

General Information:

Please provide a copy of the most recent client statement with this completed form

Advisor Name	RIA Firm	
Client Name	Client DOB	Client State of Residence
Joint Client Name (if applicable)	Joint Client DOB (if applicable)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will Advisory Fee be charged on new Annuity?	If yes, please provide fee %	

Client Objectives (choose all that apply):

<input type="checkbox"/> Single Income <input type="checkbox"/> Joint Income	If joint, please provide spouse DOB	What age or year will income start?
<input type="checkbox"/> Reduce Costs	Additional Notes	
<input type="checkbox"/> Legacy / Enhanced Death Benefit	Additional Notes	
<input type="checkbox"/> Principal Protection / Reduce Risk Exposure	Client Risk Tolerance (Low, Moderate, Aggressive)	
<input type="checkbox"/> Long Term Care Benefit	Additional Notes	

Other Notes / Comments:

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