

Customer Identification and Suitability Confirmation Worksheet

www.avivausa.com



Thank you for your interest in Aviva's Fixed Annuity Product. Please complete this worksheet as part of the application process. The worksheet helps your agent assess your insurance needs and financial objectives. It also ensures compliance with the USA Patriot Act.

If additional space is needed please attach another sheet or provide a cover letter of explanation.

Please Note:

If applying as a **joint owner** and your relationship is not spousal, separate worksheets must be completed by each joint owner.

For an **entity owner** (i.e. **trust or non-person**), information on pages 1 & 2 of the worksheet must be relevant to the entity. The Identification Verification on page 3 should be provided by the person(s) authorized to act on behalf of the entity.

FINANCIAL STATUS

1. _____ 2. _____
Owner Name Joint Owner Name
3. For annuity applied for, indicate: a. Premium \$ _____
b. Surrender Charge Period _____ Years
4. Monthly Household Gross¹ Income: \$ _____
For example: salary, Social Security payments, pension/retirement benefits, investment and rental income (excludes income currently earned on the money to be used to purchase the annuity).
5. Monthly Household Living Expenses: \$ _____
For example: housing, transportation, insurance, food, health care and property taxes.
6. Monthly Household Disposable Income: \$ _____ (#4 minus #5)
7. Source of Income: Current Wages Pension Plan Social Security Investment Income
(Check all that apply) Required Minimum Distribution (RMD) or 72 (t)/(q) distributions
 Other: _____
8. Federal Income Tax Bracket: 0% 10% 15% 25% 28% 33% 35% Other: _____
9. Approximate Household Net Worth*: \$ _____
* Approximate net worth = total assets less total debts (not including home and automobile)
10. Liquid Assets after annuity purchase: \$ _____
Examples: checking, savings, short term CDs, bonds, stocks, mutual funds, etc.
11. Y N Are your existing liquid assets being used to purchase this annuity?
- 11a. If YES, what percentage will be used? _____%
12. Y N Do you have sufficient liquid assets available for emergencies, not including funds from this annuity?
13. Y N Do you anticipate any significant changes in your household's monthly income, monthly living expenses or liquid assets during the surrender charge period of the annuity being purchased?
(For example, do you expect a reduction in income caused by retirement or pension changes or by an increase in expenses such as housing, medical, nursing home, assisted living or travel expenses?)
If Yes, please explain: _____
14. Indicate in years, how long you have owned or have previously owned each of the following products:
Certificates of Deposit _____ yrs. Fixed Annuity _____ yrs. Variable Annuity _____ yrs.
Stock/Bond/Mutual Funds _____ yrs. Life Insurance _____ yrs. None
Other _____ yrs, please explain _____
- 14a. Y N Do you have a reverse mortgage?
- 14b. Y N If yes, is any of the premium intended for this annuity proceeds from a reverse mortgage?

¹Household means the applicant, and if a member of the applicant's household, the applicant's spouse/partner.



FINANCIAL OBJECTIVES

15. Y N Did you discuss your current financial and insurance products with your agent before deciding to purchase this annuity?
- 16a. Y N Do you understand and accept that you could possibly lose some of your principal if you surrender your annuity early during the surrender charge period (if your cash surrender value is less than your premium)?
- 16b. Y N Do you understand and accept that your interest credits may fluctuate depending on the annuity you are purchasing and, if applicable, the strategy allocation you have selected?
17. Why are you purchasing this annuity? Check all that apply:
 Income Now Flexibility Tax Deferral Provides Guarantees Potential Growth Followed by Income
 Pass Assets on to Beneficiaries Lifetime Income Payout Other: _____
18. Y N Do you anticipate taking any money or income from this annuity?
19. **If Question 18 is Yes**, please select the type(s) and the timeframe in which you anticipate utilizing the option:

