

**Patriot Act and  
Consumer  
Suitability  
Questionnaire**

American United Life  
Insurance Company®  
a ONEAMERICA® company  
One American Square  
P.O. Box 6003  
Indianapolis, IN 46206-6003  
1-800-537-6442

Pioneer Mutual Life Insurance Co.  
A stock subsidiary of American United  
Mutual Insurance Holding Company  
a ONEAMERICA® company  
101 North 10th Street  
Fargo, ND 58102  
1-800-437-4692

The State Life  
Insurance Company  
a ONEAMERICA® company  
P.O. Box 6062  
Indianapolis, IN 46206  
1-800-428-2316



(To be completed with all life and annuity applications, **except Term.**)

Policy Number (if known): \_\_\_\_\_

**1. Owner's Personal Information (Life and Annuity Applicants)**

Owner: \_\_\_\_\_ Age \_\_\_\_\_

Joint Owner (if applicable): \_\_\_\_\_ Age \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Age of Dependents: \_\_\_\_\_

Corporation/Trust (if applicable): \_\_\_\_\_

Trustee/Grantor (if applicable): \_\_\_\_\_

Estimated Value of Trust \$ \_\_\_\_\_

List all Proposed Insureds and Annuitants applying at this time (if different than Owner):  
\_\_\_\_\_  
\_\_\_\_\_

**2. Financial Information (Life and Annuity Applicants)**

Skip this section if Owner is a Corporation or Trust.

a. Household Net Worth (assets minus liabilities excluding value of primary residence):

- Up to \$30,000     \$30,000 to \$75,000     \$75,000 to \$150,000     \$150,000 to \$300,000  
 \$300,000 to \$500,000     If over \$500,000, please estimate \_\_\_\_\_

b. Annual Household Income (from all sources):

- Up to \$30,000     \$30,000 to \$75,000     \$75,000 to \$150,000     \$150,000 to \$300,000  
 \$300,000 to \$500,000     If over \$500,000, please estimate \_\_\_\_\_

c. Marginal Federal Tax Bracket:

- 10%     15%     25%     28%     33%     Other \_\_\_\_\_

d. I/We currently own (check all that apply):

- Stocks     Bonds     Mutual Funds     Real Estate     Money Market/CDs     None  
 Life Insurance, if so, total current inforce face amount \_\_\_\_\_  
 Annuities, if so, total current existing account value \_\_\_\_\_

**3. Source of Funds Used for Purchase (Life and Annuity Applicants)**

Check all that apply.

- Cash or Personal Savings     Rollover from Retirement/Pension Plan  
 Exchange from Existing Life Insurance     Proceeds from Sale of Stocks, Bond, or Mutual Funds  
 Transfer/Exchange from Existing Annuity     Other: \_\_\_\_\_

Name of Premium Payor, if other than the Owner: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

**4. Surrender Charges, Withdrawal Fees, or Penalties (Life and Annuity Applicants)**

Check correct answer.

a. Will the premium be paid from funding sources that will impose surrender charges, withdrawal fees or penalties?     Yes     No

If yes, please explain why this is a suitable recommendation \_\_\_\_\_

b. Do you plan to keep the annuity contract and/or life insurance policy at least through the policy's surrender charge period?     Yes     No

If no, please explain why this is a suitable recommendation \_\_\_\_\_

**Complete, Sign and Return with Application.**

**5. Financial Objectives for the Purchase of Proposed Life Insurance Policy (Life Applicants Only)**

Check all that apply.

- Death Benefit/Enhanced Death Benefit
- Retirement Needs Planning
- Business Needs Planning
- Asset Accumulation
- Estate Preservation Planning
- Other: \_\_\_\_\_

If purchasing life insurance, please explain how the face amount was determined. \_\_\_\_\_

**6. Financial Objectives for the Purchase of Proposed Annuity Contract (Annuity Applicants Only)**

Check all that apply.

- Tax Deferral\*
- Long Term Growth
- Asset Accumulation
- Protection of Principal
- Death Benefit/Enhanced Death Benefit
- Retirement Needs Planning
- Estate Preservation Planning
- Long-Term Care Expenses
- Other: \_\_\_\_\_

\*A contract owner may benefit from tax deferral under a Qualified Plan without the use of an annuity contract.

For owners over age 80, please explain why this is a suitable recommendation in view of the surrender charges imposed during the surrender period. \_\_\_\_\_

For owners under age 59½, please explain why this is a suitable recommendation in view of the possibility of tax penalties imposed on early withdrawals. \_\_\_\_\_

**7. Available Funds for Annuity Purchase (Annuity Applicants Only)**

a. After you purchase this annuity, will you have sufficient liquid assets to pay your normal living expenses and unexpected emergencies, such as medical expenses, because penalties may apply to early withdrawals and distributions from this annuity?  Yes  No

If no, please explain why you would like to proceed. \_\_\_\_\_

b. What is the percentage of net worth being used to purchase the annuity? \_\_\_\_\_

If greater than 30%, please explain why this is a suitable recommendation in view of the high degree of net worth moving into this annuity. \_\_\_\_\_

**8. Applicant Signature (Life and Annuity Applicants)**

Check only one.

I confirm that the information I provided on this form is complete and accurate, and :

- I believe that the annuity and/or life insurance for which I am applying is appropriate for my insurance needs and financial objectives.
- I decline to provide some or all of the information requested on this form; however, I believe that the annuity and/or life insurance for which I am applying is appropriate for my insurance needs and financial objectives.
- I have decided to purchase this annuity and/or life insurance for reasons not based on a recommendation from this insurance representative.

\_\_\_\_\_  
Owner Signature Date Joint Owner Signature (If applicable) Date

**9. Representative Signature (Life and Annuity Applicants)**

I have explained to the applicant the importance of providing complete and accurate information on this form and as part of this transaction. I have used this information and all information known to me as a basis for any recommendation that I may have provided the applicant. I will retain copies of the records and information associated with this transaction for the longer of seven (7) years or until the policy ends.

\_\_\_\_\_  
Representative Signature Date Name of Representative (Please Print)

**Complete, Sign and Return with Application.**