FLEXIBLE PREMIUM DEFERRED ANNUITY SUITABILITY QUESTIONNAIRE

A. Owner Information
1. Name in Full (First, Middle, Last) ________________________________ Age ____________
2. Are you actively employed □ Yes □ No  Occupation ____________________________
3. Marital Status □ Married □ Single □ Widowed □ Divorced

B. Household Financial Information
1. The money funding this Annuity comes from: (check all that apply)
   □ Other Annuities  □ Life Insurance  □ Stocks/Bonds/Mutual Funds  □ Money Market
   □ Certificates of Deposit □ Savings/Checking □ IRA or Retirement Plan □ Loan

2. Household Annual Gross Income: $_______________
3. Estimated Net Worth (total): $_____________
4. Liquid Net Worth: $_____________

   Liquid assets should include:  □ Savings/Checking/CDs □ Stocks/Bonds/Mutual Funds
   □ Retirement Plan Funds □ Cash Value of Annuities

5. After the purchase of this annuity, will you have sufficient income to meet your expenses? □ Yes □ No.

   If No, please explain. ____________________________________________________________________________________

6. Will you incur a withdrawal or surrender charge on the money used to fund this purchase? □ Yes □ No

7. What is your federal income tax bracket? □ 0 to 10% □ Greater than 10%

8. Do you currently reside in a nursing home or assisted living facility? □ Yes □ No

C. Financial Objectives
1. Why are you considering purchasing this annuity?
   □ Immediate Income □ Future Income □ Tax Deferral □ Liquidity
   □ Assets for Beneficiaries □ Estate Planning □ Retirement □ Long Term Care
   □ Preservation of Capital □ Other ________________________________

2. Do you expect the contract to be in force for at least 6 years? □ Yes □ No

   If No, why: _____________________________________________________________________________________________

3. When do you expect to start needing income from this annuity?
   □ Less than 1 Year □ 2-6 Years □ Never (money for charity/inheritance)
   □ 1 Year □ More than 6 Years □ If needed for other reason (e.g., long term care)

4. Which of the following best describes your financial experience?
   □ Very experienced □ Moderate experience □ Limited experience

5. Describe your risk tolerance: □ Low (Conservative) □ Moderate □ High (aggressive)
D. General Information

1. The purpose of this questionnaire is to help the Society determine if the annuity product you are purchasing is suitable based on your financial situation and goals. You must complete this profile in its entirety and submit it with your application for the Society to proceed with your purchase.

2. Representatives of the Society may be paid a commission. Commissions are not paid by members. Commissions are not deducted from your account value. All contributions received from you are credited to your account at 100%.

E. INSURANCE AGENT DECLARATIONS AND ACKNOWLEDGMENT

I acknowledge that I have obtained the above information from the Owner concerning the Owner’s financial status, tax status, investment objectives, and other information considered reasonable. It is my belief that, based on the information provided by the Owner and based on 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.

Agent/Society’s Representative Signature: __________________________ Date: ________________

Agent’s State License Number: __________________________________ State Licensed In: _____________

F. OWNER DECLARATIONS AND ACKNOWLEDGMENT

I hereby acknowledge:

☑ Yes ☐ No I represent that all statements and information provided herein are true and complete to the best of my knowledge and belief.

☑ Yes ☐ No I understand that should I provide incomplete or inaccurate information, I will limit protection afforded to me by law regarding the suitability of this purchase.

☑ Yes ☐ No I understand that if I withdraw any amount from this annuity during the surrender period, I will incur a surrender charge.

☑ Yes ☐ No I understand that I may incur a 10% federal tax penalty for withdrawals before age 59½.

☑ Yes ☐ No I have reviewed the annuity disclosures and I understand the costs and features of the annuity I am purchasing.

☑ Yes ☐ No I acknowledge that the Society and its representative do not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity.

☑ Yes ☐ No I believe that the purchase of this annuity is appropriate to my legal, financial, tax, investment and estate-planning goals and other insurance needs.

Owner Signature: __________________________________________ Date: _____________________