Sagicor
LIFE INSURANCE COMPANY
4343 N. Scottsdale Rd., Suite 300
Scotsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Product Suitability Form

Owner/Proposed Insured

Name: _____
(First) (Middle) (Last) (Date of Birth) (sex)

Number of Dependents: _____ Ages: _____

Joint Owner/Proposed Insured

Name: _____
(First) (Middle) (Last) (Date of Birth) (sex)

Financial Profile

1. What is your estimated annual household income?
❑ $0 - $24,999 ❑ $25,000 - $49,999 ❑ $50,000 - $99,999 ❑ Over $100,000

2. What is the source of this income? (Check all that apply)
❑ Salary ❑ Investments ❑ Social Security ❑ Retirement Plans ❑ Other

3. What is your estimated federal tax bracket?
❑ 0% ❑ 10% ❑ 15% ❑ 25% ❑ 27% ❑ 28% ❑ 33% ❑ 35% ❑ Other

4. What is your estimated net worth? (Excluding residence and automobiles)
❑ $0 - $49,999 ❑ $50,000-$149,999 ❑ $150,000-$249,999 ❑ $250,000-$499,999 ❑ Over $500,000

5. What are your financial objectives for the funds under consideration? ❑ Living Expenses ❑ Children's Education
❑ Future Income ❑ Growth ❑ Tax Savings ❑ Safety of Principle ❑ Retirement ❑ Estate Planning ❑ Death Benefit

6. What is your time horizon for obtaining these objectives?
❑ Less than 1 year ❑ 1 – 3 years ❑ 3 – 5 years ❑ 5 – 10 years ❑ 10 – 15 years ❑ Over 15 years

7. When do you anticipate needing access to these funds?
❑ Within 5 years ❑ 5 – 10 years ❑ 10 – 15 years ❑ Over 15 years ❑ Will not need funds

8. Do you have any other funds available to you in case of an emergency? ❑ Yes ❑ No

9. What other types of insurance products or investments do you own or have experience with?
❑ Stocks ❑ Bonds ❑ Mutual Funds ❑ CD's ❑ Options
❑ Life Insurance ❑ Fixed Annuities ❑ Variable Annuities ❑ Other ❑ None
❑ Client refuses to provide some or all of the above information

Existing Accounts

Are you considering surrendering or otherwise terminating any existing life insurance or annuity contract?	❑ Yes ❑ No
Will you use funds from an existing life insurance or annuity contract to contribute to the new contract?	❑ Yes ❑ No
If yes, how long has the policy been in force?	
Is there a surrender charge on the existing contract(s)?	❑ Yes ❑ No
Do you have any outstanding loans on the existing contract(s)?	❑ Yes ❑ No
Are you currently taking a Required Minimum Distribution or 72(t) distribution?	❑ Yes ❑ No

Failure to provide complete or accurate information may affect the ability of the agent or company to determine the suitability of the product being applied for. I/We believe that the product for which the Owner is applying is a suitable product for his/her financial needs.

Signed at (City/State): _____ Date: _____

X _____ **X** _____
Signature of Owner/Proposed Insured Signature of Joint Owner/Proposed Insured

X _____ _____
Signature of Agent Agent Number

X _____
Print Name of Agent

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