



Kingswood Capital Partners, LLC (KCP)  
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Telephone: (800) 535-6981 (ext. 1)

## Transaction Cover Sheet - Fixed Annuity

Contact ID: \_\_\_\_\_

### 1 INVESTOR INFORMATION

Investor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Co-Investor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Investment Representative \_\_\_\_\_ Rep ID \_\_\_\_\_

Investment Type: Initial Transaction Subsequent Investment Existing or New Contract Number \_\_\_\_\_

Purchased with qualified (retirement) funds? Yes No Annuity Investment Experience (yrs) \_\_\_\_\_

Source of Funds for this FIA Purchase (choose all that apply) (^must complete Section 3) (\*must complete Section 4)

Checking/Savings	CD	Stock(s)	Fixed Index Annuity*	Employer-Sponsored Plan Rollover^	
Money Market	Bond(s)	Fixed Annuity*	Mutual Fund(s)/UIT*	Variable Annuity*	Other _____

### 2 TRANSACTION

Other Product Types Discussed With Investor(s): (choose all that apply)

Other Fixed Index Annuity Products	Fixed Index Annuities	Stocks	CDs	Variable Annuities
Mutual Funds	Bonds OR Fixed Income Products		Other: _____	

Transaction is: Fixed Annuity Deferred Income Annuity (DIA) SPIA (If DIA or SPIA, surrender schedule and free withdrawal information do not apply.)

Purchase is: Solicited Unsolicited Contract length: \_\_\_\_\_ yr(s)

Amount Invested	Company	Full Name of Product	The surrender charge is as follows:										
\$ _____			YR1	YR2	YR3	YR4	YR5	YR6	YR7	YR8	YR9	YR10	%
			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Rider(s) Fee \_\_\_\_\_ % Name of Rider \_\_\_\_\_

If annuity contract includes a rider, please provide a description of the rider benefits and how the rider specifically benefits the investor in Section 8 - Transaction Comments / Notes.

A surrender charge will be incurred, as listed above, if an amount greater than \_\_\_\_\_ % or interest only annually beginning in year \_\_\_\_\_ is withdrawn, or the annuity is surrendered prior to the end of year \_\_\_\_\_. Please refer to your annuity contract for complete information on liquidity features. Liquidity features vary by annuity and may allow free withdrawals based on a percentage of premium value, accumulated value and/or interest earned and may be cumulative to some extent.

Will there be a need to access the funds being invested in the annuity prior to the end of the surrender charge period (i.e., medical expenses, home, education, etc.)? Yes No

If yes, please explain: \_\_\_\_\_

Investment Objective: Conservative Income

#### INVESTMENT OBJECTIVE DEFINITIONS

**A. Conservative:** Investors who seek investments designed with emphasis placed on the prevention of capital loss with secondary concentration in current income.

**B. Income:** Investors who seek investments primarily focused on the continued receipt and steady stream of income.

Investment Time Horizon: Less than 5 years 5-10 years over 10 years Risk Tolerance for this VA purchase: Low Medium High

Time Horizon until withdrawals begin: less than 1 year 1-3 years 3-5 years 5-10 years over 10 years No plan to take withdrawals

## 2 TRANSACTION (Continued)

Reason(s) the investor is interested in this fixed annuity recommendation (check all that apply):

Tax Deferral (Non-qualified)	Safety of Principal (if held through surrender period)
Income	Death Benefit
Avoid Probate / Estate Planning	Spousal/Beneficiary Benefits
Guaranteed Lifetime Income	Guaranteed Minimum Interest Rate
Fixed Rate of Return for Specified Term	Annuitization

Other: \_\_\_\_\_

Provide an explanation of why this specific fixed annuity recommendation is in the investor's best interest: (Required)

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## 3 EMPLOYER-SPONSORED RETIREMENT PLAN ROLLOVER INFORMATION

Check here if this transaction is NOT funded in whole or in part, directly or indirectly, by an employer-sponsored plan rollover for which the Investment Representative provided advice on the rollover. Skip to Section 4: Switch-Exchange-Replacement Information.

Check here to confirm each of the following options were discussed with the investor regarding his/her employer-sponsored plan:

- Leave the assets in the former or current employer's plan (if permitted)
- Rollover the assets into a new employer's plan or Roth Plan (if available)
- Rollover the assets into an Individual Retirement Account (IRA) or Roth IRA
- Cash out the account value

Indicate the reasons the investor has elected to accept this recommendation to rollover assets from his/her employer-sponsored retirement plan. Check all that apply.

Investor prefers to work with an investment representative.

Investor wants flexibility to invest in products that are not available under their current employer plan.

Investor is dissatisfied with limited range of investment options in their current plan.

Investor wants to consolidate this account with other accounts under the investment representative.

Investor seeks ongoing advice not available with current employer plan.

Investor does not want the assets to be held by their former employer.

