



December 21, 2011

## Newly Revised Suitability and Product Comparison Worksheets Now Available

After a detailed review of the suitability and comparison worksheets used with new annuity applications, Aviva has updated the forms in order to better assist you and your agents in gathering the customer's important suitability information, completing forms properly and ultimately expediting issuance of the annuity contract. These new forms reflect your feedback and are now available for use.

The **Customer Identification and Suitability Confirmation Worksheet form #17341 11/11**, used in all states except Florida, is now available on the Agent Portal. At this time, the existing form 17341 11/10 will continue to be accepted, except in Florida and as noted below in California.

The **Annuity Product Comparison Worksheet #17290 11/11**, available for use in all states except California, Florida and Arkansas, and is now available on the agent portal. At this time, the existing form 17290 9/10 will continue to be accepted, except in Florida, Arkansas and as noted below in California. In addition, over the next few months, the pre-populated product and state specific versions of the comparison worksheet will be updated and added to the Agent Portal.

### California Specific Requirements:

In addition, Aviva has made revisions to the Customer Identification and Suitability Worksheet and the Annuity Product Comparison Worksheet in order to comply with the new California suitability law. In California, the new versions of these worksheets are required forms as of January 1, 2012.

- The **Customer Identification and Suitability Confirmation Worksheet form #17341 11/11** will be required with all annuity sales in California effective January 1, 2012. The new version of the form is attached to this announcement and is available on the agent portal
- The **Annuity Product Comparison Worksheet**, which is required with all replacement applications and is available in a pre-populated version or a non pre-populated version, has also been updated to comply with the new California suitability law. The non pre-populated version is now form **#18132 11/11** and is a California specific form. The California specific, product specific pre-populated worksheets have also been updated and are available on the agent portal.

The older versions of these forms will be accepted with California-based annuity applications through February 29, 2012. However, if older forms are used the producer may experience a delay with issuing the contract due to additional review by the Suitability Review team. After February 29, 2012, no California-based policies will be issued without the new form versions.

**If you have questions regarding the newly revised forms or the requirements for California, please contact Annuity Sales Support at 800-255-2405, ext. 6620.**



# Annuity Product Comparison Worksheet

Do not leave any blanks. Any missing, incomplete or incorrect information will require a new SIGNATURE and DATE by the client prior to issuing the proposed annuity contract.

Please complete separate forms for any additional contracts being replaced.

Owner Name

Product Specs and Features	Replaced Contract	2nd Replaced Contract (If applicable)	Proposed Contract
1. Name of Company			
2. Type of Contract			
3. Contract Number			
4. Date of Issue			
5. Initial Premium	\$	\$	\$
6. Bonus	%	%	% <input type="checkbox"/> N/A
7. List any limitations or exclusions of bonus (bonus recapture charge or bonus vesting schedule)	Current year ____% or <input type="checkbox"/> N/A	Current year ____% or <input type="checkbox"/> N/A	1st year ____% or <input type="checkbox"/> N/A
8. Current Accumulated Value	\$	\$	
9. Current Surrender Value	\$	\$	
10. Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list any applicable adjustment to surrender value: + <input type="checkbox"/> - <input type="checkbox"/> \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list any applicable adjustment to surrender value: + <input type="checkbox"/> - <input type="checkbox"/> \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Surrender Charge Schedule for Remaining Years			
12. Free Withdrawal Percentage			
13. Annual Minimum Guaranteed Interest Rate			
14. Death Benefit	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____	Lump Sum
15. Interest Crediting Method	<input type="checkbox"/> fixed ____% ____ yrs. <input type="checkbox"/> variable <input type="checkbox"/> indexed (describe strategy) _____ _____	<input type="checkbox"/> fixed ____% ____ yrs. <input type="checkbox"/> variable <input type="checkbox"/> indexed (describe strategy) _____ _____	<input type="checkbox"/> fixed ____% ____ yrs. <input type="checkbox"/> indexed (describe strategy) _____ _____
16. Terminal Illness Waiver (list the benefit)			
17. Confinement Waiver (list the benefit)			
18. Other Waivers			
19. Riders Attached to the Contract (example: income, death benefit)			
20. Writing Agent Name			



\* 1 7 2 9 0 1 1 1 0 1 \*



# Annuity Product Comparison Worksheet

**Do not leave any blanks. Any missing, incomplete or incorrect information will require a new SIGNATURE and DATE by the client prior to issuing the proposed annuity contract.**

Please complete separate forms for any additional contracts being replaced.

