

NEW SUITABILITY FORM APPROVED IN FLORIDA FOR SENIORS AGE 65 AND OVER

We are pleased to announce that the Florida insurance department has approved our revised suitability form for sales of annuities to seniors age 65 or older. This means that instead of filling out two forms – as currently required – you can now fill out just a single form. Please read below for detailed instructions.

- **Producers should begin using the new Florida suitability form with applications signed April 11, 2011.**
 - Beginning April 11, 2011, producers selling to Florida residents age 65 and over are required to submit the new Florida Annuity Suitability Questionnaire Form (Form # ADMIN 5603). It is no longer necessary to complete both the standard Suitability Acknowledgement Form (Form # ADMIN 5463) and the previously approved Florida Suitability Acknowledgement Form (Form # 6255).
 - Please note: producers are still required to complete Florida Disclosure and Comparison of Annuity Contracts Form #6256 when an application for any Florida resident of any age involves replacement or exchange of any life or annuity product.
- **Be aware of certain important differences between Florida's new suitability form (Form # ADMIN 5603) and Old Mutual's standard suitability form (Form # ADMIN 5463).**

While we tried to make the new Florida form (Form # 5603) as similar as possible to the standard suitability form (Form # 5463), there are some differences necessary to meet Florida requirements. While the new Florida suitability form questions are largely self-explanatory, here are some key differences to keep in mind:

- The new Florida form has an additional page – page 4 – that is to be completed only if there is a joint owner or joint annuitant who does not reside in the same household as the primary owner/annuitant. This should be rare. However, in those situations, complete the information for the non-household individual on page 4 showing that individual's personal and household information. The page is shaded gray because it is completed only if applicable.
- On the new Florida form, the applicant and any joint applicant must sign each page at the bottom as well as the Acknowledgements and Signatures section.

- There is a new section on the Florida form – page 7 – asking questions specifically required by Florida law. Among other things, you will be required to fill out individual income information for each of the joint owners if applicable (for example, a husband and wife). Some questions on this page may seem similar compared to other questions on the form; however please fill out answers for each question even if the information is provided elsewhere.
- On the financial information page, note the Florida form requests *annual* income and expense information rather than *monthly* information (as requested on the standard suitability form). Please complete the information accordingly.
- In the Rationale section on page 6 of the new Florida form, producers are required to describe advantages and disadvantages of purchasing the proposed annuity as well as the basis for their recommendations. These questions are not on the standard suitability form but must be completed to satisfy Florida requirements.

These are some of the major differences between Old Mutual's standard suitability form and the newly approved Florida form for seniors age 65 and over. A copy of the new Florida form is attached for your review. If you have questions or concerns, please email us at salesmarketing@omfn.com

Old Mutual is the marketing name of OM Financial Life Insurance Company, and in NY only, OM Financial Life Insurance Company of New York, Old Mutual plc companies. Each Old Mutual Company is solely responsible for its contractual commitments.

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Annuity Suitability Questionnaire

ADMIN 5603

INSURER: OM FINANCIAL LIFE INSURANCE COMPANY

Product Information

ANNUITY TYPE

- Qualified
 Non-Qualified

DEFERRED ANNUITY

- Fixed Indexed
 Multi-Year Guarantee

IMMEDIATE ANNUITY

- OMIImmediate-Income
 OMIImmediate-Safeguard

Personal Information about Proposed Owners/Annuitants

(Mr)(Ms) _____ (Last, First, Middle) _____ / / _____
 Owner/Annuitant's Name Date of Birth Age

 Tax Status Sex Telephone

(Mr)(Ms) _____ (Last, First, Middle) _____ / / _____
 Jt. Owner/Annuitant Date of Birth Age

 Tax Status Sex Telephone

(Mr)(Ms) _____ (Last, First, Middle) _____ / / _____
 Applicant/Owner other than Annuitant/Joint Annuitant Date of Birth Age Sex Telephone

 Entity Tax Status Relationship to Annuitant Form of Ownership
 Supporting documents (list): _____

Work Status:
 Owner/Annuitant: Retired Employed Unemployed Other _____
 Jt. Owner/Jt. Ann't: Retired Employed Unemployed Other _____
 Other Applicant: Retired Employed Unemployed Other _____

Do you or your spouse currently reside in a nursing home or assisted living facility?