Investor's former employer is canceling the plan or requiring assets to be transferred out of plan.

Investor would like to have access to planning services that would enable the investment representative to make allocations across multiple accounts.

Other \_\_\_\_\_

### Rollover Disclosure Acknowledgement

Investor acknowledges that he/she has considered the investment options, fees and expenses, services available, cost of withdrawals including tax consequences, protection of assets from creditor, rules regarding required distributions and treatment of employer stock in making the decision to rollover assets from his/her employer-sponsored plan.

## 4 SWITCH-EXCHANGE-REPLACEMENT INFORMATION AND RATIONALE

Check here if this transaction is NOT a switch, exchange or replacement and skip to Section 5: Investor Assets and Financial Information

Current Investment Product Name: \_\_\_\_\_

If Variable Annuity:

Estimated Annual Internal Fees\* of current investment:

M&E and Administrative Fees: \_\_\_\_\_ %

Rider Fee(s) (if applicable): \_\_\_\_\_ %

\_\_\_\_\_ %

Bonus Fee (if applicable): \_\_\_\_\_ %

Total Annual Internal Fees\*: \_\_\_\_\_ %

\*Annual Internal Fees exclusive of sub-account fees

## 4 SWITCH-EXCHANGE-REPLACEMENT INFORMATION AND RATIONALE (Continued)

Dollar amount of current investment to be liquidated: \$ \_\_\_\_\_ Year **current** product was purchased: \_\_\_\_\_

Name of Broker/Dealer **current** investment was purchased from: \_\_\_\_\_

**Current** investment has a surrender charge period remaining of \_\_\_\_\_ years.

By liquidating the **current** investment, the investor(s) will be subject to a surrender/sales charge of \_\_\_\_\_ % which equates to approximately \$ \_\_\_\_\_

If current investment was purchased within the past two years, the amount of front end sales charge paid was \_\_\_\_\_ %.

If this transaction involves a full or partial surrender of a variable annuity or variable universal life contract, please complete the following:

The value of the death benefit prior to liquidation of the existing contract is \$ \_\_\_\_\_

Is the current death benefit value higher than the current contract value? Yes No

If yes, the death benefit amount being forfeited is \$ \_\_\_\_\_

The investor(s) will lose all or a portion of the guaranteed value in the following types of rider benefit(s) (if applicable):

Living Benefit Rider(s) Death Benefit Rider(s) Current investment has no Rider Benefit(s)

Other (specify) \_\_\_\_\_

Name of rider benefit(s) being forfeited: \_\_\_\_\_

Current value of Benefit Base of existing living benefit rider: \$ \_\_\_\_\_

Please provide a description of any living and/or death benefit rider being forfeited:

### Switch/Exchange/Replacement Rationale:

Please provide a detailed explanation of the rationale for this recommendation, including but not limited to: (A) the intended use of the new annuity, and (B) how the switch/exchange/replacement is beneficial to the investor(s).

Has there been any other annuity exchanged within the past 36 months at Chalice Capital Partners? Yes No

Has there been any other annuity exchanged within the past 36 months at any other firm? Yes No

Please provide a brief explanation of why the previous exchange(s) were made and how it was beneficial to the investor(s):

## 5 INVESTOR ASSETS AND FINANCIAL INFORMATION

Investable Assets: (1) List type of asset (Mutual Fund, Variable Annuity, Fixed Annuity, Savings, CD, etc.) and firm where it is held; (2) indicate if the asset is qualified or non-qualified ("Q/NQ"); (3) if the asset reported is any type of annuity, indicate if it is out of surrender; and (4) report the dollar amount of the asset that will be used to fund this purchase. Do not include primary residence, cars, collectibles, etc.

Investable Assets (Type and Firm Where Held)	\$ Amount	Q / NQ	If asset is an annuity, is it out of surrender?	Report the dollar amount of the asset that will be used to fund this purchase.
_____	_____	/	Yes No N/A	_____
_____	_____	/	Yes No N/A	_____
_____	_____	/	Yes No N/A	_____
_____	_____	/	Yes No N/A	_____
_____	_____	/	Yes No N/A	_____
_____	_____	/	Yes No N/A	_____
_____	_____	/	Yes No N/A	_____
Total Investable Assets	\$ _____			Total Amount \$ _____

## 5 INVESTOR ASSETS AND FINANCIAL INFORMATION (Continued)

Other Assets: List ownership value of other assets (land, rental properties, etc.) excluding primary residence

Other Assets \$ Ownership Value

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Total Investable Assets \$ \_\_\_\_\_

Life Insurance Holdings	\$ Cash Value	\$ Death Benefit
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Life Insurance Holdings	\$ _____	\$ _____

I have:    Health Insurance    Yes    No  
                   Long Term Care    Yes    No

List Each Source of Household Income \$ Monthly Amount

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Total Household Income \$ \_\_\_\_\_

Total Household Expenses \$ \_\_\_\_\_

Household expenses include but are not limited to mortgage, utilities, food, transportation, health care, insurance premiums and taxes.

