

## Product Suitability Form

Thank you for your interest in an Allianz annuity. Before we can process your application and issue your policy, we need to confirm that your annuity purchase suits your current financial situation and long-term goals. **Please complete this form in its entirety and submit with your application.**

Owner's name	Age	Product name
Joint owner's name	Age	Estimated premium amount

Annuity type  Qualified  Nonqualified

**Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality.**

**Financial status** 1. Approximate annual **household income** \$ \_\_\_\_\_

2. **Net worth** - equal to total assets (including premium for this contract, not including home or automobile) minus total debt (not including mortgages or primary residence) \$ \_\_\_\_\_

**Marginal federal tax rate**  0%  10%  15%  25%  28%  33%  35%

### Financial objectives

- What are your **financial objective(s)** in purchasing this product? **(check all that apply)**  
 Tax-deferred growth  Income now  Growth followed by income  Growth, possible income  
 Pass on to beneficiaries  Guarantees provided  Other \_\_\_\_\_
- After purchase of this annuity, how much **money** (or liquid assets) do you have available without penalty for emergencies?  
Please specify amount \$ \_\_\_\_\_
- What other **financial products** do you own or have you previously owned? **(check all that apply)**  
 None  Certificates of deposit  Fixed annuities  Variable annuities  Stocks/bonds/mutual funds
- What is your **source** for this annuity's premium? **(check all that apply)**  
 Annuity  Life insurance  Certificates of deposit  Other investments  
 Reverse mortgage/home equity loan  Savings/checking
- Is this a **replacement** of an annuity or life contract?  Yes  No **If yes**, what type(s)?  Fixed  Fixed index  Variable  
Is there a **surrender charge**?  Yes  No **If there is a charge**, what is it on each contract being replaced? \_\_\_% \_\_\_% \_\_\_% \_\_\_%

### Accessing your money

- How** do you anticipate taking **distributions** from this annuity? **(check all that apply)**  
 Annuitize  Required minimum distribution  Instant cash bonus  Free/systematic withdrawals  
 Loans  Partial surrenders  Lump sum  Leave to beneficiary
- When** do you anticipate taking your **first distribution** from this annuity? **(choose one)**  
 Less than one year  Between one and five years  Between six and nine years  10 or more years  None anticipated
- How** will contract **values**, if any, be **paid at death**?  
 Payment to beneficiary in lump sum  Payment to beneficiary over a period of five or more years

**NOTE: If this form is not completed, signed, and dated, we cannot consider your application.**

I acknowledge that I have read the Statement of Understanding for the product listed and believe it meets my needs at this time. To the best of my knowledge and belief, the information above is true and complete.

Owner signature	Date
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Agent signature	Agent number
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