



RUSSIAN BROTHERHOOD ORGANIZATION  
OF THE U.S.A.

A FRATERNAL BENEFIT SOCIETY

HOME OFFICE: 301 Oxford Valley Road, Suite 1602B  
Yardley, PA 19130  
215-563-2537

**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)
- |  |   |  |                                |        |
|--|---|--|--------------------------------|--------|
| <input type="checkbox"/> Other Annuities         | <input type="checkbox"/> Life Insurance   | <input type="checkbox"/> Stocks/Bonds/Mutual Funds | <input type="checkbox"/> Money | Market |
| <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Savings/Checking | <input type="checkbox"/> IRA or Retirement Plan    | <input type="checkbox"/> 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 • Life Insurance  
• 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?
- |   |  |                                       |   |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Immediate Income         | <input type="checkbox"/> Future Income   | <input type="checkbox"/> Tax Deferral | <input type="checkbox"/> Liquidity      |
| <input type="checkbox"/> Assets for Beneficiaries | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Retirement   | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Preservation of Capital  | <input type="checkbox"/> 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?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than 1 Year | <input type="checkbox"/> 2-6 Years         | <input type="checkbox"/> Never (money for charity/inheritance)             |
| <input type="checkbox"/> 1 Year           | <input type="checkbox"/> More than 6 Years | <input type="checkbox"/> If needed for other reason (e.g., long term care) |
4. Which of the following best describes your financial experience?
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Very experienced | <input type="checkbox"/> Moderate experience | <input type="checkbox"/> 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: \_\_\_\_\_