



# COMPLIANCE MEMO

**DATE:** December 22, 2009  
**TO:** All American Equity NMO's and Florida Agents  
**FROM:** Nick Gerhart, Vice President of Compliance Communication  
**RE:** UPDATED Florida Suitability and Comparison Replacement Forms

## IMPORTANT INFORMATION...PLEASE READ CAREFULLY

American Equity recently sent you a memo regarding an updated Florida Suitability Form (Form #4106). Due to Florida regulations, we were required to make an additional change to the form. **Effective December 25, 2009, please begin using the latest version of the Florida Suitability Form (Form #4106-FL 12.26.09).** A copy of this form is attached. Please destroy previous versions as they will no longer be accepted.

Please Note: Florida does have a provision for opting out of providing suitability information. However, by company practice, American Equity does not allow this option. If this option is selected, the file will be declined and the application will be returned.

Thank you for your continued business and support.



*Financial Markets, Inc.*

**800-888-2829**

[www.fm-inc.com](http://www.fm-inc.com) - [Marketing@fm-inc.com](mailto:Marketing@fm-inc.com)

Information at Compliance Communications:

**888-221-1234**



PO Box 71216, Des Moines, IA 50325

[www.american-equity.com](http://www.american-equity.com)

*We're the One!*  
People Service Future



INSURANCE MARKETPLACE  
STANDARDS ASSOCIATION

For Agent Information Only. Not for use in solicitation or advertising to the public.



P.O. Box 71216  
 Des Moines, IA 50325  
 888-221-1234  
 Fax 515-221-9947  
 www.american-equity.com

# ANNUITY SUITABILITY QUESTIONNAIRE

## PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Tax Status \_\_\_\_\_  
 Number and Age of Dependents: \_\_\_\_\_

## JOINT ANNUITANT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Tax Status \_\_\_\_\_  
 Number and Age of Dependents: \_\_\_\_\_

## APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Entity: \_\_\_\_\_  
 Tax Status \_\_\_\_\_ Relationship to Annuitant(s): \_\_\_\_\_  
 Form of Ownership:  
 Supporting documents (list): \_\_\_\_\_

	APPLICANT	JOINT ANNUITANT
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		

Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

\_\_\_\_\_  
**Applicant's Signature**                      **Date**                      **Joint Applicant's Signature**                      **Date**

## ANNUITY SUITABILITY QUESTIONNAIRE

	APPLICANT	JOINT ANNUITANT
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		

Why are you purchasing this annuity? \_\_\_\_\_

What are your investment objectives? (Check all that apply)

- Income     
  Growth (long term)     
  Safety of Principal and Income  
 Safety of Principal and Growth     
  Pass assets to a beneficiary or beneficiaries at death  
 Other: \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

- Conservative   
  Moderately conservative   
  Moderate   
  Moderately aggressive  
 Aggressive   
  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Describe your investment experience by type and length of time: \_\_\_\_\_

What is the source of the funds for the purchase of the proposed annuity? \_\_\_\_\_

How long do you plan to keep the proposed annuity? \_\_\_\_\_

Will the proposed annuity replace any product?       Yes     No

If yes, will you pay a penalty or other charge to obtain these funds?       Yes     No

If yes, the amount of the charge or penalty \$ \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
**Applicant's Signature**                      **Date**

\_\_\_\_\_/\_\_\_\_\_  
**Joint Applicant's Signature**                      **Date**

**ANNUITY SUITABILITY QUESTIONNAIRE**

**Note:**

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

**Advantages of purchasing the proposed annuity:** \_\_\_\_\_

**Disadvantages of purchasing the proposed annuity:** \_\_\_\_\_

**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):** \_\_\_\_\_

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date Signed

**Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.**

**ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

**If you leave any question blank or do not provide any of the information requested, we will not issue you an annuity contract.**

**APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

\_\_\_\_\_  
Applicant or Owner Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint Applicant or Owner Signature

\_\_\_\_\_  
Date Signed

