



# Suitability Acknowledgement Form

## Consumer Profile Information

INSURER: Fidelity & Guaranty Life Insurance Company

This form is provided to ensure compliance with applicable regulations. This entire form must be completed and submitted with the application. The information you provide will be kept confidential. Please see the Suitability Guide for additional information and guidance.

### Owner's Information

Please check this box if submitting multiple applications for the same household  
(see instructions if Owner is not a natural person)

Owner's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Residence:**  Living at home      **Work Status:**  Retired       Disabled  
 Assisted Living Facility       Employed       Self employed  
 Nursing Home       Unemployed       Other: \_\_\_\_\_

Joint Owner's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Residence:**  Living at home      **Work Status:**  Retired       Disabled  
 Assisted Living Facility       Employed       Self employed  
 Nursing Home       Unemployed       Other: \_\_\_\_\_

### Household Financial Information

1. Federal Tax Rate:  0%     1%-9%     10%-15%     16%-25%     26%-32%     33%+

2. Do you have a reverse mortgage?  Yes     No

3. Do you currently or have you previously owned any of the products listed below?  
 Yes     No

If Yes, please check all you currently or have previously owned:

Stocks                                       Bonds                                       Mutual Funds  
 Fixed Annuities                               Variable Life Insurance/Annuities                               CDs  
 Term Life Insurance                               Fixed Life Insurance with Cash Value (e.g. IUL, UL)

If you checked No or have only owned CDs, check all that apply:

My agent answered my questions about the proposed annuity     My agent provided me with an illustration  
 A family member was present during the sale of the annuity     My agent provided me with a product brochure

a. Were any of the products marked above sold to you by the agent recommending the purchase of this annuity?  
 Yes     No

If yes, please provide name of company, product name, and year of purchase.

Company Name	Product Name	Year Purchased



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4. Source(s) of Income (check all that apply):

- Salary/Wages
- Social Security
- Trust Income
- Disability Income
- Pension/RMD
- Investment Income (e.g. Interest Income, Dividends, Other Annuities)
- Rental Income
- Other: \_\_\_\_\_

5. Monthly Income/Expenses:

- A. Monthly Household Income \$ \_\_\_\_\_  
(net after taxes)
- B. Monthly Household Expenses \$ \_\_\_\_\_
- C. **Total Monthly Disposable Income:**  
(total A minus B) \$ \_\_\_\_\_

6. Household Net Worth (Reflect assets prior to the purchase of this annuity.):

**Liquid Assets**

- A. Cash/Checking/Savings \$ \_\_\_\_\_
- B. CDs \$ \_\_\_\_\_
- C. Money Market/Brokerage Acct \$ \_\_\_\_\_
- D. Stocks/Bonds \$ \_\_\_\_\_
- E. Mutual Funds \$ \_\_\_\_\_  
(except class B w/ deferred sales charges)
- F. Annuities (out of surrender period) \$ \_\_\_\_\_
- G. Cash value of Life Insurance \$ \_\_\_\_\_  
(out of surrender period)
- H. Pension/401k \$ \_\_\_\_\_  
(if over 59½, no surrender penalties)
- I. **Total Liquid Assets:** \$ \_\_\_\_\_  
(total A through H)

**Non-Liquid Assets**

- J. Value of Home \$ \_\_\_\_\_
- K. Other Real Estate \$ \_\_\_\_\_
- L. Other valuable personal property \$ \_\_\_\_\_  
(e.g. Gold, Collectibles, etc.)
- M. Class B Mutual Funds \$ \_\_\_\_\_  
(w/ deferred sales charges)
- N. Annuities (in surrender period) \$ \_\_\_\_\_
- O. Cash value of Life Insurance \$ \_\_\_\_\_  
(in surrender period)
- P. Pension/401k (if under 59½) \$ \_\_\_\_\_
- Q. **Total Non-Liquid Assets:** \$ \_\_\_\_\_  
(total J through P)

**Net Worth**

- R. **Total Assets:** \$ \_\_\_\_\_  
(total of I plus Q)
- S. **Total Short-Term Liabilities:** \$ \_\_\_\_\_
- T. **Total Long-Term Liabilities:** \$ \_\_\_\_\_
- U. **Total Household Net Worth:** \$ \_\_\_\_\_  
(total R minus S minus T)



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7. What is your risk tolerance?

- Conservative** - Prefer to take minimal or no market risk       **Moderate** - Comfortable taking some market risk to increase returns       **Aggressive** - Seek maximum returns by taking on additional market risk

8. Is the purchase of this annuity connected to or based on information provided during the establishment of a trust sold to you by (i) your Fidelity & Guaranty Life (F&G) agent or an affiliate of your F&G agent or (ii) an attorney referred by your F&G agent or affiliate?  Yes  No

9. What are the primary reasons for purchasing this annuity?  
(Please select up to 3 based on this product selection.)

- Tax Deferral\*       Death Benefit/Pass on to Beneficiaries       Immediate Income  
 Potential for Better Rate       Retirement Income/Guaranteed Withdrawal Benefits       Probate Avoidance  
 Protection from Market Risk       Other: \_\_\_\_\_  
 Accumulation/Growth

\*Annuities purchased in a tax qualified account offer no additional tax deferral benefit over other tax qualified products or accounts.

