

Annuity Application Quick-Tip Guide

Please use this guide to avoid commonly-made errors & missed items



America's Most Convenient Bank®



(800-706-0700)

Custom 5 & Custom 7 Fixed Annuity

- Page 4 or 5 of Application: Handwrite your phone number, county, date, license number & Symetra producer number*
- Page 1 of Replacement Form (Does not Print In All States & Does not apply In NY): Handwrite all sales material used in discussion with your client. Hand check responses if not prefilled by EBIX
- Preliminary Information: Complete information on Page 3

Income Annuity

- Illustration – include with carrier PDF (same date as signed app)
- FSMM approval – include with TD PDF
- Voided check for direct deposit – Include with carrier PDF
- ID in carrier PDF (all payouts except Period Certain)

Edge GPS Indexed Annuity

- Page 4 of Application: Handwrite your phone number, date, license number & Symetra producer number
- FSMM Approval: Include with the TD PDF
- Indexed Annuity Disclosure: Include with the TD PDF
- Illustration: Obtain from Symetra & include with Carrier PDF
- Include Certificate of Training with carrier and TD documents
- Crediting strategy selected must be explained on page 4 of TD profile



(844-335-7253)

Summit 5 Fixed Annuity

- Joint Ownership Applications: Beneficiary must read "Surviving Spouse"
- Page 5 of Application: Reallocation Authorization response must be No. Correct response is entered into EBIX.
- Page 7 of Application: Handwrite date, office telephone # and agent code (begins with 300000 . . .)
- Page 5 of Disclosure Statement: Handwrite city and date

Retirement Stages 7 Fixed Indexed Annuity

- FSMM Approval: Include with the TD PDF
- Indexed Annuity Disclosure: Include with the TD PDF
- Illustration: Obtain from Delaware & include with Carrier PDF
- Include Certificate of Training with carrier and TD documents
- Reallocation response must be NO. YES response will create NIGO
- Crediting strategy selected must be explained on page 4 of TD profile
- ROP and STAIR rider fees must be disclosed in TD profile comments



(800-451-7065)

Freedom Series Fixed Annuity

- Page 2 of Application: Handwrite your phone number fax number, email address, license number, bank name and branch name
- Rate Disclosure Form: Ensure rates entered are correct as quoted on Liberty's Rate Guide ([Rate Guide for internal use only](#))

All Annuity Products

- **HANDWRITTEN EDITS SHOULD NEVER BE MADE.** All edits must be made in the system and applicable documents reprinted
- 13-page Suitability Questionnaire and Transaction Detail should NEVER be printed or included with either the TD or carrier PDF
- Florida Only: 4-page Florida Suitability Questionnaire should be provided with the TD PDF. Located on EBIX under TD Documents tab.
- Ensure each file is uploaded to its respective document type when attaching your PDF files to your application
- CD's, Club Savers & UTTMA accounts cannot be used as a funding source
- ACH Form: Ensure proper signatures are obtained on both the top and bottom of the form
- ACH Form: Confirm funds are available for debit and account status is active before submitting for suitability review
- FSMM approval and 1035 Exchange/Replacement Form is required for all 1035 exchanges
- **All original documents should be sent to FSR Operations at NJ5-017-180 when your application has been TRANSMITTED in Annuity Net**



(800-368-4675)

*Can be obtained in the comments section of your RegEd Profile or by contacting the carrier directly

www.reged.com ▪ rls.tdwmsi@reged.com ▪ 1-800-334-8322, option 7

Revised 8/2017

TDWMSI - 214

TD Bank Forms Checklist

Please use this checklist to insure all of the TD Bank
Forms for the Back Office are included
(Form numbers are located at the bottom of each form)

Mandatory TD Forms for EVERY SALE				
Check Here	Name of Form	Form Number	Last Updated	Number of Pages
	TD Bank Forms - Checklist	TDWMSI - 000	8/17	1
	TD WIN Transaction Reporting Worksheet	TDWMSI - 100	3/16	1
	TD Wealth Helping You Reach Your Financial Goals (Profile)	TDWMSI - 102	1/13	4
	Insurance / Annuity Disclosure	TDWMSI - 103	5/17	2

