

**The First Catholic Slovak Ladies Association  
Of the United States of America**  
24950 Chagrin Boulevard, Beachwood Ohio 44122

**Annuity Suitability Questionnaire**

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that FCSLA may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

Proposed Annuitant	Primary Financial Objectives (Check all that apply)
Name: _____ Address: _____ _____ Home Phone No.: _____ Social Security No.: _____ Age at Last Birthday: _____ Marital Status:   ___ Married   ___ Single ___ Widowed   ___ Divorced Occupation: _____ _____	<input type="checkbox"/> Preservation of Capital <input type="checkbox"/> Future Income <input type="checkbox"/> Wealth Accumulation <input type="checkbox"/> Charitable Giving <input type="checkbox"/> Tax Deferral <input type="checkbox"/> Education Planning <input type="checkbox"/> Immediate Income <input type="checkbox"/> Inheritance
<b>Time Frame for this Investment</b>	
When will you need the money you are investing in this annuity? (Circle One)	
<input type="checkbox"/> 1 year or less <input type="checkbox"/> 7-10 years <input type="checkbox"/> 1-3 years <input type="checkbox"/> 10 years or more <input type="checkbox"/> 3-7 years <input type="checkbox"/> Never (money is for charity/inheritance)	
Financial Information	Existing Accounts
Annual Household Income \$ _____ Liquid Net Worth            \$ _____ (Excluding residence and furnishings) Net Worth                     \$ _____ Source of Income: (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Plans <input type="checkbox"/> Investments <input type="checkbox"/> Other <input type="checkbox"/> Social Security Tax Bracket: (Check one) <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35% Proposed Annuity represents _____% of my Net Worth Annual Living Expenses     \$ _____ Do you have any funds available to you in case of emergency? _____ Other relevant information (financial constraints, health concerns, long-term care considerations, etc) _____	Are you considering using funds from existing life insurance policies, annuity contracts, or certificates of deposit to purchase this annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No How long has that policy(ies), contract(s), or certificate of deposit(s) been in force? <input type="checkbox"/> # of Years Are there any surrender charges associated with the above-mentioned existing policy(ies), contract(s), or certificates of deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, what is/are the current surrender charge(s)? _____ _____ _____

I have adequate income or available liquid assets to meet my financial obligations and emergency expenses without using the money I am investing in this annuity. By signing this form, I have agreed that the information on this form was obtained prior to purchase of the annuity and that the information is correct. I also understand that FCSLA encourages me to discuss this proposed investment with my personal financial advisors.

Proposed Annuitant Signature \_\_\_\_\_

Date \_\_\_\_\_