Owner/Annuitant: Yes No
 Jt. Owner/Jt. Ann't: Yes No
 Other Applicant: Yes No

Tax Rate: Owner/Annuitant: 0% 10% 15% 28% 33% +
 Jt. Owner/Jt. Ann't: 0% 10% 15% 28% 33% +
 Other Applicant: 0% 10% 15% 28% 33% +

Number and Age(s) of Dependents:

Owner/Annuitant: _____
 Jt. Owner/Jt. Ann't: _____
 Other Applicant: _____

_____/_____/_____
 Applicant's Signature Date Joint Applicant's Signature Date

Annuity Suitability Questionnaire

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INSURER: OM FINANCIAL LIFE INSURANCE COMPANY

33 Do you currently or have you previously owned any of the products listed below and for how long?

- 34 Stocks & Bonds Years: _____ Mutual Funds Years: _____
35 Certificates of Deposit Years: _____ Gov't Securities Years: _____
36 Variable Insurance Years: _____ Fixed Annuities Years: _____
37 I have not owned any of the above products.
38 Other: _____

39 What is your risk tolerance? (Please circle number to indicate your risk tolerance.)

40 1	2	3	4	5	6	7	8	9	10
41 Conservative		Moderately		Moderate		Moderately		Aggressive	
42		Conservative				Aggressive			

43 What are your investment objectives? (check all that apply)

- 44 Income Growth (long term) Safety of Principal and Income
45 Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
46 Other: _____

47 Why are you purchasing this annuity?

- 48 Tax Deferral Retirement Income Medicaid or VA Aid
49 Potential for better rate Wealth Accumulation and Attendance
50 Protection from Market Risk Death Benefit Immediate Income
51 Other _____ Estate Planning

52 If purchasing this annuity for Medicaid/VA planning are you doing so at the advice of a qualified attorney?

- 53 Yes No I am not purchasing this annuity for Medicaid/VA planning.

54 Do you currently own any annuities?

- 55 Owner/Annuitant: Yes No Please list: _____
56 Jt. Owner/Jt. Ann't: Yes No Please list: _____
57 Other Applicant: Yes No Please list: _____

58 Do you currently own any life insurance:

- 59 Owner/Annuitant: Yes No Please list: _____
60 Jt. Owner/Jt. Ann't: Yes No Please list: _____
61 Other Applicant: Yes No Please list: _____

_____/_____/_____
Applicant's Signature

_____/_____/_____
Date

_____/_____/_____
Joint Applicant's Signature

_____/_____/_____
Date

Annuity Suitability Questionnaire

ADMIN 5603

INSURER: OM FINANCIAL LIFE INSURANCE COMPANY

Financial Information – Owner/Annuitant's Household Information

Annual Income

Approximate Annual Household Income: (Net after taxes) \$ _____ (a)

Approximate Annual Household Expenses: \$ _____ (b)

Annual Disposable Household Income: \$ _____ (c)
(a) – (b) = (c)

Source(s) of Income

Salary/Wages Interest Income Pension/IRA Payments Trust Income

Social Security Dividends Other Annuities Other _____

Non-Liquid Assets

Value of Home \$ _____ Other Real Estate \$ _____

Business Interests \$ _____ Qualified Plans (if under 59 ½) \$ _____

Mutual Funds/ Brokerage Accounts not readily convertible to cash without penalty \$ _____ Annuities/Insurance cash values subject to surrender penalties \$ _____

Other _____ \$ _____

Total Non-Liquid Assets: \$ _____ (d)

Liquid Assets

Cash, Cash Equivalents \$ _____ Mutual Funds/Brokerage Accounts readily convertible to cash without penalty \$ _____

Short Term CDs \$ _____ Annuities/Insurance cash values not subject to surrender penalties \$ _____

Bank/Savings Accounts \$ _____ Other _____ \$ _____

Money Market \$ _____ **Total Liquid Assets:** \$ _____ (e)

Gross Value of Assets (Total Non-Liquid Assets plus Total Liquid Assets) \$ _____ (f)
(d) + (e) = (f)

Total Liabilities, debts, loans (Including Mortgages) \$ _____ (g)

Total Net Worth \$ _____ (h)
(f) – (g) = (h)

Applicant's Signature _____

Date _____

Joint Applicant's Signature _____

Date _____

Annuity Suitability Questionnaire

ADMIN 5603

INSURER: OM FINANCIAL LIFE INSURANCE COMPANY

Financial Information – Non-Household Joint Annuitant (if applicable)

Annual Income			
Approximate Annual Household Income: (Net after taxes)	\$ _____ (a)	Approximate Annual Household Expenses:	\$ _____ (b)
		Annual Disposable Household Income:	\$ _____ (c) (a) – (b) = (c)