Additional Forms for ANNUITIES ONLY				
Check Here	Name of Form	Form Number	Last Updated	Number of Pages
	*ACH Form (For non-qualified funding from checking/savings)	TDWMSI - 105	4/15	1
	*Annuity Exchange / Replacement Disclosures (For 1035 Exchanges Only)	TDWMSI - 200	7/13	1
	*Income Annuity Calculation Sheet (For Income Annuities Only)	TDWMSI - 210	11/14	1
	*Indexed Annuity Disclosure (For Indexed Annuities Only)	TDWMSI - 211	2/17	1
	*Florida Suitability Form (For Florida Annuity Sales Only)	DFS-H1-1980	10/14	4

* The Additional forms are located on the EBIX Portal under TD Documents.

TD WIN Transaction Reporting Worksheet

TD Wealth Management Services Inc.

HOME OFFICE USE ONLY

Trans ID # _____

P-to-A Initials _____

All original signed documents must be sent to NJ5-017-180 when:

- **Paper Life Insurance:** Immediately after you've signed with your client
- **EBIX Applications:** Once your application status in EBIX is TRANSMITTED or CLOSED

Date: _____ Work Phone Number # _____

Client Name: _____ Your FSMM: _____

SSN/TIN # _____ Your FSML: _____

Agent Name: _____ Store Manager: _____

Workforce ID # _____ Store State: _____

Was this sale a result of a referral from another Store? Y or N Store Name: _____

Was this a referral from an FSR? Y or N Referring Store RC # _____
The Referring Store RC indicated will receive the shadow volume credit for TD WIN reporting.

Referring Advisor: _____ Referring Store Name: _____

Product Type:

ANNUITY or LIFE INSURANCE

Total Transaction Amount: \$ _____

Source of funding: **INSIDE OR OUTSIDE**

If Paper Life Insurance Application

- Is a check included and made payable to the Carrier? Y or N

If EBIX Application (AnnuityNet)

- Did you rename your **TDWMSI** file as the client's last name, first name & date **ex. (TDWMSI Smith John 05032015)?** Y or N
- Did you rename your **CARRIER** file as the client's last name, first name & date **ex. (CARRIER Smith John 05032015)?** Y or N

Market (Circle one):

ME North/Cent/South // NH East/South	Suburban NY	South NJ & Coastal
NH Cent/West // VT North/South // UpNY	NYC	Pennsylvania
NE MA/Boston/Cape Cod/RI	Northern NJ	North FL
Connecticut // Cen/West MA	Central New Jersey	South FL
Mid South/DE // Upstate/Mid & Coast SC		

AMCBFSRPrincipalReview.Account@td.com
800-368-4675

TD Wealth Management Services Inc. Customer Profile

Helping you reach
your financial goals

Customer Name

Date



Investment and insurance products are: not a deposit; not FDIC insured; not insured by any federal government agency; not guaranteed by TD Bank, N.A. or any of its affiliates; and, may be subject to investment risk, including possible loss of value. Investment and insurance products and services are offered through TD Wealth Management Services Inc., a subsidiary of TD Bank, N.A. TD Wealth Management Services Inc. represents the insurer in placing your insurance, and may provide services to you for that insurer. TD Wealth Management Services Inc. will receive compensation from the insurer in connection with placement of your insurance.

Tell us about yourself					
Primary Customer Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms			Secondary Customer Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms		
Street Address (P.O box not permitted)			Street Address (P.O box not permitted)		
City		State	City		State
Mailing Address (if different from home address; P.O. boxes may be used)			Mailing Address (if different from home address; P.O. boxes may be used)		
Phone Numbers: Home		Cell	Phone Numbers: Home		Cell
Work			Work		
Email Address			Email Address		
Social Security/TIN #		Date of Birth		Social Security/TIN #	
Date of Birth		Date of Birth		Date of Birth	
Are you only a U.S. Citizen? <input type="checkbox"/> Yes-Skip to employment <input type="checkbox"/> No-Complete Next Section			Are you only a U.S. Citizen? <input type="checkbox"/> Yes-Skip to employment <input type="checkbox"/> No-Complete Next Section		
Non-US Citizenship Information/Dual Citizenship Information Country or Countries of citizenship: _____ Are you a permanent U.S. Resident? <input type="checkbox"/> Yes-Alien Registration Number: _____ <input type="checkbox"/> No-Indicate Visa Type _____			Non-US Citizenship Information/Dual Citizenship Information Country or Countries of citizenship: _____ Are you a permanent U.S. Resident? <input type="checkbox"/> Yes-Alien Registration Number: _____ <input type="checkbox"/> No-Indicate Visa Type _____		
Employment Information <input type="checkbox"/> Employed-List Occupation _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed			Employment Information <input type="checkbox"/> Employed-List Occupation _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
Employer (if self-employed list occupation)			Employer (if self-employed list occupation)		
Employer Address			Employer Address		

