



WCU FINANCIAL

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FAITH | STRENGTH | SECURITY

Western Catholic Union
A Fraternal Benefit Society
510 Maine St, Quincy, IL 62301
217-223-9721 • Fax: 217-223-9726
www.wculife.org

ANNUITY SUITABILITY DISCLOSURE MISSOURI

INFORMATION

Thank you for your interest in the Western Catholic Union Fraternal Benefit Society and our annuity contract. Your state law requires that any person who may be considering the purchase of an annuity contract must be given the opportunity to provide information concerning his or her financial condition to the agent selling the contract. The information given will be used to determine if the proposed annuity contract is appropriate for your financial circumstances. You may decline to provide this information, but in so doing, you take full responsibility in determining whether the proposed annuity contract is suitable for you. By signing, you acknowledge your understanding that an annuity is generally a long-term investment and that withdrawals may be subject to charges.

Proposed Annuitant: _____ **Age:** _____

Joint Annuitant: _____ **Age:** _____

Proposed Product: _____ **Amount of Proposed Annuity: \$** _____

WAIVER OF ANNUITY SUITABILITY DISCLOSURE

No, I will not answer the questions on this Annuity Suitability Disclosure and I take full responsibility for determining whether the proposed annuity is suitable for me. **(Please sign and date page 2.)**

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that the Western Catholic Union may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me. **(Please complete ALL questions. Sign and date on page 2.)**

Primary financial objectives: (Check all that apply.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Preservation of Capital | <input type="checkbox"/> Future Income | <input type="checkbox"/> Wealth Accumulation | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Charitable Giving | <input type="checkbox"/> Education Planning | <input type="checkbox"/> Tax Deferral | <input type="checkbox"/> Immediate Income |

Time frame for this investment: When will you need the money you are investing in this annuity?
(Check one.)

- 1 year or less 1-3 years 3-7 years 7-10 years 10+ years
 Never (Money for charity/inheritance.)

Financial information: Annual household income: \$ _____ Liquid net worth: \$ _____

Source of income: Employment Investments Social Security Retirement Other

Tax bracket: 10% 15% 25% 28% 33% 35%

Do you have any funds available to you in case of emergency? Yes No

If this policy is a replacement, an exchange, or is paid for with money from another contract, I believe the purchase of this annuity will better meet my financial needs. Yes No N/A

Percentage of proposed annuity to estimated net worth: _____%.
(If more than 50%, sale would not meet company guidelines.)

During the term of the annuity contract, do you expect to need more than the 10% free annual withdrawals, or with an immediate annuity, do you expect to need more than the scheduled annuity payments as proposed to you? Yes No (If yes, sale would not meet company guidelines.)

SIGNATURES

To the best of my knowledge and belief, the answers provided above are true and complete.

Proposed Annuitant: _____ Date: _____

Joint Annuitant: _____ Date: _____

Agent'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 client as to their current investments, financial situation, and needs.

Agent: _____ Agent Number: _____ Date: _____