

AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY
GREAT FIDELITY LIFE INSURANCE COMPANY

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SUITABILITY ACKNOWLEDGEMENT FOR ANNUITY SALES

WE RESPECT YOUR PRIVACY AND PROTECT YOUR INFORMATION. THIS FORM IS FOR THE CUSTOMER'S BENEFIT TO ASSIST THE COMPANY IN MONITORING THE SUITABILITY OF ANNUITY SALES.

These questions are designed to help determine if purchasing a fixed annuity contract is suitable for your individual financial situation. The questions also pertain to your understanding of certain product features. You have the right to refuse to answer any questions. By signing, you certify your understanding that a fixed annuity is a long-term investment, is not liquid, and that withdrawals may be subject to charges.

- Yes, I agree to answer the questions below and understand that any recommendations assume the information provided is current and accurate.
- No, I will not answer questions 1 through 9, but I believe a fixed annuity contract is suitable for my financial situation.

Financial Profile

1 My estimated net worth (excluding my home and automobile) is: \$ _____ My tax bracket is: _____%

2. Estimated annual income: \$ _____

Sources of income: _____

Investment Risk Style: Conservative Moderate Aggressive

The source of funds to purchase this fixed annuity is: _____

3. Which of the following best describes your long-term objective(s) for this fixed annuity?

- Safety of Premium Supplement Retirement Income Minimum Crediting Guarantees
 Guaranteed Income for Life Protection for My Beneficiaries Tax-Deferred Growth (only applies to non-qualified annuities)
 Other

4. I understand that this annuity may have surrender and/or MVA charges and taxes may apply if I withdraw money.

Yes No

5. 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

6. If this annuity is issued in connection with an IRA or a qualified plan, I understand the annuity will provide no additional tax savings. Yes No

7. Number of years of experience with financial products: _____

8. Period of time before the money is needed;

1 -3 years 4-6 years 7-9 years 10-12 years 13-15 years 16 or more years

9. Other relevant information I wish to provide: _____

Customer Signature

Owner/Applicant's Signature: _____ Date: _____

Joint Owner/Applicant's Signature (if applicable) _____ Date: _____

Printed Name Owner/Applicant: _____

Owner Address (City, State, Zip Code): _____

Last 4 Digits of Social Security ## ____ Policy Number (If available): _____

Producer's Statement

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

Producer's Signature _____ Date: _____

Producer's Printed Name: _____ Date: _____