

Americo Financial Life and Annuity Insurance Company

Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

Senior Protection Form

Owner/Annuitant _____ Home Phone _____ Age _____
 City _____ State _____ ZIP _____

ASSETS

Real Estate (Excluding primary residence) \$ _____	Personal Property (Including automobiles) \$ _____	Life Insurance Cash Value \$ _____
Annuities <input type="checkbox"/> \$0-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$1,000,001+	Cash/Stocks/Bonds <input type="checkbox"/> \$0-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> \$500,001+	CDs <input type="checkbox"/> \$0-\$150,000 <input type="checkbox"/> \$150,001-\$300,000 <input type="checkbox"/> \$300,001-\$450,000 <input type="checkbox"/> \$450,001-\$600,000
Total Assets \$ _____		
Less Total Debt \$ _____		
= Net Assets* \$ _____		

*If policy contribution exceeds 50% of Net Assets, please disclose monthly income and expenses.

ADDITIONAL FINANCIAL INFORMATION

Tax Bracket _____% (See reverse for tax brackets) Life Insurance Death Benefit \$ _____

Approximate Monthly Income & Expenses: Income \$ _____ Expenses \$ _____

Do you anticipate receiving in the near future additional income or assets in the form of inheritance, pension, government agency entitlement, or other income that would affect the assets listed above? Yes No If Yes, please explain:

After purchase of this annuity, will you have funds available to you in case of an emergency? Yes No

Have you or will you replace, discontinue coverage, stop paying premiums, initiate a reduction in face amount, borrow or surrender cash value on any life insurance or annuity as a result of this contract being issued? Yes No
 If Yes, complete all required replacement forms and provide surrender charges on the policy being replaced \$ _____

ANNUITY OBJECTIVES

With regard to purchase of this annuity, rank the following objectives from 1 to 6, with 1 being the most important:
 ___ Safety of Principal ___ Protection from Inflation ___ Growth ___ Reduced Taxation ___ Current Income ___ Liquidity

In what timeframe do you wish to achieve these objectives? 5 years or less 6 years or more

Beyond a 10% annual penalty-free withdrawal or receipt of interest earnings, when do you anticipate needing access to the funds you are committing? 5 years or less 6 years or more

I elect not to provide the information necessary for my Agent to make a recommendation to make this purchase or exchange.
 I have decided to enter into the fixed annuity purchase without a recommendation from my Agent.

By signing below, I/We represent to Americo Financial Life and Annuity Insurance Company that the statements made on this Senior Protection Form are true, complete, and correctly recorded to the best of my/our knowledge and understanding. I/We acknowledge that failure to provide complete or accurate information may affect the ability of the Agent and/or Insurer to determine the suitability of the annuity product being offered. **I/We believe that the annuity product for which I/We are applying is a suitable product for my/our financial needs.**

 Owner/Annuitant Signature Date _____

 Joint Owner Date _____

FOR USE IN CALIFORNIA ONLY: Did the Agent meet with the Senior in his/her own home? Yes No
(Must Be Completed) If Yes, you must submit form 03-185-1-CA with application.

By signing below, I acknowledge that the above information was furnished to me by the customer and that I believe the product is suitable for the customer based upon the information disclosed to me by the customer.

 Agent Signature Agent # _____ Date _____

The information provided on this form will not be shared with outside sources. It will only be used to assess suitability prior to an annuity purchase. Our privacy policy information will be provided with your new contract or upon request.

TAX BRACKET (Adjusted Gross Income)

Joint Return	Single Taxpayer	Rate
\$0 - \$14,000	\$0 - \$7,000	10.00%
14,001 - 56,800	7,001 - 28,400	15.00%
56,801 - 114,650	28,401 - 68,800	25.00%
114,651 - 174,700	68,801 - 143,500	28.00%
174,701 - 311,950	143,501 - 311,950	33.00%
311,951 and up	311,951 and up	35.00%