DUE TO THE PASSAGE OF THE "USA PATRIOT ACT", WE ARE REQUIRED TO NOTIFY OUR CUSTOMERS OF THE FOLLOWING:
Verification Of Customer Identity - Federal laws and regulations require us to request information from you prior to opening an account or adding an additional signatory to an account. The information we request may vary depending on the circumstances, but at a minimum, will include your name, address, an identification number such as your social security or taxpayer identification number, and for individuals, your date of birth. We are also required to verify the information you provide to us. This verification process may require you to provide us with supporting documentation that we deem appropriate. We may also seek to verify the information by other means. We reserve the right to request additional information and/or signatures from you from time to time. Based on the information collected, TD Wealth Management Inc. may reject or cancel your application. In all cases, the protection of our customer's identity and confidentiality is our pledge to you.

ID Type <input type="checkbox"/> Driver's License (US Citizens Only) <input type="checkbox"/> US Gov't/Military (US Citizens Only) <input type="checkbox"/> Passport		ID No.	ID Type <input type="checkbox"/> Driver's License (US Citizens Only) <input type="checkbox"/> US Gov't/Military (US Citizens Only) <input type="checkbox"/> Passport		ID No.
		Issuer of ID	Expiration Date		
		Issuer of ID	Expiration Date		

Financial Information: Required for all sales	
1. Gross Annual Household Income Please include income from wages, Social Security, pension/retirement benefits and investments.	\$ _____
2. Total Net Worth Including existing assets, real estate, investment and cash value life insurance holdings, cash, savings, etc.	\$ _____
3. Liquid Net Worth - A portion of Total Net Worth which is readily available Checking, Savings, CDs under 1 year to maturity, bonds, investments and annuities with no surrender fee, etc.	\$ _____
4a. If purchasing an annuity, are you able to access sufficient funds, from other sources, to cover your living expenses and emergencies for 3 months (6 months preferred) without incurring a penalty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. Annual Living Expenses (Monthly Expenses x 12 = Annual Expenses)	\$ _____
5a. Source of funds used to purchase this Annuity or Life Insurance, include original source if the funds were recently moved (Check all that apply)	
<input type="checkbox"/> Other Annuity <input type="checkbox"/> Inheritance <input type="checkbox"/> Reverse Mortgage	
<input type="checkbox"/> Life Insurance Surrender <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Certificate of Deposit	
<input type="checkbox"/> IRA to IRA Transfer/Rollover - Rollovers from Employee Benefit Plans are not allowed <input type="checkbox"/> Sale of Stocks/Bonds/Mutual Funds <input type="checkbox"/> Other (Specify) _____	
5b. Rollovers: If you have answered yes to any of the questions below TDWMSI cannot open this annuity as an IRA annuity.	
1. Are the funds being rolled over (used to buy the annuity) coming directly from an employer plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If the funds purchasing the annuity are in a checking or savings account were they in an employer plan prior to the current account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the rollover amount include the current year's required minimum distribution (RMD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you performed a rollover of any IRA funds within the last 12-months (60-day rollover rule)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5c. For Annuities Only: even if you are not using a reverse mortgage as a source of funds to purchase this annuity, please indicate if you have a reverse mortgage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain the use of the reverse mortgage funds: _____	
6. Federal income tax bracket: <input type="checkbox"/> Exempt <input type="checkbox"/> 10% <input type="checkbox"/> 12% <input type="checkbox"/> 22% <input type="checkbox"/> 24% <input type="checkbox"/> 32% <input type="checkbox"/> 35% <input type="checkbox"/> 37%	

Investment and insurance products are: not a deposit; not FDIC insured; not insured by any federal government agency; not guaranteed by TD Bank, N.A. or any of its affiliates; and, may be subject to investment risk, including possible loss of value. Investment and insurance products and services are offered through TD Wealth Management Services Inc., a subsidiary of TD Bank, N.A. TD Wealth Management Services Inc. represents the insurer in placing your insurance, and may provide services to you for that insurer. TD Wealth Management Services Inc. will receive compensation from the insurer in connection with placement of your insurance.



