

Department of Business Regulation

Insurance Division 1511 Pontiac Avenue, Bldg. 69-2 Cranston, Rhode Island 02920

Insurance Bulletin Number 2021-2

Forms for compliance with 230-RICR-20-25-1

The following form is designated for use in compliance with <u>230-RICR-20-25-1</u> – Annuity Suitability:

APPENDIX A INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES

Do Not Sign Unless You Have Read and Understand the Information in this Form

Date:	
INSURANCE AGENT (PRODUCER	R) INFORMATION ("Me", "I", "My")
First Name:	Last Name:
	Website:
Business Mailing Address:	
Business Telephone Number:	
National Producer Number in Rhode Is	land:
CUSTOMER INFORMATION ("You"	, "Your")
First Name:	Last Name:
	financial situation, insurance needs, and financial objectives. Other financial cs, bonds and mutual funds, also may meet Your needs.
Variable Annuities Life Insurance	,3 ,
1	ice about or to sell non-insurance financial products. I have checked below at I am licensed and authorized to provide advice about or to sell.
Mutual Funds	
Stocks/Bonds	
Certificates of Deposit	

Whose Annuities Can I Sell to You? Annuities from Only One (1) Insurer Annuities from Two of More Insurers Annuities from Two or More Insurers although I primarily sell annuities from: How I'm Paid for My Work: It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me. Depending on the particular annuity You buy, I will or may be paid cash compensation as follows: Commission, which is usually paid by the insurance company or other sources. If other sources, describe: Fees (such as fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer. Other (Describe): If You have questions about the above compensation I will be paid for this transaction, please ask me. I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources. By signing below, You acknowledge that You have read and understand the information provided to You in this document. Customer Signature Date

Agent (Producer) Signature

Date

APPENDIX B

CONSUMER REFUSAL TO PROVIDE INFORMATION

Do Not Sign Unless You Have Read and Understand the Information in this Form

Why are You being given this form?
You're buying a financial product – an annuity.
To recommend a product that effectively meets Your needs, objectives and situation, the agent, broker, or company needs information about You, Your financial situation, insurance needs and financial objectives.
If You sign this form, it means You have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets Your needs, objectives and situation. You may lose protections under Rhode Island law if You sign this form or provide inaccurate information.
Statement of Purchaser:
I REFUSE to provide this information at this time.
I have chosen to provide LIMITED information at this time.
Customer Signature
Date

APPENDIX C

Consumer Decision to Purchase an Annuity NOT Based on a Recommendation

Do Not Sign This Form Unless You Have Read and Understand It.

Why are You being given this form? You are buying a financial product – an annuity.

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company has the responsibility to learn about You, your financial situation, insurance needs and financial objectives.

If You sign this form, it means You know that you're buying an annuity that was not recommended.

Statement of Purchaser:

I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it **without a recommendation**, I understand I may lose protections under Rhode Island law.

Customer Signature
oustomer Signature
Date
Agent (Producer) Signature
rgent (Froducer) Signature
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