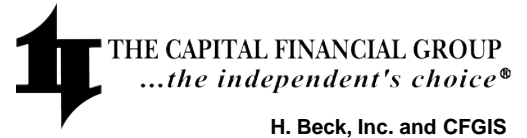


Equity-Indexed Annuity Suitability and Disclosure Statement

East Coast Office
6600 Rockledge Drive 6th Floor
Bethesda MD 20817-9809
301-468-0100

West Coast Office
6700 E. Pacific Coast Highway, Ste 145
Long Beach, CA 90803
1-866-491-4654



Owner name	Social Security number
Company name and product being purchased	This purchase was initiated by <input type="checkbox"/> Owner <input type="checkbox"/> Representative

REQUIRED USE – (please specify) New Equity-Indexed Annuity Subsequent deposit of \$25,000 or more

PART 1 – EQUITY-INDEXED ANNUITY PRODUCT DESCRIPTION

Dollar Amount	\$	Surrender Charge % and period	___ % / ___ yrs
Earnings Cap	%	Market Index	
Participation Rate	%	Other Information	
Spread / Margin / Admin Fee	%		
Indexing Method (circle one)	Annual Reset (Ratchet) / High Water Mark / Point-to-Point / Other: _____		

PART 2 – EQUITY-INDEXED ANNUITY ACKNOWLEDGMENTS

- I. I have received the brochure titled Buyer's Guide to Equity-Indexed Annuities and my registered representative has explained to me the features, benefits, and costs associated with the purchase of this annuity.
- II. I understand the contract features identified in the product description above and how they affect the return on my equity indexed annuity contract.
- III. I am purchasing this annuity as a long term investment for the following reason(s): (check all that apply)

<input type="checkbox"/> Death benefit features	<input type="checkbox"/> Current crediting rate
<input type="checkbox"/> Tax deferred treatment of earnings	<input type="checkbox"/> Protection from index declines
<input type="checkbox"/> Transfer of wealth	<input type="checkbox"/> Other _____
<input type="checkbox"/> Income payments or annuity payout options that can provide guaranteed income for life	_____
- IV. I understand that an Equity-Indexed Annuity is a long-term investment. If I make a partial withdrawal at any age, surrender charges may apply if the withdrawal is more than the terms of the contract allow. IRS taxes and penalties may also be incurred.
- V. I am aware of the associated charges of my annuity, including surrender charges, as described in the product information and as listed above.
- VI. Purchase payments may be invested in multiple index or fixed investment options with the insurance company whose investment performance is linked to the securities market and therefore subject to downside risk. Thus, if I ultimately sell or surrender the annuity, I may receive more or less than the amount invested.
- VII. I understand that the tax deferral of an annuity provides no additional benefits to me if the annuity is in a plan that already receives tax advantages, such as an IRA or 403(b) plan. In such a case, tax deferral should not be the basis for the purchase of this annuity.
- VIII. Some Equity-Indexed Annuities allow the insurance company to change participation rates, cap rates, or spread/asset/margin fees either annually or at the start of the next contract term. If an insurance company subsequently lowers the participation rate or cap rate or increases the spread/asset/margin fees, this could adversely affect the return.

IX. The source of funds for this transaction is:		
<input type="checkbox"/> Earnings (wages & salary)	<input type="checkbox"/> CD	<input type="checkbox"/> Sale of existing mutual funds
<input type="checkbox"/> Retirement Funds Transfer	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Sale of Stocks/Bonds
<input type="checkbox"/> Employer/Salary Deferral	<input type="checkbox"/> Annuity	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Legal Settlement/QDRO	<input type="checkbox"/> Gift	<input type="checkbox"/> Other _____

- X. I anticipate that I will begin to access these funds:
- 0 - 3 Years 4 - 8 Years 9 - 11 Years 12+ Years
- I anticipate that within the next 5 years I will need access to funds in this account.
- None Less than 10% Greater than 10%