Owner Name

21. The existing policy or contract is being replaced because:

22. Please list other features compared and considered, if any:

23. How will the replacement contract better assist you in meeting your insurance needs and financial objectives?  
 Lifetime Income Payout    Interest Rates/Index Credit Potential    Penalty-free Death Benefit  
 Change in Financial Objective    Enhanced Benefits    Increased Liquidity    Multiple Index Options  
 Immediate Income    Other - Please Explain

24. Have you exchanged any annuities within the preceding 36 months? . . . . .  Yes    No  
If Yes, please explain

**You should understand:**

- You may or may not be able to overcome any surrender charge incurred due to the replacement of your existing contract.
- Once the existing contract is replaced, you may or may not be able to reinstate that contract.
- That the annuity you are applying for will have a withdrawal charge on any withdrawals over the free withdrawal amount provided in the contract during the withdrawal charge period.

I have reviewed and compared the contract provisions of the existing annuity contract to the annuity contract I am applying for and believe this is appropriate for me according to my current insurance needs and financial objectives.

Prospective Owner Signature Date (mm/dd/yy)

Prospective Joint Owner Signature Date (mm/dd/yy)

Agent's Signature Date (mm/dd/yy)





# Annuity Product Comparison Worksheet

## Explanation of Terms

1. **"Name of Company"** is the name of the insurer/carrier of the contract being replaced.
2. **"Type of Contract"** is the generic name of the contract that is being replaced. Examples of "Types of Contracts" are Fixed Indexed Annuity (FIA), Fixed (Declared rate) Annuity, Single Premium Immediate Annuity (SPIA), and Variable Annuity (VA).
3. **"Contract Number"** is the alphanumeric or numeric code given to you by the insurer to identify your policy.
4. **"Date of Issue"** is the original date for which the anniversary of the replaced contract is driven.
5. **"Initial Premium"** is the amount of money placed in the contract as of the Date of Issue.
6. **"Bonus"** is any Premium or Interest Rate bonus paid by the insurer at inception of the annuity contract and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, as stated in the annuity contract.
7. **"Limitations or Exclusions"** List any limitation or exclusion of a bonus payable on the annuity contract. For example, a bonus recapture charge or a bonus vesting schedule. These provisions typically charge an additional surrender percentage or recapture a percentage of the bonus if the contract is surrendered or withdrawals are taken that exceed the "free withdrawal" limit provided in the contract.
8. **"Current Accumulated Value"** is the amount of money that generally consists of "Initial Premium" plus any "Premium Bonus" and interest credited to the contract minus withdrawals taken from the contract.
9. **"Current Surrender Value"** is the amount of money the client will receive if the contract is fully surrendered. It generally consists of the current accumulated value minus applicable surrender charges and any limit or exclusion of bonus payable on the contract (as defined in #7). A Market Value Adjustment (defined in #10) can sometimes be included in the surrender value; however this adjustment should not be included in the current surrender value on this form whether it is positive or negative. Any adjustment should be listed in box #10.
10. **"Market Value Adjustment" (MVA)** is the increase or decrease in the surrender value of the contract (if applicable) that is made by the insurer to reflect changes in interest rate conditions between the issue date and the surrender date. If the existing product has an MVA and there is an adjustment being applied to the surrender value (positive or negative) list the amount of the adjustment.
11. **"Surrender Charge Schedule for Remaining Years"** the percentage rate per year remaining in the surrender charge schedule that would be deducted from the existing annuity contract if surrendered, or any withdrawals exceeding the "free withdrawal percentage".
12. **"Free Withdrawal Percentage"** is the withdrawal percentage that may be taken from the annuity's accumulated value that is not subject to surrender charges and/or MVA.

