



## Indexed Annuity Questionnaire and Disclosure

Agent's Information & Signature is completed on the back of this Questionnaire and Disclosure form?  YES  NO

### FOR REPRESENTATIVE'S USE ONLY

This customer already has a (new) account form on file with First Asset Financial Inc.

--OR--

A First Asset Financial Inc. Account Form accompanies this application

#### **Representative's statement and affirmation:**

I certify that the disclosure material, product information, and other information as required by the specific insurance company for the policy in this sale has been delivered to the person signing on the reverse side of this form (applicant). I have either previously delivered or completed a First Asset Financial Inc. Account form that accompanies the application for the applicant.

I have not made statements that differ in any significant manner from the material provided by the insurance company. I have not made promises or guarantees about the future value of any non-guaranteed elements. I believe that the policy on the reverse is suitable for the applicant.

I have revealed to the applicant that I am a Registered Representative with First Asset Financial Inc. and that I offer other securities products which may fit the applicant's specific investment needs. I have given a brief description of the investments that I feel might fit the applicant's objectives as a potential alternative to the indexed annuity.

I also state that I am either (a) currently appointed with the insurance company listed on the reverse or (b) that an appointment application accompanies the customer application. I also certify that I am licensed for insurance in the state in which the applicant resides.

I have reasonable grounds for believing that the recommendation to purchase/exchange or the replacement of another annuity is suitable on the basis of the facts disclosed by the consumer as to their investments, other insurance products, and their financial situation and needs.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Registered Representative

Printed Last Name of Representative \_\_\_\_\_