



WILLIAM PENN ASSOCIATION

709 Brighton Rd., Pittsburgh, PA 15233-1821 • 412-231-2979 • Fax: 412-231-8535 • Toll-Free: 1-800-848-7366

**** IMPORTANT ANNOUNCEMENT ****

To all WPA Agents, Brokers and Managers in the State of New York:

As you are probably aware by now, the New York State Department of Financial Services recently passed the First Amendment to 11-NYCRR 224 (titled Regulation 187) into law. The title of Part 224 is amended to read: Suitability and Best Interest in Life Insurance AND Annuity transactions.

The Annuity portion went into effect on August 1, 2019 and all provisions (including suitability) for Life insurance sales will go into effect on February 1, 2020.

As part of our compliance with Regulation 187, we are requiring ALL LICENSED AGENTS in the STATE OF NEW YORK to:

- 1) **Log into our website www.wpalife.org**
- 2) **Click on the agents tab at the top of the page**
- 3) **Insert password @g3nts709**
- 4) **Scroll down the page until you find the “required annuity training module”**
- 5) **View the PowerPoint video and**
- 6) **Download, complete and return the “Agents Attestation of Completion” (in the red box just above the video) to Sales Coordinator Barbi Tew at btew@wpalife.org or fax 412-586-4067.**

If you have recently been contracted and completed this module as part of your on-boarding process, there is no need to take it again. All other agents should complete the training module ASAP, or by August 30, 2019 at the latest. Failure to complete the required training will delay any new business or subsequent deposits that are submitted, and/or may subject you to termination of your appointment at William Penn Association.

Since the new regulations will also apply to ALL life insurance sales after February 1, 2020, we will be updating our life products training modules and suitability forms by January 1 and will require completion of the life training modules at that time.

Thank you for your compliance with the new regulation.



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Agent Attestation of Completed Training

Agents contracted after 1/1/2019 must complete all 4 training modules. Agents contracted prior to 1/1/2019 are required to complete the annuity module only (upon next license renewal) AND provide proof of completing a 4-hour Annuity continuing education course.

- I attest that I have attended/viewed all 3 William Penn Association New Agent training modules and have a thorough understanding of the Association's products, application process, underwriting requirements, and compensation.

- I attest that I attended/viewed the required WPA Annuity Product Training/Suitability module and have a thorough understanding of the Association's Annuity products, marketing materials, and suitability requirements.

- I attest that I read and understand the WPA Anti-Fraud Plan.

Signed this _____ day of _____, 20_____

Agent Name (Please print) _____

Agent Signature _____

** PLEASE send signed form to Sales Coordinator, Barbara Tew via fax to 412-586-4067 or email to btew@wpalife.org to complete your agent file.

UPDATED suitability form

We have adapted our non-qualified annuity suitability form (attached) to include life sales in the State of NY.

Circle Life or annuity on the suitability form, complete all information, have signed by the prospect and submit with the life application.

The “agent’s statement” on page 2 **MUST** be completed and signed by the agent, regardless if the prospect has provided information or not.

All life insurance applications dated after 2/1/20 **MUST** have the required suitability form with the application or the file will be held pending receipt.

Coming soon: NY specific suitability module. Check the website starting next week for availability.

Thank you for your cooperation in complying with our requirements.



Non-qualified Annuity/NY Life Insurance Suitability Questionnaire

Owner's Name: _____ Owner's Age: _____

Proposed Product (Annuity/Life) _____ Premium Amount: _____
(Please circle one) Face Amount: _____

Please initial one of the three choices:

____ Yes, I agree to answer the questions below and I understand that any recommendations assume that the information provided is both current and accurate. Please answer questions 1 to 14.

____ No, I refuse to answer the questions below and I take full responsibility for determining whether the proposed product is suitable for me. Please sign and date the form below.

1. Monthly income: \$ _____ Occupation _____
2. Monthly expenses: \$ _____
3. Are you retired? Yes ____ No ____ . If no, in what year do you plan to retire? _____
4. My estimated net worth (assets less liabilities): \$ _____. Includes liquid assets of \$ _____. Includes other annuities and life policies with cash values of \$ _____
5. Percentage of proposed annuity to estimated net worth _____%
6. Federal Tax Bracket _____%
7. Your investment objectives in purchasing this annuity/life insurance (check all that apply):
____ Income flow ____ Flexibility ____ Tax deferral ____ Growth followed by income
____ Growth, possible income ____ Pass on to beneficiaries ____ Other _____
8. My investment risk style: ____ Conservative ____ Moderate ____ Aggressive
9. Do you own or have you ever owned any of the following: ____ Fixed Annuities ____ Variable Annuities
____ Certificates of Deposit ____ Stocks/Bonds/Mutual Funds
10. What is the current interest rate on your existing products? _____
11. What is the source of funds to purchase this annuity/life insurance? _____. After purchasing this product, how much money (or liquid assets) will you have available without penalty for emergencies? Specify amount \$ _____
12. Are you considering using funds from existing life insurance policy, annuity contract(s), or certificates of deposit to purchase this annuity? ____ Yes ____ No. If yes, are there any surrender charges associated with the above-mentioned existing policy(ies), contract(s), or certificates of deposit(s)? ____ Yes ____ No. If yes, do you know what the surrender charge(s) is/are? _____
13. When do you expect to take money out of this contract? ____ under 1 year ____ Between 1 and 5 years ____ Between 6 and 9 years ____ 10 or more years ____ N/A

14. How do you anticipate taking distributions from this product? (check all that apply) ___ Annuitize
 ___ Required Minimum Distribution ___ Lump Sum ___ Free Systematic Withdrawals
 ___ Interest only ___ Pass on to Beneficiaries (via death benefit)
15. During the term of this contract, do you expect to need more income than the free withdrawals provided? ___ Yes ___ No.

I represent that the answers to the questions on this questionnaire are correct to the best of my knowledge. I understand that these answers will be used in evaluating the suitability of any insurance product that may be proposed to me. I understand that my answers are voluntary.

Date: _____ Owner's Signature: _____

I have been advised by my agent that the insurance product proposed to me is not suitable according to established company guidelines, but having considered the matter fully, I nevertheless desire to purchase the product as proposed to me. I take full responsibility for determining whether the proposed product is suitable for me.

Date: _____ Owner's Signature: _____

AGENT'S STATEMENT:

Advantage of purchasing this annuity/life insurance policy: _____

Disadvantage of purchasing this annuity/life insurance policy: _____

Grounds for recommending this annuity/life insurance policy: _____

I have reasonable grounds for believing that the recommendations for this annuitant to purchase/exchange or replace an annuity/life policy is suitable on the basis of the facts disclosed by the client as to their current investments, financial situation, and needs.

Date: _____ Agent's Signature: _____

This form must be submitted with the application before we can offer you an annuity contract or life insurance certificate in the State of New York.

HO USE ONLY:		
APP _____	ADV _____	REJ _____
SR1 _____	SR2 _____	
DATE _____	DATE _____	