13. **“Annual Guaranteed Minimum Interest Rate”** is the annual guaranteed minimum interest rate (if any) the insurer credits to the accumulated value of the annuity contract as stated in the contract.
14. **“Death Benefit”** is the net amount that is payable to the designated beneficiary or beneficiaries of the annuity contract. “Lump Sum” and “Annuitized” refer to whether the indicated death benefit amount is payable to the beneficiary as a lump sum, or whether the indicated death benefit amount is payable over a period of years.
15. **“Interest Crediting Method”** is the manner in which the insurer credits interest to the annuity, as specified in the contract. In the case of an indexed annuity, please list type of interest crediting strategy and the current allocations designated by a percentage. Examples are fixed, 1 year point to point, monthly average, monthly cap etc.
16. **“Terminal Illness Waiver”** is a benefit that is generally built into individual annuity contracts, but can be added by a rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified by the contract. Example, Aviva’s “Terminal Illness Waiver” is based upon the annuitant of the contract and is included in the contract provisions. If the annuitant, is diagnosed with a terminal illness that is expected to result in death within one year and is in the 2nd year of the contract or greater, the owner may withdraw up to 100% of the “Current Accumulated Value” without surrender charges being applied. Please provide a brief description of the benefit, for example: “100% years 2+”
17. **“Confinement Waiver”** is a benefit that is generally built into individual annuity contracts, but can be added by a rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified by the contract. Example, Aviva’s “Confinement Waiver” is based upon the annuitant of the contract and is included in the contract provisions. If the annuitant, is confined to a qualified care facility for 60 consecutive days and is in the 2nd year of the contract or greater, the owner may withdraw up to 100% of the “Current Accumulated Value” without surrender charges being applied. Please provide a brief description of the benefit, for example: “100% years 2+ with 60 days confinement”
18. **“Other Waivers”** are benefits that are built into individual annuity contracts. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contact.
19. **“Riders Attached to the Contract”** is generally a benefit that can be added to customize the annuity contract and generally includes a fee. Some examples are Income riders, death benefit riders etc.
20. **“Writing Agent”** is the agent that wrote the replaced annuity contract. For purposes of this form, please include the name of the writing agent on the contract(s) being replaced.

**For agent use only. Not for use with the general public.**

# Customer Identification and Suitability Confirmation Worksheet

www.avivausa.com



Thank you for your interest in Aviva's Fixed Annuity Product. Please complete this worksheet as part of the application process. The worksheet helps your agent assess your insurance needs and financial objectives. It also ensures compliance with the USA Patriot Act.

If additional space is needed please attach another sheet or provide a cover letter of explanation.

## Please Note:

If applying as a **joint owner** and your relationship is not spousal, separate worksheets must be completed by each joint owner.

For an **entity owner** (i.e. **trust or non-person**), information on pages 1 & 2 of the worksheet must be relevant to the entity. The Identification Verification on page 3 should be provided by the person(s) authorized to act on behalf of the entity.

