

## Annuity Customer Identification & Suitability Confirmation Worksheet

Thank you for your interest in this annuity offered by Guggenheim Life and Annuity Company, doing business in California as Guggenheim Life and Annuity Insurance Company (the "Company"). Completion of this worksheet is an essential part of the application process. It helps your agent assess your insurance needs and financial objectives and also aids in ensuring compliance with the USA PATRIOT Act.

Non-Natural Owners: For a non-natural owner, such as a trust, the information on the front of this form should be relevant to the entity. On the reverse side, the Identification Verification information should be provided by the person(s) authorized to act on behalf of the entity.

***If you elect not to provide the requested information, please be advised that the Company will not issue the annuity contract for which you are applying.***

GENERAL INFORMATION	
Owner Name	Joint Owner Name
Occupation	Occupation
Place of Birth (City, State and Country)	Place of Birth (City, State and Country)
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

PRODUCT APPLYING FOR	
<input type="checkbox"/> Multi Year Guaranteed Annuity  <input type="checkbox"/> Single Premium Immediate Annuity	Premium Amount
	Product Name
	Surrender Charge Period

FINANCIAL INFORMATION	
Approximate Annual Household Income \$	Approximate Household Net Worth \$

- Source of Income
  - Current Wages       Pension Plan       Social Security
  - Investment Income       None       Required Minimum Distribution (RMD) or 72 (t)/(q) Distributions
  - Other \_\_\_\_\_
- Combined state and federal tax bracket
  - 0% - 9%                       10% - 20%                       21% - 30%
  - 31% - 40%                       41% - 50%                       Other \_\_\_\_\_
- Why are you purchasing this product? Check all that apply:
  - Income                       Potential Growth                       Preservation of Capital
  - Tax Deferral                       Pass Assets on to Beneficiaries                       Flexibility
  - Lifetime Income Payout                       Provide Guarantees                       Other \_\_\_\_\_

4. Do you have sufficient liquid assets available for monthly living expenses and emergencies **other than the money you plan to use to purchase this annuity?** (Examples: checking, savings, money market, short term CDs, bonds, etc.)

- Yes **Please list amount of liquid assets: \$** \_\_\_\_\_
- No

5. Do you have a Reverse Mortgage?  Yes  No

5a. If Yes, please provide details:

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6. What is the source of premium for this annuity? Check all that apply:

- Annuity
- Life Insurance
- Certificates of Deposit
- 401(k)
- Other Investments
- Reverse Mortgage

6a. Are there any surrender charges, penalties or settlement fees of any kind associated with any source(s) of the annuity's premium checked above?  Yes  No

	Source of Premium	Surrender Charge or Penalty
<b>If 6a is Yes</b> , list the amount of any surrender charges, penalties or settlement fees associated with any source(s) of the annuity's premium. List total amount for each premium source. If multiple sources of premium, list each amount separately.	(Type or Company Name)	

6b. If you are 65 or older, and the proposed annuity would replace an existing annuity resulting in payment of surrender charges, explain how the replacement will produce a substantial financial benefit over the life of the new annuity:

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7. Have you replaced any other annuity contracts within the past 60 months?  Yes  No

7a. If Yes, please provide an explanation for each replacement transaction, including reason for replacement, whether a full or partial surrender was made, and the amount of all surrender charges.

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7b. Is the agent assisting you with this transaction the same agent who replaced other annuity contracts?

- Yes  No

8. Do you now own, or have you previously owned, any of the following financial products? Check all that apply:

- Certificates of Deposit \_\_\_yrs
- Fixed Annuity \_\_\_yrs
- Variable Annuity \_\_\_yrs
- Stock/Bond/Mutual Funds \_\_\_yrs
- Life Insurance \_\_\_yrs
- None

8a. Were your current investments and insurance products discussed with your agent prior to your decision to purchase this annuity?  Yes  No

9. Explain how purchasing this annuity will result in a net tangible benefit to you:

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10. Do you understand and accept that you could possibly lose some of your principal if you surrender your policy before the end of the surrender charge period (if your cash surrender value is less than your premium)?  Yes  No