I plan to retire:    currently retired    within 1 year    1-3 years    3-5 years    5-10 years    over 10 years

## 6 PROGRAM MARKETING INFORMATION

Source of Business (choose most applicable):

<u>Book</u>	<u>Marketing</u>	<u>SEG/COI/Business Development</u>	<u>Advisor/Assistant Activities</u>
Existing Client	Website	Worksite Seminar	Outbound Calling
Client Referral	Email	Other Worksite Marketing	Outside Networking
	Direct Mail	Center of Influence Referral	Outside Seminar
	Lobby Promotion	SEG Referral	
<u>Branch</u>	Seminar		
Branch Staff Referral			
Business Partner Referral	Other: _____		

Reason for Investor Meeting (choose most applicable):

Rollover    Post Retirement Income    College Savings  
                   Inheritance    Pre Retirement Planning    Estate Planning

Other: \_\_\_\_\_

Invested Funds were from (choose all that apply):    CU Deposit    Outside CU Deposit

## 7 INVESTOR ACKNOWLEDGEMENT AND DISCLOSURE

It is important that you understand the associated risks with non-deposit investment products. All investment products and services:

- are offered through KCP, a registered broker-dealer
- involve investment risks, including fluctuations in value and possible loss of principal

1. I understand that this may be a long-term investment and this is consistent with my investment objectives.
2. I understand that withdrawals prior to age 59½ may be subject to federal and state tax penalties.
3. My investment representative has explained the nature of my investment, its features and relative risks.
4. I understand that if the purchase of an annuity is within an IRA or other tax qualified account, the annuity does not provide an additional tax deferred benefit and is being purchased for the annuity's other benefits and/or features.
5. I understand that purchasing a non-qualified annuity may not be a tax-efficient vehicle for transferring wealth to heirs as it does not receive a step-up in basis upon death of the annuitant. Thus, any tax-deferred growth in a non-qualified annuity may be subject to ordinary income tax to the contract's beneficiaries upon the death of the annuitant.
6. If an exchange, I understand that if I liquidate my current product, there may be tax consequences which must be reported in the year of the liquidation. This statement does not apply to replacements within a tax deferred account, trustee transfers, and IRS Rule 1035 exchanges of insurance products.
7. I have been informed about my "free look" provision, as applicable to this purchase, during which I can terminate my annuity contract value without paying any surrender charges as specified in my annuity contract. It has been explained to me that if I do decide to "free look" my contract, I will receive either a guaranteed return of my original premium or the current contract value, depending on the provision specified in my annuity contract.

## 7 INVESTOR ACKNOWLEDGEMENT AND DISCLOSURE (Continued)

8. I have been informed of the Guaranteed Minimum Interest Rate on my annuity contract. I understand this is the minimum rate that is guaranteed to be credited to my annuity contract for the life of the contract. This is the minimum interest rate that is guaranteed after the initial rate has ended if the carrier does not declare a new interest rate for the next contract period that is higher than the Guaranteed Minimum Interest Rate. The Guaranteed Minimum Interest Rate will remain in effect for the life of the contract and will not be subject to change. [Refer to annuity contract for Guaranteed Minimum Interest Rate.]
9. If my contract is subject to market value adjustments (MVA) if I surrender my contract prior to maturity, these conditions have been explained to me by my investment representative. A MVA is an adjustment to the contract surrender value that may be either positive or negative depending on interest rates at the time of surrender compared to the time of purchase.

KCP may receive revenue sharing compensation from select product providers that support our marketing and sales force education and training efforts.

This application to purchase or exchange a fixed index annuity is subject to review and approval by a designated supervisor. I understand this transaction may not be processed immediately and that the review may take up to seven business days once received by a designated supervisor. I understand I may be required to supply additional information before the designated supervisor will approve my application.

I understand all of the above disclosures and acknowledge the investment is made with these considerations in mind. I affirm that I have received a copy of this Transaction Cover Sheet - Fixed Index Annuity.

<b>1</b>	<u>SIGNATURE OF INVESTOR</u>	<u>PRINTED NAME OF INVESTOR</u>
<b>2</b>	<u>SIGNATURE OF CO-INVESTOR (IF APPLICABLE)</u>	<u>PRINTED NAME OF CO-INVESTOR</u>
<b>3</b>	<u>SIGNATURE OF INVESTMENT REPRESENTATIVE</u>	<u>DATE</u>
<b>4</b>	<u>SIGNATURE OF PRINCIPAL APPROVAL</u>	<u>DATE</u>

## 8 TRANSACTION COMMENTS / NOTES

Investor(s) Initials (Optional): \_\_\_\_\_