## FINANCIAL STATUS

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Owner Name Joint Owner Name
3. For annuity applied for, indicate: a. Premium \$ \_\_\_\_\_  
b. Surrender Charge Period \_\_\_\_\_ Years
4. Monthly Household Gross<sup>1</sup> Income: \$ \_\_\_\_\_  
For example: salary, Social Security payments, pension/retirement benefits, investment and rental income (excludes income currently earned on the money to be used to purchase the annuity).
5. Monthly Household Living Expenses: \$ \_\_\_\_\_  
For example: housing, transportation, insurance, food, health care and property taxes.
6. Monthly Household Disposable Income: \$ \_\_\_\_\_ (#4 minus #5)
7. Source of Income:  Current Wages  Pension Plan  Social Security  Investment Income  
(Check all that apply)  Required Minimum Distribution (RMD) or 72 (t)/(q) distributions  
 Other: \_\_\_\_\_
8. Federal Income Tax Bracket:  0%  10%  15%  25%  28%  33%  35%  Other: \_\_\_\_\_
9. Approximate Household Net Worth\*: \$ \_\_\_\_\_  
\* Approximate net worth = total assets less total debts (not including home and automobile)
10. Liquid Assets after annuity purchase: \$ \_\_\_\_\_  
Examples: checking, savings, short term CDs, bonds, stocks, mutual funds, etc.
11.  Y  N Are your existing liquid assets being used to purchase this annuity?
- 11a. If YES, what percentage will be used? \_\_\_\_\_%
12.  Y  N Do you have sufficient liquid assets available for emergencies, not including funds from this annuity?
13.  Y  N Do you anticipate any significant changes in your household's monthly income, monthly living expenses or liquid assets during the surrender charge period of the annuity being purchased?  
(For example, do you expect a reduction in income caused by retirement or pension changes or by an increase in expenses such as housing, medical, nursing home, assisted living or travel expenses?)  
If Yes, please explain: \_\_\_\_\_
14. Indicate in years, how long you have owned or have previously owned each of the following products:  
Certificates of Deposit \_\_\_\_\_ yrs. Fixed Annuity \_\_\_\_\_ yrs. Variable Annuity \_\_\_\_\_ yrs.  
Stock/Bond/Mutual Funds \_\_\_\_\_ yrs. Life Insurance \_\_\_\_\_ yrs.  None  
Other \_\_\_\_\_ yrs, please explain \_\_\_\_\_
- 14a.  Y  N Do you have a reverse mortgage?
- 14b.  Y  N If yes, is any of the premium intended for this annuity proceeds from a reverse mortgage?

<sup>1</sup>Household means the applicant, and if a member of the applicant's household, the applicant's spouse/partner.



**FINANCIAL OBJECTIVES**

15.  Y  N Did you discuss your current financial and insurance products with your agent before deciding to purchase this annuity?
- 16a.  Y  N Do you understand and accept that you could possibly lose some of your principal if you surrender your annuity early during the surrender charge period (if your cash surrender value is less than your premium)?
- 16b.  Y  N Do you understand and accept that your interest credits may fluctuate depending on the annuity you are purchasing and, if applicable, the strategy allocation you have selected?
17. Why are you purchasing this annuity? Check all that apply:  
 Income Now  Flexibility  Tax Deferral  Provides Guarantees  Potential Growth Followed by Income  
 Pass Assets on to Beneficiaries  Lifetime Income Payout  Other: \_\_\_\_\_
18.  Y  N Do you anticipate taking any money or income from this annuity?
19. **If Question 18 is Yes**, please select the type(s) and the timeframe in which you anticipate utilizing the option:

TYPE	Less than 1 year	1 to 5 years	6 to 9 years	10 or more years
Free/Systematic withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/Lump Sum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Minimum Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuitize in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How long do you plan to keep this annuity?  0-3 years  4-7 years  8-10 years  10 or more years
21.  Y  N Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust?  
 If yes, please explain: \_\_\_\_\_
22. What other information, if any, did you consider material in deciding to purchase this annuity? Please explain:  
 \_\_\_\_\_

**SOURCE OF FUNDS**

23. What is the source of funds for this annuity? Check all that apply:  
 Annuity  Life Insurance  Certificates of Deposit  Other (please explain): \_\_\_\_\_
- 23a.  Y  N Is there a surrender charge, penalty, bonus recapture charge, other costs or fees associated with the source of funds?
- 23b. **If Yes**, Please provide the company name or type for each source of premium and list:  
 The dollar **amount and percentage** of any surrender charge, penalty, bonus recapture charge, other costs or fees associated with the source of funds.