PART 3 – FINANCIAL/EMPLOYMENT INFORMATION

I. Assets

Category	Accounts/Types of Assets	Amount (correlates to CAI net worth)
Retirement Investments	IRA, 401k, Pension, SEP, ROTH, etc.	\$
Non Retirement Investments	CD's, non-qualified mutual funds, annuities, brokerage accounts, life insurance cash value, etc.	\$
Cash and cash equivalents (correlates to CAI net worth)	Checking, savings, money market accounts, etc.	\$
All other (exclusive of car and home)	Real estate, personal property, collectibles, etc.	\$

II. After purchasing this annuity, how much of your assets are accessible penalty free*? \$ _____

III. For owners age 65 and older

• Monthly net income (from all sources) \$ _____ Monthly living expenses \$ _____

* - Assets not subject to IRS penalties or contingent deferred sales charges.

PART 4 – REPLACEMENT/SWITCH DISCLOSURE - If no switch or replacement, skip to Part 6

If the transaction involves a replacement or switch from the list below, please complete part 4.

- Annuity to annuity
- Optional retirement plan transfer
- CD w/surrender charge to annuity
- Life Insurance to annuity
- Mutual fund to annuity

I. I acknowledge that I may be subject to capital gain/loss or other tax consequences for any replacement transactions and have been advised to contact a qualified tax professional to inquire about my individual situation.

II. I have/will liquidate the following products/investments in conjunction with my annuity purchase.

All Products Liquidated			
	Product Liquidated 1	Product Liquidated 2	Product Liquidated 3
Product Type	MF / EIA / VA / FA / Other _____	MF / EIA / VA / FA / Other _____	MF / EIA / VA / FA / Other _____
Company			
Product Name			
Amount Liquidated/Surrender Value	\$ _____	\$ _____	\$ _____
Full or Partial	Full / Partial	Full / Partial	Full / Partial
Length of Time Held			
Surrender Charges \$	\$ _____	\$ _____	\$ _____
Original Surrender % / Period	_____ % / _____ yrs	_____ % / _____ yrs	_____ % / _____ yrs
Guaranteed Minimum Death Benefit	\$ _____	\$ _____	\$ _____
Other Features			

Complete the section below that applies to the specific product(s) you are liquidating.

All Equity-Indexed Annuities Liquidated			
Indexing Method			
Market Index			
Earnings Cap (annual %)	%	%	%
Participation Rate	%	%	%
Spread/Margin/Admin Fee	%	%	%
Guaranteed Rates	%	%	%
Current Rate on Fixed	%	%	%

All Variable Annuities Liquidated			
Living Benefit Riders Purchased (circle one)	GMIB / GMWB / GMAB / Other _____	GMIB / GMWB / GMAB / Other _____	GMIB / GMWB / GMAB / Other _____

All Fixed Annuities Liquidated			
Current Crediting Rate			
Guaranteed Minimum Rate			

PART 4 – REPLACEMENT/SWITCH DISCLOSURE - CONTINUED

III. Have you made any other annuity to annuity exchanges within the preceeding 36 months? Yes No

If yes, please provide details _____

PART 5 – REPLACEMENT SUITABILITY – required for all annuity to annuity replacements (use back if needed)

I. What is the economic benefit to the owner of this replacement: _____

II. For **California** owners age 65 or older: If a surrender charge applies on the replacement, indicate the Substantial Financial Benefit for moving this annuity: _____

FOR ALL APPLICANTS: Regarding this annuity application, is any owner or annuitant an active duty member of the U.S. Armed Forces?

- Yes - if yes, you will need to receive and sign our "Military Personnel Financial Services Disclosure" form
- No

FOR NEW JERSEY RESIDENTS

The annuity and the solicitation, negotiation, and sale of the annuity concerning suitability are subject to regulatory oversight by the New Jersey Department of Banking and Insurance. The department's consumer assistance services may be reached at: NJDOBI, PO Box 471, Trenton, NJ 08625-0471. Telephone: 609-292-7272 or 1-800-446-7467.

