

Client Data Worksheet

To be completed by your client to determine if the proposed fixed annuity meets his or her needs and objectives.

Section A: Personal Data

Client	First Name	Last Name	DOB/ Age	SS/Tax ID No.	Marital Status	Number of Dependents	Occupation
Owner							
Joint Owner							

Section B: Contact Information

Client	Home Phone	Office Phone	Cell/Other	Fax	Address	City/State	ZIP
Owner							
Joint Owner							

Section C: Cash Reserves

Institution Name	Current Balance	Account Type	Taxable?	Maturity Date	Interest Rate
		Emergency reserves	Y / N		
		Savings account	Y / N		
		Money market	Y / N		
		Checking account	Y / N		
		Other	Y / N		

Section D: Other Investments/Insurance Products

Institution/Insurer	Current Balance	Account Type	Taxable?	Maturity Date	Interest Rate
		CDs	Y / N		
		Mutual funds	Y / N		
		Stocks	Y / N		
		Bonds	Y / N		
		Life insurance	Y / N		
		Other annuities	Y / N		
		LTC insurance	Y / N		
		Health insurance	Y / N		

Section E: Risk Tolerance

Client	Conservative ► Aggressive (circle)									
Owner	1	2	3	4	5	6	7	8	9	10
Joint Owner	1	2	3	4	5	6	7	8	9	10

Section F: Purchasing Objectives

Purchasing Objectives	Owner		Joint Owner	
Principal protection	Yes	No	Yes	No
Earnings guarantee	Yes	No	Yes	No
Liquidity	Yes	No	Yes	No
If yes, what percent?	____%		____%	
Retirement income	Yes	No	Yes	No
Flexibility for future needs	Yes	No	Yes	No
Estate planning	Yes	No	Yes	No
Tax deferral	Yes	No	Yes	No

Section G: Goals

Define Short-Term Investment Goals
Define Long-Term Investment Goals
Other Goals

If you have a short-term liquidity need, a long-term annuity may not be appropriate.

Note to Producer: You should maintain in your files any other information not listed that was used or considered in making your recommendation.

Section H: Professional Data

Type	Name/Firm	Phone
Accountant		
Attorney		
Financial Advisor		

Section I: Financial Profile

- Annual gross income:

<input type="checkbox"/> \$0 – 29,999	<input type="checkbox"/> \$75,000 – 99,999	<input type="checkbox"/> \$250,000 – 399,999
<input type="checkbox"/> \$30,000 – 49,999	<input type="checkbox"/> \$100,000 – 149,999	<input type="checkbox"/> \$400,000+
<input type="checkbox"/> \$50,000 – 74,999	<input type="checkbox"/> \$150,000 – 249,999	
- Income sources (check all that apply):

<input type="checkbox"/> Salary	<input type="checkbox"/> Pension Plans	<input type="checkbox"/> Other
<input type="checkbox"/> Investments	<input type="checkbox"/> Disability	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment	
- Estimated net worth (excluding primary residence, furnishings, automobiles):

<input type="checkbox"/> \$0 – 74,999	<input type="checkbox"/> \$150,000 – 249,999	<input type="checkbox"/> \$500,000 – 999,999
<input type="checkbox"/> \$75,000 – 149,999	<input type="checkbox"/> \$250,000 – 499,999	<input type="checkbox"/> \$1,000,000+
- Length of investment experience: ☐ 0 – 5 years ☐ 5 – 10 years ☐ 10+ years
- Federal income tax bracket: ☐ 15% ☐ 28% ☐ 33% ☐ 38%
- Do you currently handle your financial matters? Y/N Explain_____

Section J: Proposed Annuity Purchase

- Length of time you plan to keep money in this annuity:
☐ 4 years or less ☐ 4 – 8 years ☐ 8 – 10 years ☐ 10 years or more
- Have friends or family been consulted about this purchase? Y/N If not, please indicate whom, if anyone, you would like contacted:
Name _____
Phone _____
Relationship _____
- Has your agent discussed with you whether an existing life insurance or annuity will be replaced in connection with the proposed sale of this annuity and whether surrender charges will apply? Y/N
- Source of funds for fixed annuity purchase_____

Section K: Miscellaneous

- Do you or your spouse have any major medical problems? Y/N
If yes, explain_____
- What, if any, changes do you expect in your family or financial situation in the next 12 months?_____
- Survivors' needs:
Immediate _____ Future _____
Source to provide for needs _____ Source to provide for needs _____

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