



WESTERN CATHOLIC UNION

510 MAINE STREET

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www.wculife.org

SENIOR ANNUITY SUITABILITY DISCLOSURE (age 65 or older)

Thank you for your interest in the Western Catholic Union Fraternal Benefit Society and our annuity contract. Your state law requires that any person age 65 or over who may be considering the purchase of an annuity contract must be given the opportunity to provide information concerning his or her financial condition to the agent selling the contract. The information given will be used to determine if the proposed annuity contract is appropriate for your financial circumstances. You may decline to provide this information, but in so doing, you take full responsibility in determining whether the proposed annuity contract is suitable for you. By signing, you acknowledge your understanding that an annuity is generally a long-term investment and that withdrawals may be subject to charges.

PART 1

Client's Name _____ Age _____

Proposed Product _____ Amount of Proposed Annuity _____

___ YES, I agree to answer the questions below and I understand that any recommendations assume the information provided is both current and accurate. Please answer questions 1 to 9.

___ NO, I will not answer the questions below and I take full responsibility for determining whether the proposed annuity is suitable for me. Please sign and date the form below.

1. Estimated annual income \$ _____ Sources of income _____
2. Are you retired? Yes ___ No ___ If no, in what year do you plan to retire? _____
3. My estimated net worth (assets less liabilities): \$ _____ My tax bracket _____ %
4. My investment risk style: ___ Conservative ___ Moderate ___ Aggressive
5. Which of the following describes your long-term objective for this annuity? *Check all that apply.*
___ Safety of premium ___ Supplemental retirement income ___ Minimum crediting guarantees
___ Guaranteed Income for Life ___ Protection for my beneficiaries ___ Tax-deferred growth (non-qual.)
___ Other _____
6. The source of funds to purchase this annuity is _____
7. If this policy is a replacement, an exchange, or is paid for with money from another contract. I believe the purchase of this annuity will better meet my financial needs. ___ Yes ___ No ___ NA
8. Percentage of proposed annuity to estimated net worth _____ %. *(If more than 50%, sale would not meet company guidelines. If client wants annuity upon being so advised, complete Part 2 below.)*
9. During the term of the annuity contract, do you expect to need more than the free withdrawals of interest and the 10% free annual withdrawals, or, with an immediate annuity, do you expect to need more than the scheduled annuity payments as proposed to you? ___ Yes ___ No. *(If yes, sale would not meet company guidelines. If client wants annuity upon being so advised, complete Part 2 below.)*

over please

I represent that the answers to the questions on the reverse side are correct to the best of my knowledge and will be used in evaluating the suitability of any annuity contract that may be proposed to me. I understand my answers are voluntary.

Date _____ Client Signature _____

Part 2(See Questions 8 &9)

I have been advised by my agent that the annuity proposed to me is not suitable according to established Company guidelines, but having considered the matter fully, I nevertheless desire to purchase the amount of the annuity proposed to me. I take full responsibility for determining whether the proposed annuity is suitable for me.

Date _____ Client Signature _____

Producer's Statement: I have reasonable grounds for believing that the recommendations for this senior consumer to purchase/exchange or replace an annuity is suitable on the basis of the facts disclosed by the senior client as to their current investments, financial situation, and needs.

Date _____ Producer's Signature _____