Source(s) of Income			
<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Interest Income	<input type="checkbox"/> Pension/IRA Payments	<input type="checkbox"/> Trust Income
<input type="checkbox"/> Social Security	<input type="checkbox"/> Dividends	<input type="checkbox"/> Other Annuities	<input type="checkbox"/> Other _____

Non-Liquid Assets			
Value of Home	\$ _____	Other Real Estate	\$ _____
Business Interests	\$ _____	Qualified Plans (if under 59 ½)	\$ _____
Mutual Funds/ Brokerage Accounts not readily convertible to cash without penalty	\$ _____	Annuities/Insurance cash values subject to surrender penalties	\$ _____
		Other _____	\$ _____
		Total Non-Liquid Assets:	\$ _____ (d)

Liquid Assets			
Cash, Cash Equivalents	\$ _____	Mutual Funds/Brokerage Accounts readily convertible to cash without penalty	\$ _____
Short Term CDs	\$ _____	Annuities/Insurance cash values not subject to surrender penalties	\$ _____
Bank/Savings Accounts	\$ _____	Other _____	\$ _____
Money Market	\$ _____	Total Liquid Assets:	\$ _____ (e)

		Gross Value of Assets (Total Non-Liquid Assets plus Total Liquid Assets)	\$ _____ (f) (d) + (e) = (f)
		Total Liabilities, debts, loans (Including Mortgages)	\$ _____ (g)
		Total Net Worth	\$ _____ (h) (f) – (g) = (h)

_____/_____/_____
Applicant's Signature Date

_____/_____/_____
Joint Applicant's Signature Date

Annuity Suitability Questionnaire

ADMIN 5603

INSURER: OM FINANCIAL LIFE INSURANCE COMPANY

136 What is the total amount of this annuity purchase? \$ _____ (i)

137 **Remaining Liquid Assets of Owner/Annuitant** \$ _____ (j)
138 (after purchasing this annuity) (e) - (i) = (j)

139 Other Important Considerations

140 Approximate number of years you plan to keep this annuity:

141	1	2	3	4	5	6	7	8	9	10+
-----	---	---	---	---	---	---	---	---	---	-----

142 Do you anticipate taking distributions from this annuity? Yes No

143 If yes, please check applicable box below.

144 Surrender Charge Free

145 Partial Withdrawals

146 Systematic Withdrawals

147 Lump Sum Withdrawal/Full Surrender

Annuitization

Guaranteed Lifetime Income Rider

Other (Please Specify): _____

148 With the exception of any surrender charge free withdrawals when do you plan to take distributions
149 from this annuity?

150 < 1 year from now

151 1-5 years from now

152 5-9 years from now

> 10 years from now

Uncertain

Do not plan to take distributions

153 After purchase of this annuity, do you believe you have enough remaining liquid assets and other
154 sources of income to cover any emergencies or contingencies such as sudden health care needs or
155 increased living expenses?

156 Owner/Annuitant: Yes No Explain: _____

157 Jt. Owner/Jt. Ann't: Yes No Explain: _____

158 Other Applicant: Yes No Explain: _____

159 Do you anticipate any changes in assets, living expenses, medical expenses, and/or income during
160 the surrender period of this contract?

161 Owner/Annuitant: Yes No Explain: _____

162 Jt. Owner/Jt. Ann't: Yes No Explain: _____

163 Other Applicant: Yes No Explain: _____

164 What is the **Source of Funds** for this annuity purchase? (check all that apply)

165 Cash or Cash Equivalent

166 Another Fixed Annuity

167 Variable Annuity

168 Life Insurance Cash Value

Mutual Fund Redemption

Inheritance

Reverse Mortgage/Home Equity Loan

Other (Please Specify): _____

_____/_____/_____
Applicant's Signature

_____/_____/_____
Date

_____/_____/_____
Joint Applicant's Signature

_____/_____/_____
Date

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169 Will this annuity replace an existing life insurance or annuity contract? Yes No

170 If so, please answer the following questions:

171 What is the surrender charge percentage on the replaced contract(s)?

172 Company/Contract # _____ Surrender Charge _____% Surrender Amt. \$ _____

173 Company/Contract # _____ Surrender Charge _____% Surrender Amt. \$ _____

174 (Attach additional policies on a separate sheet)

