

Date _____

Personal and family information

| Name | Date of birth | Social Security number | Email address |
|----------------|---------------|------------------------|---------------|
| Client _____ | - - _____ | _____ | _____ |
| Spouse _____ | - - _____ | _____ | _____ |
| Children _____ | - - _____ | _____ | |
| _____ | - - _____ | _____ | |
| _____ | - - _____ | _____ | |
| _____ | - - _____ | _____ | |

Residence information

Street address _____

City, state, ZIP _____ Phone _____

Own? Mortgage payment \$ _____ Mortgage balance \$ _____

Rent? Monthly rent \$ _____

Legal and financial professional information

Client's will (if applicable) Date ____ - ____ - ____ Type _____

Spouse's will Date ____ - ____ - ____ Type _____

Client's trust Date ____ - ____ - ____ Type _____

Spouse's trust Date ____ - ____ - ____ Type _____

Attorney's name _____ Phone _____

Accountant's name _____ Phone _____

Employment/income information

| Client | Spouse |
|------------------------|----------|
| Occupation _____ | _____ |
| Employer _____ | _____ |
| Business street _____ | _____ |
| Address _____ | _____ |
| City, state, ZIP _____ | _____ |
| Phone number _____ | _____ |
| Fax number _____ | _____ |
| Email address _____ | _____ |
| Annual income \$ _____ | \$ _____ |
| Other income \$ _____ | \$ _____ |

Financial information

| Assets | | Liabilities | |
|-------------------------------------|-----------------|-----------------------------------|-----------------|
| Savings | \$ _____ | Installment loans | \$ _____ |
| Investments | _____ | Mortgage(s) | _____ |
| IRA(s) | _____ | Charge accounts | _____ |
| Real estate | _____ | Credit cards | _____ |
| Business interests | _____ | Personal notes | _____ |
| Personal property | _____ | Business debt | _____ |
| Other annuities | _____ | Other | _____ |
| CDs | _____ | | |
| Mutual funds | _____ | | |
| Pensions | _____ | | |
| Other | _____ | | |
| Total assets | \$ _____ | Total liabilities | \$ _____ |
| Monthly systematic savings \$ _____ | | Average monthly expenses \$ _____ | |

Insurance information

Life insurance

| Insured | Company | Policy number | Policy date | Face amount | Annual premium | Beneficiary |
|---------|---------|---------------|-------------|-------------|----------------|-------------|
| | | | | \$ _____ | \$ _____ | |
| | | | | \$ _____ | \$ _____ | |
| | | | | \$ _____ | \$ _____ | |
| | | | | \$ _____ | \$ _____ | |
| | | | | \$ _____ | \$ _____ | |

Other insurance

| | | |
|----------------------------|-----------------|------------------|
| Monthly disability benefit | Client \$ _____ | Spouse \$ _____ |
| Health insurance | Client _____ | Spouse _____ |
| P&C expiration Dates | Auto _____ | Homeowners _____ |
| | | Other _____ |

Planning priorities

| | High | Medium | Low | None |
|-------------------------------------|-------|--------|-------|-------|
| Protecting family's lifestyle | _____ | _____ | _____ | _____ |
| Protecting income | _____ | _____ | _____ | _____ |
| Providing education funds | _____ | _____ | _____ | _____ |
| Implementing savings plan | _____ | _____ | _____ | _____ |
| Planning for retirement | _____ | _____ | _____ | _____ |
| Minimizing estate shrinkage | _____ | _____ | _____ | _____ |
| Planning for business continuation | _____ | _____ | _____ | _____ |
| Lower income taxes | _____ | _____ | _____ | _____ |
| Hedge inflation | _____ | _____ | _____ | _____ |
| Peace of mind | _____ | _____ | _____ | _____ |
| Assure proper disposition of assets | _____ | _____ | _____ | _____ |
| Increase current income | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ |

Please provide accurate and complete information. This fact finding form is intended only as a tool to collect information to assist the agent and client during the sales process. It is not a form required by North American. Additional information may be needed prior to the purchase of an insurance product.

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