

## RIA

RIA First Name

RIA Last Name

Firm Name

## Proposed Purchase

Product

Account Type

Death Benefit

Living Withdrawal Benefit

Other Rider

## Owner

Is this a Trust?

Name of Trust

Owner First Name

Owner Last Name

Owner DOB

Owner SSN

Owner Gender

Owner Phone

Owner Email

Owner Street Address

Owner City

Owner State

Owner Zip Code

## Joint Owner

Joint Owner First Name

Joint Owner Last Name

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Joint Owner DOB	Joint Owner SSN	Joint Owner Gender	Joint Owner Phone
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Joint Owner Email	Joint Owner Street Address
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Joint Owner City	Joint Owner State	Joint Owner Zip Code
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**Annuitant**      [Click here if Annuitant is same as Owner](#)

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Annuitant First Name	Annuitant Last Name
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Annuitant DOB	Annuitant SSN	Annuitant Gender	Annuitant Phone
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Annuitant Email	Annuitant Street Address
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Annuitant City	Annuitant State	Annuitant Zip Code
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**Joint Annuitant**      [Click here if Joint Annuitant is same as Joint Owner](#)

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Joint Annuitant First Name	Joint Annuitant Last Name
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Joint Annuitant DOB	Joint Annuitant SSN	Joint Annuitant Gender	Joint Annuitant Phone
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Joint Annuitant Email	Joint Annuitant Street Address
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Joint Annuitant City	Joint Annuitant State	Joint Annuitant Zip Code
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## Primary Beneficiary

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Beneficiary First Name

Beneficiary Last Name

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Beneficiary Relationship to Owner

Beneficiary DOB

Beneficiary Percent

## Second Beneficiary

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Beneficiary First Name

Beneficiary Last Name

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Beneficiary Relationship to Owner

Beneficiary DOB

Beneficiary Percent

## Third Beneficiary

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Beneficiary First Name

Beneficiary Last Name

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Beneficiary Relationship to Owner

Beneficiary DOB

Beneficiary Percent

## Fourth Beneficiary

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Beneficiary First Name

Beneficiary Last Name

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Beneficiary Relationship to Owner

Beneficiary DOB

Beneficiary Percent

## Account Setup

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Electronic Delivery

Advisor Fees from Account

Frequency of Rebalancing

Start of Rebalancing

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Telephonic/Electronic Trading

Tax Withholding



## Client Profile and Suitability Form

Aria Retirement Solutions ("Aria") as insurance agency of record and EF Legacy Securities, LLC ("EFLS") as broker dealer of record review all annuity sales for suitability. Information you may have about your client can assist Aria with its suitability determination that there is a reasonable basis for believing that the purchase suits your client's financial situation and investment goals. Please complete all applicable fields below and return this worksheet to Aria. Your client's annuity application cannot be submitted to the insurer until this process is completed.

**Variable Annuity:**

**Client Information:** In lieu of completing the ID section you may attach a copy of the government issued photo I.D. Options: State D.L.; State I.D.; Passport; Military I.D.; Resident Card. **NOTE: Ameritas still requires a legible copy of the clients' unexpired DL or Passport, even if another I.D. is provided or the below section is completed.**

<p><b>Client Name 1:</b> _____ Marital Status: _____                  Govt ID Type : _____ Date of Expiration: _____                  Govt ID#: _____ Gender: _____</p> <p>Legal Address (cannot be a P.O. Box): _____                  _____                  City: _____ State _____ Zip Code _____                  Country _____ Phone _____                  SS Number: _____ DOB: _____</p>	<p><b>Client Name 2:</b> _____ Marital Status: _____                  Govt ID Type: _____ Date of Expiration: _____                  Govt ID#: _____ Gender: _____</p> <p>Legal Address (cannot be a P.O.Box): _____                  _____                  City: _____ State _____ Zip Code _____                  Country _____ Phone _____                  SS Number: _____ DOB: _____</p>
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Advisor has personally viewed and verified government issued customer identification information:  Yes  No

Advisor informed the client that information collected on parties associated with this account is subject to verification as mandated by the US PATRIOT Act and outlined in our Client Identification Program:  Yes  No

**Employment**

Current Employment Status:  
 Employed  Retired  Homemaker  Unemployed

Employer Name (Primary Account Owner) \_\_\_\_\_ Employer Name (Secondary Account Owner): \_\_\_\_\_  
 Current Position (Primary Account Owner) \_\_\_\_\_ Current Position (Secondary Account Owner): \_\_\_\_\_

