



CONFIDENTIAL ANNUITY CLIENT PROFILE

Personal Information - Owner/Annuitant

Complete one profile for each owner

First, Middle, Last	_____		
Date of Birth	_____	SSN	_____
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>
Mobile Phone	_____	Email	_____
Residential Address	_____		
Mailing Address	_____		
Employment Status	Employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed
Employer	_____	Occupation	_____
Annual Income	_____	Net Worth	_____
Liquid Net worth	_____	Sources of Income	_____
Monthly Household Expenses	_____	State or Country of Birth	_____

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 payable to the annuity carrier

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

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

IRA Transfer - from an IRA investment account or annuity

Identification Requirements

Owner/Annuitant

Driver's License No. _____

State of Issue _____ Issue Date _____ Expiration Date _____