Insurance / Annuity Disclosure

Account Holder(s): _____

Social Security or Tax ID#: _____

Carrier: _____

Product Name: _____

Account and Product Information

- The product I am purchasing has a surrender term of _____ years and has the following surrender charges if I surrender it prior to the surrender term.

Contract Year	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Charge (%)										

- I have been informed and understand the liquidity and renewal features of the product I am purchasing at the end of the contract surrender schedule, including if the product automatically renews.
- Subject to certain restrictions, a percentage of my original investment in an annuity or a percentage of any investment gain may be available for withdrawal without surrender charges. However, the IRS may still impose penalties on withdrawals prior to age 59-1/2.
- If the product I am purchasing has a bonus feature, then the surrender period and/or the surrender charges imposed may be greater than those of similar products that do not pay a bonus.

Important Disclosures about Privacy and Marketing Preferences

I have been provided copies of "What Do The TD Bank Companies Do With Your Personal Information".

Important Disclosures about Non-Deposit Investment Products

Insurance products and annuities offered by TD Wealth Management Services Inc.:

- Are not deposits or obligations of, or guaranteed by, TD Bank, N.A. or any of its affiliates;
- Are not insured by the FDIC, any other U.S. government agency, TD Bank, N.A. or any of its affiliates;
- Are subject to investment risks, including possible loss of the principal amount invested.

Insurance and Annuities are Obligations of the Carrier

Annuities and insurance products are offered through TD Wealth Management Services Inc., a subsidiary of TD Bank, N.A. TD Wealth Management Services Inc. represents the insurance carrier in placing my insurance, and may provide services to me for that insurance carrier. The annuity or insurance product is a contractual obligation of the insurance carrier that issued it, and not an obligation of TD Bank, N.A., TD Wealth Management Services, Inc., or their affiliates.

Important Disclosures about Insurance & Annuities

I will receive the contract for the annuity or insurance product I have applied for from the Insurance Carrier and I understand:

- The risks associated with owning the annuity or insurance product.
- I have a specific number of days (a "free-look" period) to surrender my annuity or insurance contract, by contacting the Insurance Carrier, without incurring any surrender charges.
- TD Wealth Management Services Inc. will receive compensation from the insurance carrier in connection with placement of my annuity or insurance product.
- An annuity is not recommended for short-term needs. Annuity products should be considered only for long-term investment strategies and are generally illiquid until after the age of 59-1/2, except for certain provisions stated within the Internal Revenue Code.
- Earnings on annuities are not subject to tax until the funds are withdrawn (tax-deferred). If I am purchasing this product in an IRA account or qualified plan account (that is already considered tax-deferred), purchasing an annuity provides no additional tax benefits. There may be advantages other than tax-deferral for this product that may justify funding the investment with tax-deferred funds, and these benefits have been fully explained to me by my Financial Services Representative.

No Tax Advice

TD Bank, N.A. and its affiliates, employees and agents do not give legal, tax or accounting advice. I should consult my own legal, tax and accounting advisors about my specific situation.



No Credit Impact

The selection of the insurance carrier for your annuity or life insurance contract will not affect any extension of credit or sale or lease of goods or services, except that reasonable requirements may be imposed.

Any insurance required as a condition of the extension of credit by the Bank need not be purchased from the Bank but may, without affecting the approval of the application for an extension of credit, be purchased from an insurance producer or insurance company of the customer's choice.