Are any account holders politically exposed or relatives of a politically exposed person?  Yes  No

**Rule 144:** Are authorized person or members of their immediate family a director, policy-making officer, or 10% stockholder in any publicly traded company?  Yes  No

**FINRA Insider Information:**

Is the client, client's spouse, or immediate relative employed by an Introducing Firm or another FINRA member?  
 No  Immediate family members of employees of other security firms  
 Associate of Introducing Firm and/or dependents, family members  Employees or brokers of other security firms, dependent accounts or accounts in which they have a financial or beneficial control or interest.  
 Non-dependent family members of an associate of an Introducing Firm

**Investment Objectives**

- A - Income
- B - Tax Deferral
- C - Capital Preservation
- D - Growth
- E - Speculation
- F - Add't Annual Income Needs

**Risk Tolerance**

- A - Conservative
- B - Conservative/Moderate
- C - Moderate
- D - Moderate/Aggressive
- E - Aggressive
- F - If Other, please state

**Tax Bracket**

- 10%
- 12%
- 22%
- 24%
- 32%
- 35%
- 37%

**Investment Time Horizon**

- Short (0-5 yrs)
- Intermediate (6-10 yrs)
- Long Over (10 yrs)

**Annual Income:** \_\_\_\_\_ **Approx. Amount**      **Net Worth (Excluding Residence):** \_\_\_\_\_ **Approx. Amount**

**Liquid Assets:** \_\_\_\_\_ **Approx. Amount**      **Total Existing Assets (across all accounts):** \_\_\_\_\_ **Approx. Amount**

# Client Profile and Suitability Form

## Current Asset/Investment Diversification:

Checking/Savings Amt. \_\_\_\_\_ Stocks and Bonds Amt. \_\_\_\_\_ Pension Plans Amt. \_\_\_\_\_  
 Money Market Accts Amt. \_\_\_\_\_ Fixed Annuities Amt. \_\_\_\_\_ Other (please explain): \_\_\_\_\_  
 CD's Amt. \_\_\_\_\_ Variable Annuities Amt. \_\_\_\_\_ \_\_\_\_\_  
 Mutual Funds Amt. \_\_\_\_\_ 401(k)/403(b) Plans Amt. \_\_\_\_\_ \_\_\_\_\_

<b>General Investment Knowledge</b>	<input type="radio"/>	None	<input type="radio"/>	Limited	<input type="radio"/>	Good	<input type="radio"/>	Extensive
<b>Stocks</b>		None		1-5 years		6-10 years		More than 10 years
<b>Bonds</b>								
<b>Mutual Funds</b>								
<b>Options</b>								
<b>Variable Contracts</b>								
<b>Limited Partnerships</b>								

## Source of Funds:

Savings     Business Owner     Inheritance     Employment     Other \_\_\_\_\_  
 Investments     Gift     Legal/Insurance Settlement     Sale of Real Estate

## Liquidity Needs:

Significant (primary need is liquidity)     Moderate (May need quick access to cash)     None (Have other sources of cash)

**Reverse Mortgage** – Does the client have a reverse mortgage?     Yes     No

**State of Purchase** \_\_\_\_\_

## Current Annuity Information for 1035 Exchanges

Annuity contract name and issuer \_\_\_\_\_ Purchase Date \_\_\_\_\_ Annuity Value: \$ \_\_\_\_\_

Total annual insurance expenses (in basis points): \_\_\_\_\_

Does the annuity remain subject to a surrender charge?     Yes     No    If yes, amt? \$ \_\_\_\_\_

Does the annuity have a guaranteed death benefit balance in excess of contract value?     Yes     No

Does the annuity have a guaranteed living benefit (minimum guaranteed income or withdrawal benefit) that exceeds the contract value transferred? \_\_\_\_ If yes what is the amount of living benefit in excess of contract? \$ \_\_\_\_\_

Has the client had another deferred annuity exchange in the preceding 36 months?     Yes     No

Does client have adequate savings and/or other assets to cover short-term liquidity needs?     Yes     No

Are there any other important contract features to disclose?     Yes     No

Approximate Cost Basis? \$ \_\_\_\_\_

Does client intend to purchase the new annuity for any of the living benefit features?     Yes     No

If yes, when does the client anticipate taking a distribution for the annuity?

1 yr     2-5 yrs     6-9 yrs     10+yrs     Not anticipated

Please describe any additional information about the existing annuity that may be relevant to the client's decision to purchase the annuity. \_\_\_\_\_