

FORM NYS187 - NEW YORK STATE RESIDENTS ONLY

SUITABILITY AND BEST INTERESTS IN ANNUITY TRANSACTIONS

Customer Name: _____ Agent Name: _____
Product Name: _____ (Attach Product Application)

Customer: please initial every applicable item on this page. If not applicable, please write 'N/A' in the space.

___ I have discussed the following with my representative/advisor:
___ my financial objectives;
___ the intended use of the annuity and riders;
___ my financial time horizon, including the duration of any existing liabilities and obligations;
___ my existing assets, including investment and life insurance holdings;
___ my liquidity needs and my risk tolerance.

___ I am willing to accept non-guaranteed elements in the policy, including variability in premium, death benefit, or fees.

___ I have discussed and understand the various features of the annuity contract including the potential consequences of the sales transaction, both favorable and unfavorable, including:
___ the potential surrender period and surrender charge;
___ any secondary guarantee period,
___ equity-index features,
___ availability of cash value,
___ potential tax implications if I sell, modify, surrender, lapse or annuitize the annuity contract
___ death benefit,
___ mortality and expense fees,
___ cost of insurance charges,
___ investment advisory fees,
___ policy exclusions or restrictions,
___ potential charges for and features of riders,
___ limitations on interest returns,
___ guaranteed interest rates,
___ insurance and investment components,
___ market risk,
___ differences in features among fee-based and commission-based versions of the policy,

___ I have discussed and understand the benefits from certain features of the annuity contract, such as tax-deferred growth of any cash values, annuitization, or death or living benefit and the particular annuity contract as a whole

___ I have discussed and understand the underlying subaccounts to which funds are allocated at the time of purchase or replacement of the annuity contract, and approve the allocation

This transaction was ___ Recommended ___ NOT RECOMMENDED to me by the Agent.

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SUITABILITY INFORMATION

Age: _____ Annual income: \$ _____

Financial situation and needs (include monthly or annual financial needs):

Financial resources used for the funding of the policy or annuity: _____

Financial experience: _____

Financial objectives: _____

Intended use of the policy, including any riders attached thereto:

Financial time horizon, including the duration of existing liabilities and obligations:

Existing assets:

Investments: \$ _____ Other Insurance Policies: _____

Other Assets: _____

Liquidity needs: _____

Liquid net worth: \$ _____ (Exclude real estate and other illiquid assets; Exclude retirement assets unless client is eligible to withdraw funds without tax penalty)

Risk tolerance: ___ Aggressive (willing to risk some or entire investment in exchange for possible larger gains)

___ Moderate (willing to tolerate some risk of loss of principal for possible gains)

___ Conservative (unwilling to risk loss of principal for possible gain)

Tax status: _____

Other information provided by the customer which is relevant to the suitability of the transaction:

Other Factors considered:

___ the price of the policy _____ the financial strength of the insurer

___ benefits provided by the policy: _____

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ANNUITY REPLACEMENTS ONLY

Agent please initial each applicable blank below. Customer, please initial each blank next to the Agent's initials.

The following applies to the replacement, and has been discussed with the customer:

Agent Client

- customer will incur a surrender charge
- increased premium or fees
- decreased coverage duration
- decreased death benefit or income amount,
- adverse change in health rating,
- be subject to the commencement of a new surrender period,
- lose existing benefits (such as death, living or other contractual benefits),
- be subject to tax implications if the customer surrenders or borrows from the annuity contract,
- subject to increased investment advisory fees, premium loads or charges for riders and similar product enhancements as follows: _____

The customer will benefit from the following annuity contract enhancements and improvements:

- a decreased premium or fees,
- increased coverage duration,
- increased death benefit or income amount
- other: _____

The customer has NOT had another annuity replacement within the preceding 36 months.

Your agent is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

I attest I have read all three pages of this document and that the form was completed in full, with no blanks, prior to my signature. I further attest that the suitability information provided by me is true and accurate to the best of my knowledge, information, and belief.

NAME: _____ SIGNATURE: _____ DATE: _____