In-Force Annuity Analysis

Now Available through M&O Marketing

Help your prospects and clients better evaluate the annuities that they own today.

Obtain an in-depth report on most individual annuities sold in the past 20 years.

AnnuitySCOPE™ includes fixed indexed annuities, variable annuities, and deferred fixed rate annuities.

AnnuitySCOPE™ is available to financial professionals working with M&O Marketing, CoreCap Investments and/or CoreCap Advisors.

To obtain an AnnuitySCOPE™ report, discuss your case with your M&O Practice Development Officer, Dynamic Sales Support Specialist or CoreCap contact.

A copy of the client's most recent annual statement is required for us to begin. Send us any other information on annuity benefits and costs available also.

The cost for AnnuitySCOPE™ is $150 per report. AnnuitySCOPE™ is available <u>without cost</u> to members of the Independent Excellence Group and to reps of CoreCap Investments and CoreCap Advisors.

AnnuitySCOPE™ aims to deliver a turnaround time of 48 to 72 hours.

The AnnuitySCOPE™ includes one or more reports from a third-party expert resource available to us by license and subscription. AnnuitySCOPE™ will include expert commentary, shorter or longer as appropriate, on the annuity evaluation requested. Post-evaluation consulting may be available also.

Approval of submitted replacement transactions is increasingly based on the quality of the information provided and the financial professional's own process. AnnuitySCOPE™ may be a valuable contribution to those requirements.

M&O Marketing, Inc., 27777 Franklin Road, Suite 700, Southfield, MI 800-228-5964
CoreCap Investments, Inc., Registered Broker-Dealer, Member FINRA / SIPC
CoreCap Advisors, Inc., SEC Registered Investment Advisor

Information Needed to Request an AnnuitySCOPE™ Report: To do an effective and accurate review, we need a recent annual statement and last quarterly statement too, if possible. We <u>want</u> whatever else might help with our evaluation, e.g. a policy spec page, brochure, scanned contract, old illustration, etc. We need at least 48 hours and would like 72 hours (after we have the information needed to make a reasonable analysis.)

Client Name: Client Mailing Address:	
Annuity Carrier Name: Annuity Product Name:	
Submitting Advisor-Agent Name Contact Info (Phone & Email)	
Initial Premium Contribution? Qualified or Non-Qualified?	
Cash or rollover when issued? If rollover, where rollover from?	
Who is the Beneficiary now? How & when determined?	
Describe briefly any relevant optional or enhanced benefits, e.g., income, death, LTC, bonuses, anything that may be relevant.	
Purpose or goals of the purchase of this in-force annuity?	
Present client satisfaction with this in-force annuity?	

IN-FORCE VARIABLE ANNUITY QUESTIONNAIRE

From time to time, you might be asked to help a client-prospect understand information about an existing variable annuity. The best way to do this is to be with the client-prospect when he or she calls the variable annuity carrier. The client-prospect should tell the carrier service person that you are present with them and will help them with their questions. With client permission, you can ask the questions. You should make notes about the answers given.

This call might take 10 minutes or it might take 30 minutes, depending on annuity complexity. and/or carrier cooperation. After the call, you and the client-prospect can review all the information provided by the carrier. You should take good notes and you should provide a copy of your notes to your client-prospect.

This call is to obtain the information needed for you and the client to better understand the annuity currently owned, especially all relevant benefits, costs, and limitations. All calls like this are recorded by the insurance carrier, so a professional and matter-of-fact manner is best. Clients should not argue about what they were told by the annuity rep when they bought the annuity, if tempted, as this call is not the time or place to make a sales complaint.

1. Annuity **Carrier Name**?	
2. Name of Carrier Service **Rep**?	
3. **Date** this Call Made?	
4. **Name of Variable Annuity** Contract, specifically?	
5. Annuity Owner Name(s)?	
6. Annuitant(s) Name?	
7. Contract **issue date**?	
8. Qualified or Non-Qualified?	
9. Total **Premiums** Paid?	
10. Total **Withdrawals** since issue?	
11. Are there **Surrender Charges** now? If so, what is percentage now?	
12. **Current Account Value**?	
13. Current Surrender Value?	

14. Annual **Mortality Fee**? (%)	
15. Annual **Expense Fee**? (%)	
16. Any annual **administrative fee**? ($)	
17. Investment management **expenses** (as %) for 3 largest subaccounts?	
18. **Enhanced Death Benefit**? If yes, how does it work specifically?	
19. **Fee** for Enhanced DB? (%)	
20. Current Death Benefit value?	
21. Is there a **Guaranteed Lifetime Income Benefit**? What is the specific name of the Income Benefit Name?	
22. If an Income Benefit, how does the benefit work specifically? How does the Income Benefit Base increase?	
23. **Fee** for Income Benefit? (%) Can this rider be **terminated** now?	
24. What is the **Roll-Up** Percent? Compound or Simple? How long? Is the Income Benefit based on any account **performance**? How?	
25. Does this rider cover **one life** or are **joint lives** covered?	
26. Any **restrictions or requirements** on subaccount choices because of the Income Benefit? Explain briefly.	
27. What happens to the Income Payout or Benefit Base when **RMDs** or other partial withdrawals are taken?	
28. Can the Income Rider be **terminated now**? Or when can it?	
29. Anything else income or annuity related? Explain briefly.	92019-950419

In Force Authorization Request

Please fill out the information below for your current annuity policy:

Carrier Name: ______________________________

Product Name: ______________________________

Product Type: __Fixed Annuity __Variable Annuity __Fixed Indexed Annuity __SPIA

Annuity Owner: ____________________ Policy Number: ____________________

Street Address: ______________________________

City/State/Zip: ______________________________

Phone & Email: ______________________________

To Whom It May Concern:

I hereby authorize you to release any information requested on the above-captioned policy with your company to **M&O Marketing and it's affiliate AnnuitySCOPETM**. This includes but is not exclusive to any account value information, any policy statement, and an in-force illustration. A photocopy or electronic copy of this authorization may be accepted as the original. This authorization is good for 180 days from the date below.

Thank you for your prompt attention to this request.

Sincerely,

Owner's Signature: ______________________________ Date: ____________

Owner's Name: ______________________________ Owner's SSN: ____________

Insured's Name: ______________________________ Insured's DOB: ____________

Agent Name: ______________________________

Please be sure to note the product type of each policy that is to be reviewed or provide a copy of the last annual statement, along with this signed authorization.

UPON COMPLETION, PLEASE SEND ALL INFORMATION TO ANNUITYSCOPE@MANDOMARKETING.COM OR FAX TO 248-784-1435