PART 6 – CONCENTRATION OF ILLIQUID ASSESTS

	Cdumn A	Cdumn B
Current EIA Purchase:	\$ _____	
Existing Annuities (subject to surrender charge)	\$ _____	
Existing DPP & Non-Traded REITs (cost basis)	\$ _____	
Other Existing Illiquid Assets	\$ _____	
TOTAL Illiquid Assets:	\$ _____	
 Adjusted Net Worth (less home, furnis hings & autos):		 \$ _____

Concentration of Illiquid Assets (Total Column A / Column B): _____%

PART 7 – SIGNATURES

I hereby acknowledge my understanding of the statements in this disclosure and attest that their contents have been explained to my satisfaction and I feel this is a suitable investment for my particular situation.

Owner signature X	Date
Owner signature (if joint) X	Date

ARKANSAS ONLY

ALL SALES:

Arkansas Department of Insurance Rule 98 requires the Product Profile/Disclosure Document to be signed and dated by the producer.

1. Did you provide a Product Profile/Disclosure Document to the owner? Yes No
2. Did you sign and date the Product Profile/Disclosure Document and retain a copy for the owner's file as evidence of your discussions with them? Yes No

FOR ARKANSAS REPLACEMENTS:

Arkansas Department of Insurance Rule 97 requires a Replacement Comparison Memorandum to be completed for all replacements.

1. Did you complete the Arkansas Replacement Comparison Memorandum or similar form as required by product issuer? Yes No

NOTE: This form must be submitted with the application and a copy retained in the owner's file.

SALES TO SENIORS:

Arkansas regulations require additional questions for **Sales to Seniors**. Please answer the following questions:

1. Indicate owner's monthly financial need: \$ _____ per month needed.
2. Did you provide the owner a breakdown of any fees, costs, features, and surrender or penalty charges associated with partial withdrawals and surrenders, and any limits or conditions for waiving those penalties or charges? Yes No
3. For Bonus products only - Did you explain the trade-off between bonus credits, and products fees and charges? Yes No
4. Did the owner decide to make this annuity purchase against your advice? Yes No

FLORIDA ONLY

SALES TO SENIORS (65 and older)All sales:

1. Does the client have any dependents? Yes. Please list the age of each dependent _____ No

Florida Department of Financial Services Rule 69B-62.011 requires the Annuity Suitability Questionnaire to be completed on all fixed annuity sales to seniors. In addition, if the transaction involves a replacement, the rule states the Disclosure and Comparison of Annuity Contracts form must be completed.

Sales with no replacement:

1. Did you complete the Annuity Suitability Questionnaire form (DFS-H1-1980 or comparable sponsor form)? Yes No

Sales with replacement:

1. Did you complete the Annuity Suitability Questionnaire form (DFS-H1-1980 or comparable sponsor form)? Yes No
2. Did you complete the Disclosure and Comparison of Annuity Contracts form (DFS-H1-1981 or comparable sponsor form)? Yes No

IDAHO ONLY

Idaho Department of Insurance requires the Product Profile/Disclosure Document to be signed and dated by the producer and the applicant.

1. Did you provide a Product Profile/Disclosure Document to the applicant? Yes No
2. Did you sign and date and have the applicant sign and date the Product Profile/Disclosure Document and retain a copy for the owner's file as evidence of your discussions with them? Yes No

NEW YORK ONLY

Did you provide the owner with the **State of New York Compensation Disclosure (NYCOMP)** and submit a signed copy with the application? Yes No

Did the owner request additional compensation information? If yes, did you provide the compensation information within 5 days of the request? Yes No

ADDITIONAL INFORMATION

If necessary, please explain answers above (refer by number): _____

REPRESENTATIVE / PRINCIPAL COMMENTS AND SIGNATURES

Comments: _____

I have appropriately acted on behalf of the owner by reviewing all points in the Disclosure Statement and supporting information provided in the prospectus and above referenced brochure. I believe the information provided in the disclosure statement and accompanying Representative Report is complete and accurate to the best of my knowledge and that this transaction is suitable for the owner.

Representative signature X	Date
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SUPERVISING PRINCIPAL REVIEW

- Holding period of original investment is less than 3 years
- Surrender charges of \$1,000 or greater
- Client is 75 years or older
- Concentration of illiquid investments is greater than 60% of total investments
- Other Sales Principal Concerns (*specify*): _____