

# Consumer Suitability Acknowledgment

This form must be completed for any Consumer who is purchasing a traditional fixed, fixed index or immediate annuity.



NATIONAL LIFE INSURANCE COMPANY  
Home Office: Lansing, Michigan  
www.jnl.com

Complete Section 1 – Suitability Checklist AND  
Section 2 – Producer Acknowledgment of Responsibility

– OR –

Complete Section 3 – Proposed Owner  
Acknowledgment of Responsibility.

Jackson<sup>SM</sup> Reference No. (if known)

USE DARK INK ONLY (print or type)

Proposed Owner's Name	SSN/TIN (include dashes)	Date of Birth (mm/dd/yyyy)
Proposed Joint Owner's Name	SSN/TIN (include dashes)	Date of Birth (mm/dd/yyyy)

## SECTION 1. SUITABILITY CHECKLIST (To be completed by the Consumer.)

- a. Did your producer/representative review your financial status, tax status and investment objectives, before recommending this Jackson annuity?.....  YES  NO
- b. Do you believe that the Jackson annuity applied for will meet your financial objectives?.....  YES  NO
- c. Did your producer/representative review the features of the Jackson annuity with you (such as any applicable interest rates, withdrawal charges, withdrawal privileges, etc.)?.....  YES  NO
- d. Do you intend to keep your premium in the annuity for the next two years? (This does not apply to any free withdrawal provisions in the contract or to Required Minimum Distribution payments associated with tax-qualified annuities.).....  YES  NO
- e. Has your producer discussed the impact of your annuity purchase on any current financial products you hold including any surrender charges, penalties or the death benefit impact?.....  YES  NO

Proposed Owner's Signature \_\_\_\_\_ Date Signed (mm/dd/yyyy)

Proposed Joint Owner's Signature (if applicable) \_\_\_\_\_ Date Signed (mm/dd/yyyy)

## SECTION 2. PRODUCER/REPRESENTATIVE ACKNOWLEDGMENT OF RESPONSIBILITY

### Acknowledgment of Responsibility for Suitability Recommendation to Consumers

I have reasonable grounds for believing that the purchase or exchange of an annuity is a suitable transaction for this Consumer. My recommendation that the purchase or exchange of the annuity is suitable for the Consumer was based on facts disclosed by the Consumer as to their investments and other insurance products and their financial situation and needs.

I agree to maintain and make available, upon a request from the insurer, records of the information collected and other information used as the basis for this insurance recommendation for at least 5 years after the insurer completes the recommended transaction. Any process that accurately reproduces the actual document may be used to maintain these records.

Producer/Representative's Printed Name \_\_\_\_\_ Jackson Producer/Rep. No. \_\_\_\_\_

Producer/Representative's Signature \_\_\_\_\_ Date Signed (mm/dd/yyyy) \_\_\_\_\_

Broker/Dealer or General Agency Name \_\_\_\_\_ Broker/Dealer or General Agency Rep. No. \_\_\_\_\_ Phone No. (include area code) \_\_\_\_\_

## SECTION 3. PROPOSED OWNER ACKNOWLEDGMENT OF RESPONSIBILITY

(DO NOT COMPLETE if Sections 1 and 2 are completed.)

### Consumer's Acknowledgment of Responsibility

I elect not to provide the information necessary for my producer/representative to make a recommendation regarding the purchase or exchange of an annuity.

I have decided to enter into the purchase or exchange of an annuity without a recommendation from, or against the recommendation of, my producer/representative.

Proposed Owner's Signature \_\_\_\_\_ Date Signed (mm/dd/yyyy) \_\_\_\_\_

Proposed Joint Owner's Signature (required, if applicable) \_\_\_\_\_ Date Signed (mm/dd/yyyy) \_\_\_\_\_



**Mailing Address and Contact Information**

<i>If purchased from:</i>	<b>Non-bank Broker-Dealer</b>	<b>Non-bank Broker-Dealer or Deal Direct<sup>®</sup> Producer</b>	<b>Bank or Financial Institution</b>
<i>Contact:</i>	<b>Jackson Service Center</b>	<b>Jackson Service Center</b>	<b>Jackson/IMG Service Center</b>
<i>Regular Mail:</i>	P.O. Box 17240 Denver CO, 80217-0240	P.O. Box 24068 Lansing, MI 48909-4068	P.O. Box 30386 Lansing, MI 48909-7886
<i>Overnight Mail:</i>	7601 Technology Way Denver, CO 80237	1 Corporate Way Lansing, MI 48951	
<i>Customer Care:</i> Mon - Fri	800/766-4683 8:00 a.m. to 8:00 p.m. ET	800/644-4565 8:00 a.m. to 8:00 p.m. ET	800/777-7779 8:00 a.m. to 8:00 p.m. ET
<i>Fax:</i>	800/701-0125	Fixed Index Annuity: 517/706-5538 Fixed Annuity: 517/706-5519	517/706-5534
<i>E-Mail:</i>	contactus@jnli.com		