11. What is your risk tolerance?

- Conservative (Cautious – Does not like to take on any risk or minimal risk)
- Moderate (Comfortable exposing some assets to volatility)
- Aggressive (Attempt to achieve maximum returns – takes on additional risk)

12. How do you anticipate taking money from this annuity? Check all that apply:

- Free/Systematic Withdrawals
- Free/Lump Sum
- Income Rider
- Required Minimum Distributions
- Immediate Income
- Annuitize in the Future
- I don't anticipate taking any distributions
- Other: Please explain: \_\_\_\_\_

12a. How long do you plan to take money from this annuity? \_\_\_\_\_

13. Are you or your spouse currently in a nursing home or do you plan to enter a nursing home in the next 6 months?

- Yes  No

14. Have you been diagnosed with a terminal condition or advised by a physician that you have 24 months or less to live?  Yes  No

15. Do you anticipate a significant increase in living expenses or a significant reduction in income or liquid assets during the term of this annuity?  Yes  No If Yes, please explain: \_\_\_\_\_

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**16. Immediate Annuity Acknowledgement – For completion with Immediate Annuities only**

The Life Only or Joint Life settlement option was selected for this immediate annuity contract.  Yes  No  
 If No, skip to next Section. **If Yes**, please read and initial the following:

**Life Only and Joint Life Disclaimer Statement** - The Life Only and Joint Life options mean that payments will be made only during the life of the Annuitant(s) or joint Annuitant. After the last Annuitant's death, no further payments will be made. No payments will be made to the Annuitant's estate, beneficiary or to any other person. By initialing, I acknowledge that I fully understand this payout option and agree to its terms: \_\_\_\_\_Annuitant Initials \_\_\_\_\_Joint Annuitant Initials

CUSTOMER IDENTIFICATION VERIFICATION - TYPE OF GOVERNMENT-ISSUED PHOTO ID			
<input type="checkbox"/> Drivers License	State of Issue	DL Number	Expiration Date
<input type="checkbox"/> Passport	Country of Issue	Number	Expiration Date
<input type="checkbox"/> Other	State/Country of Issue	Number	Expiration Date
<input type="checkbox"/> An unexpired government-issued photo ID is not available			

JOINT OWNER'S VERIFICATION			
<input type="checkbox"/> Drivers License	State of Issue	DL Number	Expiration Date
<input type="checkbox"/> Passport	Country of Issue	Number	Expiration Date
<input type="checkbox"/> Other	State/Country of Issue	Number	Expiration Date
<input type="checkbox"/> An unexpired government-issued photo ID is not available			

**OWNER'S CONFIRMATION**

By signing below, I acknowledge that the information I provided on this form, regarding my financial status, tax status, investment objectives, identification information and any other information requested by my agent is complete and accurate to the best of my knowledge. I further acknowledge that neither the Company nor its representatives offer legal or tax advice and that I have been advised to consult my own personal attorney or tax advisor on any tax matters. I acknowledge that I have been informed of various features of the annuity such as the potential surrender period and surrender charge, potential tax penalties upon sale, exchange, surrender or annuitization, potential charges and features of riders. I believe that the annuity for which I am applying is suitable according to my insurance needs and/or financial objectives.

**Was your decision to purchase this annuity based on your agent's recommendation?**  Yes  No

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AGENT'S CONFIRMATION**

By signing below, I acknowledge that I have made a reasonable effort to obtain information from the Owner concerning the Owner(s) financial status, tax status, investment objectives and other information considered reasonable. It is my belief that based on the information the Owner provided and based on all the circumstances known to me at the time the recommendation was made, the annuity being applied for, based on my recommendation is suitable for the Owner(s) insurance needs and/or financial objectives. In addition, I have verified the identity of the Owner(s) and believe the information the Owner(s) provided to me regarding his or her identity is true and accurate.

**Was the owner's decision to purchase this annuity based on your recommendation?**  Yes  No

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_