175 Have you replaced or exchanged any life or annuity contracts within the past 36 months?

176 Yes No

177 Please explain why you wish to replace your current life insurance or annuity contract(s)

178 _____
179 _____
180 _____

181 Will this annuity replace any other financial product? Yes No

182 If yes, will you pay a penalty to access these funds? Yes No

183 If yes, what is the charge, fee or penalty assessed?

184 Type of Product/Account # _____ Charge, Fee or Penalty _____ %

185 Type of Product/Account # _____ Charge, Fee or Penalty _____ %

186 Rationale

187 This section to be completed by the agent, insurer, or Managing General Agent proposing purchase:

188 **Advantages of purchasing the proposed annuity:**

189 _____
190 _____
191 _____

192 **Disadvantages of purchasing the proposed annuity:**

193 _____
194 _____
195 _____

196 **The basis for my recommendation to purchase the proposed annuity or to replace or**
197 **exchange your existing annuity(ies):**

198 _____
199 _____
200 _____

_____/_____/_____
Applicant's Signature Date

_____/_____/_____
Joint Applicant's Signature Date

Annuity Suitability Questionnaire

ADMIN 5603

INSURER: OM FINANCIAL LIFE INSURANCE COMPANY

Additional Questions Required by Florida Rule 69B-162.011, F.A.C.

Does your income cover all of your living expenses including medical?

Owner/Annuitant: Yes No Explain: _____

Jt. Owner/Jt. Ann't: Yes No Explain: _____

Other Applicant: Yes No Explain: _____

Do you expect changes to your living expenses?

Owner/Annuitant: Yes No Explain: _____

Jt. Owner/Jt. Ann't: Yes No Explain: _____

Other Applicant: Yes No Explain: _____

Do you anticipate changes in your out-of-pocket medical expenses?

Owner/Annuitant: Yes No Explain: _____

Jt. Owner/Jt. Ann't: Yes No Explain: _____

Other Applicant: Yes No Explain: _____

Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?

Owner/Annuitant: Yes No Explain: _____

Jt. Owner/Jt. Ann't: Yes No Explain: _____

Other Applicant: Yes No Explain: _____

Do you have an emergency fund for unexpected expenses?

Owner/Annuitant: Yes No Explain: _____

Jt. Owner/Jt. Ann't: Yes No Explain: _____

Other Applicant: Yes No Explain: _____

Please provide the annual income of the Owner/Annuitant and Joint Owner/Joint Annuitant individually, as applicable. Note that these amounts should add up to annual Household income if Owner/Annuitant and Joint Owner/Joint Annuitant are spouses or reside in the same household.

Owner/Annuitant: \$ _____

Joint Owner/Joint Annuitant: \$ _____

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable or unknown, the insurance agent or insurer must indicate that.

Applicant's Signature

Date

Joint Applicant's Signature

Date

INSURER: OM FINANCIAL LIFE INSURANCE COMPANY

231 ACKNOWLEDGEMENTS AND SIGNATURES

232 I understand that should I decline to provide the requested information or should I provide inaccurate
233 information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability
234 of this purchase.

- 235 I have chosen **NOT** to provide this information at this time.
236 I have chosen to provide **LIMITED** information at this time.

237 APPLICANT:

238 **DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE**
239 **INFORMATION RECORDED, OR ANY ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT**
240 **TO THE BEST OF YOUR KNOWLEDGE.**

241 **THE APPLICANT, JOINT APPLICANT AND/OR OWNER OR OTHER APPLICANT MAY SUBSTITUTE THEIR**
242 **INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW,**
243 **WHICH ARE REQUIRED.**

244 _____
245 Applicant or Owner signature

_____ Date Signed

246 _____
247 Joint Applicant or Owner signature

_____ Date Signed

248 Agent's Statement

249 **I believe the purchase of this annuity contract is suitable after carefully reviewing the**
250 **suitability information provided to me by the Owner. If applicable, I have discussed the**
251 **advantages and disadvantages of any replacement or exchange of another annuity contract**
252 **or life policy. I have reasonably informed the owner(s) of all important features of the annuity**
253 **and proposed transaction. To the best of my knowledge, the questions on this form have**
254 **been answered truthfully and I have complied with OM Financial Life suitability requirements**
255 **consistent with my contractual obligations.**

256 _____
257 Agent signature

_____ Date Signed

258 _____
259 Agent's Printed Name and Producer Number

_____/_____/_____
Applicant's Signature

_____/_____/_____
Date

_____/_____/_____
Joint Applicant's Signature

_____/_____/_____
Date

