## **Annuity Suitability Form**



Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality. Please note that if this form is not completed in full, signed, and dated, we are unable to consider your application.

Applicant/Owner's first name M				МІ	Last name						Contract number									
																П	T		Ш	
Joint applicant/Owner's	s first na	me		MI	Las	st nam	ne													
				$\Box$			П	П		T										
A. Household financial information  1. Household disposable income:																				
A. <b>Monthly</b> household income																				
B. <b>Monthly</b> household expenses .00 (i.e. Cost of daily living, mortgage/rent, car, health/ltc/auto insurance, loan repayments)																				
C. Disposable month	C. Disposable monthly income .00 (A minus B)																			
2. Household net worth: assets - liabilities (debts).  Premiums for all household pending applications are to be included in the funding source(s) below.																				
•	Liquid assets – Does <u>not</u> include primary residence, personal possessions, cars, etc.  Non-liquid assets – Does <u>not</u> include primary residence, personal possessions, cars, etc.																			
A. Stocks/bonds	\$ Curi	ent dol	lars i	nvest	ted	.00	J.		l estat ude prin	_	hom	e)	\$	Curr	ent de	ollars	inv	rested		00
B. Annuities - Out of surrender period	\$					.00	K	. Ann	uities rrender	-		,	\$				$\mathbb{L}$		<u> </u>	00
C. Mutual funds - excluding B shares	\$					.00	L.		sion/4 er 59½)		k) -		\$				$\mathbb{L}$		<u> </u>	00
D. CDs	\$					.00	M	1. Lim	ited p	artr	ners	hip	\$				$\prod$		<u> </u>	00
E. Money market	\$					.00														
F. Checking/savings	\$	Щ				.00														
G. Pension/401(k) - (over 59½)	\$		Щ		<u></u>	.00														
H. Net cash surrender value of life insurance	\$	of A thro		н,		.00								(total o	f.l.th	rougl	h M)			
I. Total liquid assets	\$		Jugii			.00	N	. Tota	al I-liqui	d a	sse	ts	\$	Clotal o			Ï			00
O. Total household assets: \$\																				
P. Household liabilities (debts): \$																				
Q. Total household net worth: \$																				

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(Section A continued - household financial information)									
3.	Financial experience (number of years): Stocks Bonds Mutual funds Fixed annuities								
	Useriable annuities								
4.	Federal Income Tax Bracket: ☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37%								
5.	Tax filing status: $\square$ Single $\square$ Head of household $\square$ Married filing jointly $\square$ Married filing separately $\square$ Widowed								
6.	Risk tolerance for this annuity:								
7.	Are there any dependents within the household?								
8.	7a. If yes, list ages: LLL Age LLL Age LLL Age After considering your net worth, source of funds, liquidity needs, and time horizon, do you believe this deferred annuity contract is suitable for your financial situation and objectives? Yes No								
9.	9. Excluding this transaction, has your producer previously sold you any other policies or annuity contracts?   Yes No								
10.	10. Do you intend to apply for any means-tested government benefits and/or are you seeking qualification of any state or federal aid programs?								
	(examples – medicaid, veterans aid and attendance benefit, etc.) $\square$ Yes $\square$ No								
	If yes, please explain:								
11	. Do you have a reverse mortgage?								
	11a. If yes, is any of the premium intended for this annuity proceeds from a reverse mortgage?								
В.	Financial objectives								
1.	1. My financial objective for purchasing this annuity (check all that apply): ☐ Liquidity ☐ Long-term growth ☐ Guarantees provided ☐ Transfer of assets to beneficiaries ☐ Long-term growth, followed by income ☐ Preservation of principal ☐ Guaranteed death benefit ☐ Guaranteed lifetime withdrawal benefit								
2.	2. Do you have sufficient funds available for monthly living expenses, medical expenses, and emergencies other than the funds planned for this annuity or any other annuities already owned?								
3.	Financial time horizon - years I plan to keep this annuity:								
4.	How do you anticipate taking distributions from this annuity? $\square$ RMD $\square$ Penalty free $\square$ Annuitize $\square$ Interest only withdrawal Lump sum $\square$ Leave to Beneficiary $\square$ Guaranteed lifetime withdrawal benefit $\square$ Immediate income $\square$ Immediate access to funds								
5.	An annuity is a long-term contract with substantial penalties for early surrenders and/or withdrawals. Do you understand that if you take money out of this annuity, in excess of the penalty-free surrender amount during the surrender charge period, that you will incur a surrender charge and market value adjustment (also referred to as an interest adjustment in some annuity contracts/endorsements) – if applicable?   Yes  No								
6.	Do you anticipate a significant change in your future income or expenses during the surrender charge period? $\square$ Yes $\square$ No								
	If ves. please explain:								



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C. Funding source and	replacements of life or annເ	uity contract(s)	
		fe policy or annuity contract within the last ies:	
2. Source of funds to purchase this ☐ Death claim proceeds ☐ Sale of primary residence ☐ Fixed life insurance	☐ Reverse mortgage/home equity ☐ Inheritance ☐ Traditional fixe	ney market/brokerage account	☐ Salary reduction  C☐ Stocks/bonds/mutual funds ☐ Variable annuity
Midland National, its employees, a National have not suggested that I or gains in respect to my portfolio. acknowledge that anyone (includin was not doing so in his/her role as	ne information provided is accurate. I ad nd any of its agents/representatives act liquidate securities, otherwise provided I have been advised to discuss any liqu g my agent/representative if properly re an agent/representative of Midland Nat	cknowledge and agree that during the purcing in their capacity as an independent age any investment advice, or made any represidation of securities with a properly license egistered) who provided me any such advictional. By signing below, I certify that: 1) to ove is true and complete; 2) the annuity me	ent/representative of Midland sentations regarding losses and securities advisor, and I see with respect to this purchase the best of my knowledge and
objectives; and 3) this annuity is su			octo my imanolar neces and
	equired question has been left bit		
By signing below, I certify that:  1) I have completed a suitability and 2) I have reasonable grounds for b 3) I understand that only properly reacknowledge if I am not properl 4) I agree to maintain records of the	d needs analysis review regarding the pelieving that the recommendation to puregistered investment advisors or registery security licensed, I did not make such the information provided by the applicant	courchase of this annuity; rechase this annuity is suitable for the applicated representatives are allowed to recomma recommendation to the applicant/Owner and any other information used as on request by Midland National or by any results.	cant/Owner; mend the sale of securities and r; and the basis for my
Agent/Representative signature			
Agent/Representative number		Date	
Midland National® Life Insurance	re Company		

Midland National® Life Insurance Company P.O. Box 79907, Des Moines, IA 50325-0907 Overnight: 4350 Westown Parkway, West Des Moines, IA 50266



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