

First Catholic Slovak Union of the USA & Canada
6611 Rockside Road, Suite 300, Independence, OH 44131-8013

Annuity Suitability Questionnaire

Thank you for your interest in FCSU. This form must be completed and submitted with the application before we can offer you a policy. We would like to ensure that the product you are purchasing is suitable for you considering your financial status and investment objectives.

Owner Name(s): _____

Owner Age(s): _____

Product Name: _____

Premium Amount: _____

Financial Status:

Annual Income

____ \$0-\$24,999
____ \$25,000-\$49,999
____ \$50,000-\$99,999
____ \$100,000+

Net Worth

____ \$0-\$49,999
____ \$50,000-\$99,999
____ \$100,000-\$249,999
____ \$250,000-\$499,999
____ \$500,000-\$749,999
____ \$750,000-\$999,999
____ \$1,000,000+

Federal Tax Status

____ 10% ____ 35%
____ 15% ____ 38.6%
____ 27% ____ Other
____ 30% _____

Investment Objectives:

Your investment objectives in purchasing this product (check all that apply):

____ Income flow ____ Flexibility ____ Tax deferral ____ Growth followed by income ____ Growth, possible income
____ Pass on to beneficiaries ____ Other _____

With exception of any withdrawals (i.e. required minimum distributions, free withdrawals, interest withdrawals, and partial surrenders):

How do you expect to take money out of this product?

Regular income stream Lump sum N/A

When do you expect to take money out of this product?

Under 1 year Between 1 and 5 years Between 6 and 9 years

10 or more years N/A

Do you now own, or have you previously owned, the following financial products? (Check all that apply.)

CDs Fixed Annuities Variable Annuities Stocks/Bonds/Mutual Funds

What is your source for this annuity's premium? (Check all that apply.)

Annuity Life Insurance CDs Other Investments Other _____

_____ **Client refused to provide some or all of the information on this questionnaire.**

Owner (Applicant's) Signature(s): _____ Date: _____

Agent Signature: _____ Date: _____