**DO NOT REDUCE AMOUNT/PERCENTAGE BY ANY BONUS ON THIS ANNUITY OR ANY OFFSET SUCH AS A POSITIVE MARKET VALUE ADJUSTMENT (MVA).**

Source of Funds	Penalty Dollar Amount	Penalty Percentage
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %



**CUSTOMER IDENTIFICATION VERIFICATION**

**Owner Verification** US Citizen:  Yes  No

**Joint Owner Verification** US Citizen:  Yes  No

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

(If in U.S., list City and State)

(If in U.S., list City and State)

Type of Government Issued Photo ID:  Driver's License

Type of Government Issued Photo ID:  Driver's License

Passport  Other: \_\_\_\_\_

Passport  Other: \_\_\_\_\_

ID Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

State or Country of Issue \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
OR MO DAY YR

State or Country of Issue \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
OR MO DAY YR

Unexpired Government issued photo ID not available.

Unexpired Government issued photo ID not available.

**AGENT'S CONFIRMATION A, B, C and D must be completed.**

A.  Y  N Was the owner's decision to purchase this annuity based on your recommendation?

B. Please describe how the annuity you recommended will assist the applicant in meeting his or her needs and objectives.

C. Please describe the disadvantages you discussed with your client in selecting this annuity. (n/a is not acceptable)

D. How long have you known the proposed contract owner:

- Less than 1 year  1-3 years  4-7 years  8-10 years  10 or more years

By signing below, I acknowledge that:

- I have made a reasonable effort to obtain information from the Owner concerning the Owner(s)' financial status, tax status, financial objectives and other information considered reasonable.
- It is my belief that based on the information the Owner provided and based on all 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.
- In addition, I have verified the identity of the owner(s) and believe the information the owner(s) provided to me regarding his or her identity is true and accurate.
- I considered the risk associated with the amount of the annuity premium and the coverage limits provided by the applicable state life and health guaranty association.

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**OWNER'S CONFIRMATION**

Yes  No Was your decision to purchase this annuity based on your agent's recommendation?

By signing below, I acknowledge that:

- I reviewed the Customer Identification Notice (form number 10200) and agree with the terms of the notice.
- The information I provided on pages 1 through 3, regarding my financial status, tax status, financial objectives, identification information and any other information requested by my agent is complete and accurate to the best of my knowledge.
- Neither the Company nor its representatives offer legal or tax advice and that I have been advised to consult my own personal attorney or tax advisor on any tax matters. I am aware that any withdrawals taken from the annuity may result in a taxable event.
- I believe the annuity I am applying for is suitable according to my insurance needs and/or financial objectives.

**New Jersey Residents:** Please be advised that the sale and suitability of annuities is regulated by the Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at www.njdoib.org.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_





# Annuity Product Comparison Worksheet

Do not leave any blanks. Any missing, incomplete or incorrect information will require a new SIGNATURE and DATE by the client prior to issuing the proposed annuity contract.

Please complete separate forms for any additional contracts being replaced.

Owner Name

Product Specs and Features	Replaced Contract	2nd Replaced Contract (If applicable)	Proposed Contract
1. Name of Company			
2. Type of Contract			
3. Contract Number			
4. Date of Issue			
5. Initial Premium	\$	\$	\$
6. Bonus	%	%	% <input type="checkbox"/> N/A
7. List any limitations or exclusions of bonus (bonus recapture charge or bonus vesting schedule)	Current year ____% or <input type="checkbox"/> N/A	Current year ____% or <input type="checkbox"/> N/A	1st year ____% or <input type="checkbox"/> N/A
8. Current Accumulated Value	\$	\$	
9. Current Surrender Value	\$	\$	
10. Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list any applicable adjustment to surrender value: + <input type="checkbox"/> - <input type="checkbox"/> \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list any applicable adjustment to surrender value: + <input type="checkbox"/> - <input type="checkbox"/> \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Surrender Charge Schedule for Remaining Years			
12. Free Withdrawal Percentage			
13. Annual Minimum Guaranteed Interest Rate			
14. Death Benefit	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____	Lump Sum
15. Interest Crediting Method	<input type="checkbox"/> fixed ____% ____ yrs. <input type="checkbox"/> variable <input type="checkbox"/> indexed (describe strategy) _____ _____	<input type="checkbox"/> fixed ____% ____ yrs. <input type="checkbox"/> variable <input type="checkbox"/> indexed (describe strategy) _____ _____	<input type="checkbox"/> fixed ____% ____ yrs. <input type="checkbox"/> indexed (describe strategy) _____ _____
16. Terminal Illness Waiver (list the benefit)			
17. Confinement Waiver (list the benefit)			
18. Other Waivers			
19. Riders Attached to the Contract (example: income, death benefit)			
20. Writing Agent Name			