TYPE	Less than 1 year	1 to 5 years	6 to 9 years	10 or more years
Free/Systematic withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/Lump Sum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Minimum Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuitize in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How long do you plan to keep this annuity? 0-3 years 4-7 years 8-10 years 10 or more years
21. Y N Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust?
 If yes, please explain: _____
22. What other information, if any, did you consider material in deciding to purchase this annuity? Please explain:

SOURCE OF FUNDS

23. What is the source of funds for this annuity? Check all that apply:
 Annuity Life Insurance Certificates of Deposit Other (please explain): _____
- 23a. Y N Is there a surrender charge, penalty, bonus recapture charge, other costs or fees associated with the source of funds?
- 23b. **If Yes**, Please provide the company name or type for each source of premium and list:
 The dollar **amount and percentage** of any surrender charge, penalty, bonus recapture charge, other costs or fees associated with the source of funds.

DO NOT REDUCE AMOUNT/PERCENTAGE BY ANY BONUS ON THIS ANNUITY OR ANY OFFSET SUCH AS A POSITIVE MARKET VALUE ADJUSTMENT (MVA).

Source of Funds	Penalty Dollar Amount	Penalty Percentage
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %



CUSTOMER IDENTIFICATION VERIFICATION

Owner Verification US Citizen: Yes No

Joint Owner Verification US Citizen: Yes No

Occupation: _____

Occupation: _____

Place of Birth: _____

Place of Birth: _____

(If in U.S., list City and State)

(If in U.S., list City and State)

Type of Government Issued Photo ID: Driver's License

Type of Government Issued Photo ID: Driver's License

Passport Other: _____

Passport Other: _____

ID Number: _____

ID Number: _____

State or Country of Issue _____ Exp. Date ____/____/____
OR MO DAY YR

State or Country of Issue _____ Exp. Date ____/____/____
OR MO DAY YR

Unexpired Government issued photo ID not available.

Unexpired Government issued photo ID not available.

AGENT'S CONFIRMATION A, B, C and D must be completed.

A. Y N Was the owner's decision to purchase this annuity based on your recommendation?

B. Please describe how the annuity you recommended will assist the applicant in meeting his or her needs and objectives.

C. Please describe the disadvantages you discussed with your client in selecting this annuity. (n/a is not acceptable)

D. How long have you known the proposed contract owner:

- Less than 1 year 1-3 years 4-7 years 8-10 years 10 or more years

By signing below, I acknowledge that:

- I have made a reasonable effort to obtain information from the Owner concerning the Owner(s)' financial status, tax status, financial objectives and other information considered reasonable.
- It is my belief that based on the information the Owner provided and based on all the circumstances known to me at the time the recommendation was made, the annuity being applied for, based on my recommendation is suitable for the Owner(s)' insurance needs and/or financial objectives.
- In addition, I have verified the identity of the owner(s) and believe the information the owner(s) provided to me regarding his or her identity is true and accurate.
- I considered the risk associated with the amount of the annuity premium and the coverage limits provided by the applicable state life and health guaranty association.

Agent's Signature _____

Date _____

OWNER'S CONFIRMATION

Yes No Was your decision to purchase this annuity based on your agent's recommendation?

By signing below, I acknowledge that:

- I reviewed the Customer Identification Notice (form number 10200) and agree with the terms of the notice.
- The information I provided on pages 1 through 3, regarding my financial status, tax status, financial objectives, identification information and any other information requested by my agent is complete and accurate to the best of my knowledge.
- Neither the Company nor its representatives offer legal or tax advice and that I have been advised to consult my own personal attorney or tax advisor on any tax matters. I am aware that any withdrawals taken from the annuity may result in a taxable event.
- I believe the annuity I am applying for is suitable according to my insurance needs and/or financial objectives.

New Jersey Residents: Please be advised that the sale and suitability of annuities is regulated by the Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at www.njdoib.org.

Owner's Signature _____

Date _____

Joint Owner's Signature _____

Date _____