10. Are you purchasing this annuity to qualify and/or intend to apply for means-tested Government Programs?  
(e.g. Medi-Cal, Medicaid, VA Aid and Attendance, etc.)  Yes  No

## Funding Source and Replacement Information

11. What is the source of funds for this annuity? *If more than one source, check all that apply.*  
*For any IRA, 401(k), 403(b) or other qualified plan, indicate the underlying investment vehicle.*

Total estimated premium \$ \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Cash/Checking/Savings                                   | <input type="checkbox"/> Stocks/Bonds                                       |
| <input type="checkbox"/> CDs   | <input type="checkbox"/> Reverse Mortgage/Home Equity Loan                  |
| <input type="checkbox"/> Money Market/Brokerage Account                          | <input type="checkbox"/> Inheritance/Death claim proceeds/Gift              |
| <input type="checkbox"/> Mutual Funds (except Class B w/ deferred sales charges) | <input type="checkbox"/> Class B Mutual Funds (w/ deferred sales charges)   |
| <input type="checkbox"/> Annuities (out of surrender period)                     | <input type="checkbox"/> Annuities (in surrender period)                    |
| <input type="checkbox"/> Cash value of Life Insurance (out of surrender period)  | <input type="checkbox"/> Cash value of Life Insurance (in surrender period) |
|  | <input type="checkbox"/> Lump Sum Pension distribution (defined benefit)    |

If the Source of Funds is from a Qualified Premium Source(s) please answer questions a and b below.

- a. Is the purchase of this annuity a rollover, direct or indirect, from an employer sponsored retirement plan?  
(e.g. 401(k), 403(b), 457 or defined benefit plan)  Yes  No
- b. Is the purchase of this annuity a rollover, direct or indirect, from another individual retirement account (IRA) or individual retirement annuity?  Yes  No



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12. Is the Source of Funds a life insurance or annuity policy?  Yes  No

If yes, please complete the **Replacement Comparison Form** and answer questions a and b below.

a. Have you replaced or exchanged any life or annuity contracts within the past 60 months?  Yes  No

If yes, please provide the transaction date(s), agent involved, and if these same funds were involved:

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b. Explain the basis for recommendation to replace or exchange an existing life or annuity policy.

Your response should include: the advantages and disadvantages and whether purchasing the proposed annuity will result in a positive financial benefit for the applicant over the product's lifetime.

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## Financial Objective and Insurance Needs

13. Do you anticipate taking distributions from this annuity (*N/A for single premium immediate annuities*) during the surrender charge period that would result in a surrender charge? If yes, when?

No – Do not plan to take withdrawals. Any withdrawals will only be RMDs, GMWB, and surrender charge free withdrawals/surrenders.

Yes – 0-5 years from now

Yes – 6-7 years from now

Yes – 8-10 years from now

Yes – 11-14 years from now

Yes – 15 or more years from now

14. Do you understand this annuity has surrender charges on withdrawals (*N/A for immediate annuities*)?

Yes  No

Beginning Surrender Charge: \_\_\_\_\_% Surrender Charge Period: \_\_\_\_\_ years

*\*For Multi-Year Guaranteed Annuities, Surrender Charge Percentage and Surrender Charge Period may repeat after each guaranteed period; however, terms may vary by product and state of issue. See the Statement of Understanding for detail.*

15. After purchase of this annuity, will you have enough remaining liquid assets and other sources of income to cover any emergencies or contingencies such as sudden health care needs or increased living expenses?

Yes  No

16. Did you take into consideration other insurance needs and related expenses when buying this annuity, e.g. health insurance, life insurance, final expense protection and long-term care?

Yes  No

*\*F&G annuities & life do not cover long-term care expenses but, subject to state availability, may contain riders allowing access to your funds without surrender charges in the event of confinement or terminal illness if rider conditions are met.*

17. Do you anticipate any adverse change in assets, living expenses, medical expenses, and/or income during the surrender period of this contract?

Yes  No

If yes, please explain: \_\_\_\_\_

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### Acknowledgements

By signing this form, I certify that: 1) to the best of my knowledge and belief, the information provided to my agent/representative as shown above is accurate and complete; and 2) the annuity effectively addresses my financial situation, insurance needs and financial objectives over the life of the contract.

- I understand an annuity is a long-term contract subject to a contractual surrender charge period and if I choose to surrender any amount during this period my principal may be subject to surrender charges.
- I understand that any withdrawals taken from the annuity may result in surrender charges and/or a taxable event (e.g. taken before 59½ may result in tax penalties).
- I understand that the contract contains non-guaranteed elements and, as part of my risk tolerance, accept such variability, subject to any stated minimum guarantees.
- I understand if I am replacing an existing annuity, I may incur a Surrender Charge penalty, tax consequences, or lose existing features, and I may not be able to reinstate the replaced contract(s). I believe the new annuity contract will provide additional or new benefits over the replaced life insurance policy or annuity contract. I confirm I have received a completed copy of this form including the replacement comparison information.
- I understand that I should contact my tax professional or attorney for any tax or legal advice.

\_\_\_\_\_  
Owner/Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner/Applicant's signature

\_\_\_\_\_  
Date

### Agent's Statement

By signing below, I acknowledge and attest that:

- In making the recommendation, I exercised reasonable diligence, care, and skill to:
  - ensure to the best of my knowledge and belief, the owner(s) identity and corresponding information on the form are true and complete, and was obtained prior to the purchase of the annuity;
  - understand my available recommendation options after making reasonable inquiries into options available to me;
  - have a reasonable basis to believe the recommended option effectively addresses the applicant's financial situation, insurance needs, tax status, and financial objectives over the life of the product;
  - communicate the basis or bases for the recommendation to the applicant.
- In making the recommendation, I considered all relevant factors based on:
  - the information and circumstances known to me; e.g. characteristics of the insurer, fees, rates, benefits and features to determine whether the selected product effectively addresses the applicant's financial situation, insurance needs and financial objectives;
  - the relative importance of each factor may vary depending on facts and circumstances but no factors were considered in isolation.
- I have complied with Fidelity & Guaranty Life suitability requirements consistent with my contractual obligations.

\_\_\_\_\_  
Agent signature

\_\_\_\_\_  
F&G Agent number

\_\_\_\_\_  
Date