

TRINITY LIFE INSURANCE COMPANY

Home Office: 7633 E. 63rd Place Suite 230, Tulsa, Oklahoma 7413

Administrative Office: PO Box 5205, Frankfort, Kentucky 40602-5205

ANNUITY SUITABILITY DISCLOSURE

To be submitted with all Fixed Annuity applications

SECTION A - Applicant's Information

Name: _____ Date of Birth: ____/____/____
First Middle Last Month Day Year

Section B - Suitability Questionnaire

1. I believe this annuity is suitable for me based on my financial objectives and financial status..... Yes No

Please check all objectives that apply:

Tax-Deferred Growth Current or Future Income Interest Earnings Preservation of Principal

2. I understand that money distributed from this annuity may be taxable when received by my beneficiaries or Myself. Yes No

3. I understand the current interest rate on my deferred annuity may change, but it will never be less than the guaranteed minimum interest rate specified in the contract. Yes No

4. I understand a deferred annuity is a long-term cash accumulation vehicle that contains withdrawal and surrender charges for a specified period of time. During this period, withdrawals that do not exceed 10 percent of the total account value during each certificate year may be made without incurring a withdrawal charge. I understand if I surrender the annuity during this period, or exceed the 10 percent free withdrawal amount during a certificate year, applicable surrender charges will apply to the amount exceeding 10 percent of the account value.

I understand the surrender charges are 9% year 2 and decrease at 1% per year and is 0% after year 10 . Yes No

Yes, I agree to answer the questions below and understand that any recommendations assume the information provided is current and accurate.

No, I elect not to provide my personal financial information, but I believe a fixed annuity contract is suitable for my financial situation.

5. Do you have other assets you can access in case of an emergency? **(Select only one answer.)**

I have adequate assets, excluding this annuity, which can be accessed in case of an emergency. I am not concerned about any limitations to the access of the assets of this annuity.

This annuity represents a significant portion of my assets, however given my specific age, health, financial and tax circumstances, I feel the purchase of this annuity product is appropriate for me. I am not concerned about any limitations to the access of the assets of this annuity.

This annuity represents a significant portion of my assets. I would be concerned if I would not be able to access the assets of this annuity without significant penalties.

6. 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

7. This annuity is percent of my liquid assets: _____.

8. Please provide the source of the funds used to establish this annuity: _____

<u>Income Tax Bracket</u>	<u>Gross Annual Income</u>	<u>Net Worth</u>	
<input type="checkbox"/> 0% -15%	<input type="checkbox"/> \$0 - \$30,000	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$250,001 - \$500,000
<input type="checkbox"/> 16% - 30%	<input type="checkbox"/> \$30,001 - \$60,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$500,001 - \$1,000,000
<input type="checkbox"/> 31% +	<input type="checkbox"/> \$60,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$1,000,001 +
	<input type="checkbox"/> \$100,001 +		

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

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: _____