



GCU

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Annuity Suitability Questionnaire

These questions are designed to help determine if purchasing an annuity product is suitable for your needs. All questions must be completed, and your signature is required.

ANNUITY TYPE: (check one) Qualified Non-Qualified

Owner/Applicant Information: Married Single Divorced Widowed

Owner/Applicant: _____ Age: _____ DOB: _____
Joint Owner Name: _____ Age: _____ DOB: _____

1. Work Status: Owner: Employed Unemployed Retired Disability
Joint Owner: Employed Unemployed Retired Disability

2. Residence: Owner: Living at Home Assisted Living Nursing Home
Joint Owner: Living at Home Assisted Living Nursing Home

Financial Objectives:

3. Federal Tax Rate: 0% 10% 12% 22% 24% 32% 35% 37%

4. Do you own any of the financial products listed:

- | | |
|---|---|
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Certificates of Deposit |
| <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Brokerage Account | <input type="checkbox"/> Life insurance |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> 401K/Pension |
| <input type="checkbox"/> Checking/Savings Account | <input type="checkbox"/> I do not own any of the above products |

5. What percentage of your liquid assets would you feel comfortable allocating to the categories below?

Low Risk ____% Moderate Risk ____% High Risk ____%
(100% of Total Assets)

6. Investment Objectives (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Income | <input type="checkbox"/> Wealth Accumulation | <input type="checkbox"/> Retirement/Estate Planning |
| <input type="checkbox"/> Potential for better rate | <input type="checkbox"/> Potential for Growth | <input type="checkbox"/> Inheritance/Death Benefit |
| <input type="checkbox"/> Protection from Market Risk | <input type="checkbox"/> Tax Deferral (non-qualified only) | <input type="checkbox"/> Other _____ |

Financial Information:

7. Source(s) of Income (check all that apply)

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Salary/Wages | <input type="checkbox"/> Interest Income | <input type="checkbox"/> Pension/IRA Payments | <input type="checkbox"/> Trust Income |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Dividends | <input type="checkbox"/> Other Annuities | <input type="checkbox"/> Other _____ |

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Financial Information (Continued):

8. Monthly Income & Expenses

Approximate Monthly Household
Income (*net after taxes*): \$ _____ (a)

Approximate Monthly Household
Expenses: \$ _____ (b)

Monthly Disposable Household
Income: \$ _____ (c)
(a) – (b) = (c)

9. Liquid Assets

Cash \$ _____
Short Term CDs \$ _____
Qualified Plans \$ _____
(Over 59-1/2 and no
surrender penalties)

Mutual Funds/Brokerage Accounts
readily convertible to cash
without penalty \$ _____
Annuities/Insurance cash values
not subject to surrender penalty \$ _____
Other _____ \$ _____

Total Liquid Assets: \$ _____

10. Non-Liquid Assets

Value of Home \$ _____
Business Interests \$ _____
Qualified Plans \$ _____
(*If under 59-1/2*)

Mutual Funds/Brokerage Accounts
not readily convertible to cash
without penalty \$ _____
Annuities/Insurance cash values
subject to surrender penalties \$ _____
Other _____ \$ _____

Total Non-Liquid Assets: \$ _____

11. After purchase of this annuity, do you believe you have enough remaining liquid assets and other sources of income to cover any emergencies or contingencies such as sudden health care needs or increased living expenses?

Yes No

12. Do you anticipate any adverse change in assets, living expenses, medical expenses, and/or income during the surrender period of this contract?

Yes No

13. Will there be any surrender charges or penalties to withdraw funds from your current financial product (i.e., the source of funds for this annuity purchase)?

Yes No

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If yes, provide the name of the transfer company, source of funds, premium amount, dollar amount of surrender charge or penalty, and percentage of surrender charge or penalty.

Transfer Company	Source of Funds	Premium Amount \$	Penalty Amount \$ (If any)	Add'l. Fees (If any)

Applicant/Owner's Acknowledgement

I confirm that I provided the information above and that it is true and complete to the best of my knowledge. I discussed my current financial situation, anticipated financial needs and risk tolerance with my agent. The agent discussed with me the surrender charges, if applicable, and other costs relating to this annuity contract. Furthermore, I reviewed the product-specific Disclosure Statement and understand the product features, interest crediting elements, and, if applicable, the indexes upon which the interest calculation will be based. I understand the risks associated with this product and the advantages and disadvantages of this annuity contract. **I further understand that should I decline to provide the requested information, or should I provide inaccurate information, I am limiting the protection afforded me by the state statutes regarding the suitability of this purchase.**

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **is NOT based** on the recommendations of this agent or the insurer.
- My annuity purchase **is based** on the recommendations of this agent or the insurer.

State Requirements: CA and MN Customers over age 65 cannot elect to opt out of providing suitability information.
 FL Customers must complete the State Approved Suitability Form.

PLEASE REVIEW THE FORM AND SIGN ATTESTING THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. THIS FORM SHOULD NOT BE SIGNED IF ANY REQUIRED ITEM IS LEFT BLANK.

 Applicant/Owner's Signature

 Date

 Joint Owner's Signature

 Date

Producer Statement

I believe the purchase of this annuity contract is suitable after reviewing the information provided to me by the applicant/owner. If applicable, I have discussed the advantages and disadvantages of any replacement or exchange of another annuity contract or life policy. I have reasonably informed the applicant/owner of all-important features of the annuity and proposed transaction.

To the best of my knowledge, the questions on this form have been answered truthfully and I have complied with suitability requirements consistent with my contractual obligations.

 Producer Signature

 Date