\* 1 8 1 3 2 1 1 1 0 1 \*



# Annuity Product Comparison Worksheet

**Do not leave any blanks. Any missing, incomplete or incorrect information will require a new SIGNATURE and DATE by the client prior to issuing the proposed annuity contract.**

Please complete separate forms for any additional contracts being replaced.

Owner Name

21. The existing policy or contract is being replaced because:

22. Please list other features compared and considered, if any:

23. How will the replacement contract better assist you in meeting your insurance needs and financial objectives?  
 Lifetime Income Payout    Interest Rates/Index Credit Potential    Penalty-free Death Benefit  
 Change in Financial Objective    Enhanced Benefits    Increased Liquidity    Multiple Index Options  
 Immediate Income    Other - Please Explain

24. Have you exchanged any annuities within the preceding 60 months? . . . . .  Yes    No  
If Yes, please explain

**You should understand:**

- You may or may not be able to overcome any surrender charge incurred due to the replacement of your existing contract.
- Once the existing contract is replaced, you may or may not be able to reinstate that contract.
- That the annuity you are applying for will have a withdrawal charge on any withdrawals over the free withdrawal amount provided in the contract during the withdrawal charge period.

I have reviewed and compared the contract provisions of the existing annuity contract to the annuity contract I am applying for and believe this is appropriate for me according to my current insurance needs and financial objectives.

Prospective Owner Signature Date (mm/dd/yy)

Prospective Joint Owner Signature Date (mm/dd/yy)

Agent's Signature Date (mm/dd/yy)





# Annuity Product Comparison Worksheet

## Explanation of Terms

1. **"Name of Company"** is the name of the insurer/carrier of the contract being replaced.
2. **"Type of Contract"** is the generic name of the contract that is being replaced. Examples of "Types of Contracts" are Fixed Indexed Annuity (FIA), Fixed (Declared rate) Annuity, Single Premium Immediate Annuity (SPIA), and Variable Annuity (VA).
3. **"Contract Number"** is the alphanumeric or numeric code given to you by the insurer to identify your policy.
4. **"Date of Issue"** is the original date for which the anniversary of the replaced contract is driven.
5. **"Initial Premium"** is the amount of money placed in the contract as of the Date of Issue.
6. **"Bonus"** is any Premium or Interest Rate bonus paid by the insurer at inception of the annuity contract and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, as stated in the annuity contract.
7. **"Limitations or Exclusions"** List any limitation or exclusion of a bonus payable on the annuity contract. For example, a bonus recapture charge or a bonus vesting schedule. These provisions typically charge an additional surrender percentage or recapture a percentage of the bonus if the contract is surrendered or withdrawals are taken that exceed the "free withdrawal" limit provided in the contract.
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11. **"Surrender Charge Schedule for Remaining Years"** the percentage rate per year remaining in the surrender charge schedule that would be deducted from the existing annuity contract if surrendered, or any withdrawals exceeding the "free withdrawal percentage".
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13. **“Annual Guaranteed Minimum Interest Rate”** is the annual guaranteed minimum interest rate (if any) the insurer credits to the accumulated value of the annuity contract as stated in the contract.
14. **“Death Benefit”** is the net amount that is payable to the designated beneficiary or beneficiaries of the annuity contract. “Lump Sum” and “Annuitized” refer to whether the indicated death benefit amount is payable to the beneficiary as a lump sum, or whether the indicated death benefit amount is payable over a period of years.
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