General Complaint Information

You may submit a complaint directly to TD Wealth Management Services Inc., attention: Compliance Officer, 444 Madison Avenue, 11th Floor, New York, NY 10022, telephone number 1-646-652-1275, fax number 1-212-207-4101

Residents of the Commonwealth of Massachusetts

Complaint Information

Massachusetts residents may submit any complaint to the Massachusetts Office of Consumer Affairs and Business Regulation, 10 Park Plaza, Suite 5170, Boston, MA 02116, telephone numbers 1-617-727-7780 or 1-888-283-3757 (toll free, Massachusetts only).

Supplemental Notice Of Rights and Disclaimers

TD Wealth Management Services Inc.(TDWMSI) is a licensed insurance agency and an affiliate of TD Bank, NA that collects personal information about you ("your personal information") in connection with your insurance application. As an insurance applicant, you have certain rights under Massachusetts law, including rights of access and correction. This Supplemental Notice describes those rights. It is specific to your insurance application, and does not extend to any other relationship you may have with TD.

Right To Access: You, or your authorized representative, can request a copy of your personal information at any time. To make such a request, write to **1006 Astoria Blvd, Cherry Hill, NJ 08003 Attn: TDWMSI Operations**. We may need your assistance for authentication – to make sure you are who you say you are.

TD will only be able to provide personal information in our possession or control at the time of your request. Please be as specific as possible. Within thirty (30) days of getting your request, we will provide a response. For a copy of your personal information held by the Insurance Company(s) to whom you submitted an application, please contact the Insurance Company(s) directly.

We may charge a reasonable fee to cover the costs incurred in providing a copy of your personal information.

Right To Correction: You may also request that we amend or delete any of your personal information which contains a factual error. To make such a request, write to **1006 Astoria Blvd, Cherry Hill, NJ 08003 Attn: TDWMSI Operations**. We may need your assistance for authentication – to make sure you are who you say you are.

TD will only be able to correct personal information in our possession or control at that time. Please be as specific as possible. Within thirty (30) days of getting your request, we will provide a response. To correct any personal information held by the Insurance Company(s) to whom you submitted an application, please contact the Insurance Company(s) directly.

Right With Respect To Adverse Decisions: The decision to provide you coverage, or deny a request for coverage, is made by the respective Insurance Company(s). TD does not make that decision.

If you are denied coverage on the terms requested, you may have the right to ask the Insurance Company(s) for a statement of specific reasons. Such request must be made to the Insurance Company in writing. If your written request is received within ninety (90) days from the date of the mailing of the notice or other communication of an adverse underwriting decision, the Insurance Company(s) must furnish, within thirty (30) days from the date of receipt of your written request, a statement of specific reasons for the decision.

Residents of the State of New Hampshire

New Hampshire residents may submit any complaint to the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, NH 03301-7317, toll free telephone number 1-800-852-3416.



Residents of the State of New York

Insurance Producer Compensation Disclosure

This document contains important information concerning your insurance purchase from TD Wealth Management Services Inc. ("TDWMSI"), an insurance producer licensed by the State of New York. New York State Insurance Law requires insurance purchasers to receive certain disclosures concerning insurance producer compensation as required by New York Insurance Department Regulation No. 194 (11 NYCRR 30.1 et seq.).

1. TDWMSI represents the Insurer in this transaction. The services that TDWMSI typically provides include: conferring with you about the benefits, terms and conditions of the insurance contracts; selling insurance; and, obtaining insurance for you.
2. The Insurer will pay compensation to TDWMSI, based on the insurance contract that TDWMSI sells to you. Such compensation may vary depending on a number of factors, including the insurance contract and insurer that you select, as well as the volume and/or profitability of the insurance contracts that the Financial Service Representative provides to the Insurer.
3. You may obtain information about compensation expected to be received by TDWMSI based in whole or in part on the sale of insurance to you, and (if applicable) compensation based in whole or in part on any alternative quotes presented to you, by calling TDWMSI's Financial Services Administration Support Team at 1.800.368.4675.

Affirmation and Signatures

By signing below, I acknowledge that I have reviewed and understand the disclosures and representations contained in this Insurance/Annuity Disclosure Document and agree to be bound by its terms.

Primary Account Holder's Signature

Date

Secondary Account Holder's Signature

Date

**TD Wealth Management Services Inc.
Licensed Insurance Agent's Signature**

Date