

Any securities account recommendation must be in the best interest of the client. This form serves as documentation of the best interest analysis completed by your financial professional.

Client Name	SSN/Tax ID
Financial Professional Name	Rep Code

1. What is the client's preferred investment strategy? (select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Buy/Hold Strategy | <input type="checkbox"/> Dollar Cost Averaging | <input type="checkbox"/> Income Generation |
| <input type="checkbox"/> Margin | <input type="checkbox"/> Asset Allocation | <input type="checkbox"/> Hedging |
| <input type="checkbox"/> Fixed Income Laddering | <input type="checkbox"/> Explicit Hold | <input type="checkbox"/> Diversification |
| <input type="checkbox"/> Liquidation/Withdrawal | <input type="checkbox"/> Tax Strategy | <input type="checkbox"/> Active Trading |
| <input type="checkbox"/> Other _____ | | |

2. What are the financial needs that the client is trying to meet through this product or account type? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Death Benefit/Enhanced Death Benefit | <input type="checkbox"/> Debt Protection |
| <input type="checkbox"/> Business Purposes | <input type="checkbox"/> Estate Planning |
| <input type="checkbox"/> Asset Rebalancing | <input type="checkbox"/> Charitable Giving |
| <input type="checkbox"/> Annuitization Options | <input type="checkbox"/> Savings, Accumulation |
| <input type="checkbox"/> Education/College Funding | <input type="checkbox"/> Retirement Funding |
| <input type="checkbox"/> Other _____ | |

3. What reasonably available alternatives did you consider with the client? (select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Investment Advisory Accounts | <input type="checkbox"/> Taxable Brokerage Account |
| <input type="checkbox"/> Non-taxable Brokerage Account | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> 529 Accounts |
| <input type="checkbox"/> Coverdell Account | <input type="checkbox"/> Direct Mutual Fund Account | <input type="checkbox"/> Other _____ |

4. What benefits or needs does the selected product offer that the alternative products do not? (select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Investment Options | <input type="checkbox"/> Tax Benefits | <input type="checkbox"/> Income Generation |
| <input type="checkbox"/> Death Benefit | <input type="checkbox"/> Diversification | <input type="checkbox"/> Inflation Protection |
| <input type="checkbox"/> Access to Cash | <input type="checkbox"/> Lower Cost | <input type="checkbox"/> Other _____ |

5. Please describe the process and/or tool you used for analyzing the cost of the current recommendation and the reasonably available alternatives for the client, for example, Morningstar, FINRA Fund Analyzer, Fee Disclosures, etc.

6. Are there any other factors not discussed above that played into your investment decision with the client? (optional)

Conflicts of Interest:

7. Identify any conflicts of interest disclosed to the client orally. (if applicable)

Signatures

NOTE: If this account is a rollover or transfer of qualified funds please complete PTE 2020-02 requirements as well.

Date Client Relationship Summary (Form CRS) Delivered (mm/dd/yyyy) _____

Client Signature _____ Date (mm/dd/yyyy) _____

Client Signature _____ Date (mm/dd/yyyy) _____

Financial Professional Signature (1) _____ Date (mm/dd/yyyy) _____

Financial Professional Signature (2) _____ Date (mm/dd/yyyy) _____

Financial Professional Signature (3) _____ Date (mm/dd/yyyy) _____

Financial Professional Signature (4) _____ Date (mm/dd/yyyy) _____

Financial Professional Signature (5) _____ Date (mm/dd/yyyy) _____