



CARES Questionnaire™

Comprehensive Annuity Review & Evaluation Service

Please complete the following questionnaire making sure all fields are completed. Submit via e-submission on Connect (<https://connect.valmarksecurities.com/processes/CARES>) and print for your records.

ADVISOR NAME: _____ DESIGNATION(S): _____

	Name	Gender	DOB	State of Residence
Primary Client				
Joint Client (if applicable)				

PRIMARY OBJECTIVE: *(please choose one)*

- Income**– Focus on attaining higher levels of income immediately or in the future, compromising legacy potential
- Death Benefit with Income**– Balances legacy and modest income needs, RMDs needed
- Maximum Death Benefit**– Leverage for maximum growth of legacy, no income or RMDs needed
- Accumulation** - Tax deferred growth of account value, no income or RMDs needed

IF OBJECTIVE IS INCOME OR DEATH BENEFIT WITH INCOME:

In how many years will income begin? (*if income is needed immediately*) _____

Is joint lifetime income desired? *(If so, please include joint client info above)* Yes No

If yes, is the joint client the spouse of the primary client? Yes No

PLEASE INCLUDE THE MOST RECENT ANNUITY STATEMENT(S)

NOTES: