AMERICAN SAVINGS
LIFE INSURANCE COMPANY
Founded 1954

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

# SENIOR SUITABILITY ACKNOWLEDGEMENT BY A TRUSTED INDIVIDUAL

(Complete either Box 1 or Box 2)

## TRUSTED INDIVIDUAL'S ACKNOWLEDGMENT

I, _____ (Name of Acknowledging Individual),

am the _____ (Relationship to Annuity Applicant)

of _____ (Name of Annuity Applicant).

*SELECT ONE:*

☐ I was present during the annuity sales presentation provided by _____

_____ (name of Agent/Financial Advisor), in which we discussed the terms of the annuity, including any surrender charges for early cancellation by the Annuitant or by Beneficiaries, and I believe that this annuity product is suitable for the Applicant.

☐ I was not present during the annuity sales presentation but acknowledge that the Applicant is of sound mind and capable of making sound financial decisions and I understand that the Applicant, together with the agent/financial advisor, has determined this annuity is suitable for his/her personal financial situation.

_____   _____   _____
Signature of Acknowledging Individual        Date                Printed Name

**OR**

## WAIVER OF TRUSTED INDIVIDUAL'S ACKNOWLEDGMENT BY ANNUITY APPLICANT

Although American Savings Life Insurance Company recommends the beneficiary, an immediate family member, or a trusted friend acknowledges my purchase of this annuity, I decline to have anyone additionally present during the annuity sales presentation or to acknowledge my financial understanding and the suitability of this annuity product. I hereby state that I am of sound mind, and I am capable of making financial decisions without requiring the assistance of anyone else.

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

_____          _____
Owner's Printed Name                        Date                       Joint Owner's Printed Name                 Date

## AGENT ACKNOWLEDGMENT

I acknowledge that I was physically present during the annuity sales presentation and also witnessed the completion of this Senior Suitability form by the acknowledging individual or the Alternative Waiver.

_____
Agent's Signature                        Agent's Printed Name                        Agent Number                Date