior to age 59-1/2 may incur an additional 10% federal penalty for both qualified and non-qualified annuities. Early surrenders may result in receipt of less than the original premium. American Savings Life surrender charges and a market value adjustment may also apply.

Be aware of the IRS Anti-Abuse Rules (Aggregation of Non-Qualified Annuities) Internal Revenue Code Section 72(e) (12) (A) (ii). The Code states that all non-qualified deferred annuity contracts issued by the same insurance company in the same calendar year are treated as a single annuity contract for tax purposes. Because of this, annuity aggregation can result in unexpected tax liability for the contract owner (i.e.: withdrawals or surrenders).

Neither American Savings Life Insurance Company nor its agents/producers give tax or legal advice. Distributions may also be subject to state income tax. Please consult your tax advisor or attorney if you should have any questions regarding your own personal situation.

## INSURANCE AGENT/PRODUCER DISCLOSURE FOR ANNUITIES

Do not sign unless you have read and understand the information in this form.

### INSURANCE/AGENT INFORMATION (“Me”, “I”, “My”)

Full Name (first-middle-last)		Business/Agency Name
Website		Business Mailing Address
Business Telephone Number	Email Address	Agent/Producer Number and State

### OWNER/APPLICANT INFORMATION (“You”, “Your”)

Full Name (first, middle, last)
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### TYPES OF PRODUCTS I CAN SELL:

I am licensed to sell annuities to you in accordance with state law. <u>If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.</u>		
I offer the following products:		
<input type="checkbox"/> Fixed or Fixed Indexed Annuities	<input type="checkbox"/> Variable Annuities	<input type="checkbox"/> Life Insurance
I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.		
<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> Certificates of Deposits

### ANNUITIES I CAN SELL:

I am authorized to sell:	<input type="checkbox"/> Annuities from One (1) Insurer	<input type="checkbox"/> Annuities from Two (2) or more Insurers
<input type="checkbox"/> Annuities from Two (2) or more Insurers although I primarily sell annuities from _____		

### HOW I’M PAID FOR MY WORK:

It’s important for You to understand how I’m paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I’m paid, please ask Me.	
<b>Depending on the particular annuity You buy, I will or may be paid cash compensation as follows (select one):</b>	
<input type="checkbox"/> Commission, which is usually paid by the insurance company or other sources.	
<input type="checkbox"/> Other (Details) _____	
<b>If you have questions about the above compensation I will be paid for this transaction, please ask me.</b>	

ACKNOWLEDGEMENTS AND SIGNATURES

By signing below, I acknowledge that I have reviewed the product-specific Disclosure Statement with my agent, in addition to the financial factors listed on this form, and have determined that the product meets my needs and objectives.

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.

APPLICANT/OWNER REFUSAL TO PROVIDE INFORMATION

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker or company needs information about you, your financial situation, insurance needs and financial objectives. If you refuse to provide your agent, broker, or company, some or all of the information needed to decide if this annuity effectively meets your needs, objectives and situation, or you provide inaccurate information, you may lose protections provided by various state insurance laws.

Note: If you refuse or are unable to provide the requested information, American Savings Life may be unable to issue the annuity contract.

Statement of Purchaser:

- ☐ I have provided complete and accurate information at this time.
- ☐ I REFUSE to provide information at this time.
- ☐ I have chosen to provide LIMITED information at this time

Purchase Recommendation:

- ☐ My annuity purchase IS NOT BASED on the recommendation of this agent/producer or the insurer.
- ☐ My annuity purchase IS BASED on the recommendation of this agent/producer or the insurer.

Owner/Applicant Signature	Date	Joint Owner/Applicant Signature	Date

AGENT / PRODUCER ACKNOWLEDGEMENT

By signing below, I acknowledge that I have made a reasonable effort to obtain information concerning the financial and tax status, investment objectives and other information considered reasonable for this purchase. It is my belief that based on this information and all circumstances known to me at this time, the annuity being applied for meets the financial needs and objectives provided by my clients. In addition, I have verified identity, believe the information provided to me is true and accurate and I understand the Company may contact my client directly for additional information, if necessary.

REQUIRED by the Selling Agent: The basis for my recommendation for the customer to purchase the proposed annuity or to replace or exchange an existing annuity(ies) is:

Agent/Producer Signature & Printed Name	Date	Agent/Producer Number