



CONFIDENTIAL ANNUITY CLIENT PROFILE

Personal Information - Owner/Annuitant 1

First, Middle, Last _____

Date of Birth _____ SSN _____

Marital Status Married ☐ Single ☐ Widowed ☐

Mobile Phone _____ Email _____

Residential Address _____

Mailing Address _____

Employment Status Employed ☐ Retired ☐ Unemployed ☐

Employer _____ Occupation _____

Annual Income _____ Net Worth _____

Liquid Net worth _____ Sources of Income _____

Monthly Household Expenses _____

Existing Insurance

Life Insurance yes no

If yes, please list below each policy's estimated value and the insurance company.

Fixed Annuities yes no

If yes, please list below each policy's estimated value and the insurance company.

_ Variable Annuities yes no

If yes, please list below each policy's estimated value and the insurance company.

_ Is this contract replacing any existing life insurance or annuity contracts? yes no

Other Assets

Retirement Assets yes no

If yes, please list below each accounts estimated value and the company where the account is held.

_ Brokerage Accounts yes no

If yes, please list below each accounts estimated value and the company where the account is held.

Personal Information - Owner/Annuitant 2

First, Middle, Last _____

Date of Birth _____ SSN _____

Marital Status Married ☐ Single ☐ Widowed ☐

Mobile Phone _____ Email _____

Residential Address _____

Mailing Address _____

Employment Status Employed ☐ Retired ☐ Unemployed ☐

Employer _____ Occupation _____

Annual Income _____ Net Worth _____

Liquid Net worth _____ Sources of Income _____

Existing Insurance

Life Insurance ☐ yes ☐ no

If yes, please list below each policy's estimated value and the insurance company.

Fixed Annuities ☐ yes ☐ no

If yes, please list below each policy's estimated value and the insurance company.

Variable Annuities ☐ yes ☐ no

If yes, please list below each policy's estimated value and the insurance company.

Is this contract replacing any existing life insurance or annuity contracts? ☐ yes ☐ no

Other Assets

Retirement Assets ☐ yes ☐ no

If yes, please list below each accounts estimated value and the company where the account is held.

Brokerage Accounts ☐ yes ☐ no

If yes, please list below each accounts estimated value and the company where the account is held.

Beneficiary Information

Totals must add up to 100%

Name	Relationship	DOB	SSN	%

Funding

How will this annuity be funded?

Personal Check from Checking/Savings

ACH/EFT – if allowable by carrier; please provide voided check

***** **Transfer - from other investment account or annuity**

IRA Transfer - from an IRA investment account or annuity

Identification Requirements

Owner/Annuitant 1

Driver's License No. _____

State of Issue _____ Issue Date _____ Expiration Date _____

Owner/Annuitant 2

Driver's License No. _____

State of Issue _____ Issue Date _____ Expiration Date _____