



Minnesota Health Care Programs Annuity Data Worksheet

Date: _____

Case number: _____

Case name: _____

| General Information | | | |
|---------------------|---------------------|----------------------|--|
| OWNER NAME(S) | ISSUER NAME | | CONTRACT NUMBER |
| PURCHASED BY | DATE OF PURCHASE | PURCHASE PRICE \$ | ADDITIONS \$ |
| PAYEE NAME(S) | BENEFICIARY NAME(S) | | <input type="checkbox"/> IRREVOCABLE DESIGNATION (AFB) <input type="checkbox"/> ESTATE CONTINGENT BENEFICIARY (AFB) |

| Basic MA Information | | | |
|---|---|---|--|
| <input type="checkbox"/> Accumulation Phase | CASH SURRENDER VALUE \$ | CURRENTLY IN FREE LOOK PERIOD <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Annuitized | ANNUITIZATION DATE | CASH VALUE ON ANNUITIZATION DATE \$ | COMMUTED CASH VALUE \$ |
| | CURRENTLY IN FREE LOOK PERIOD <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> BALLOON PAYMENT | <input type="checkbox"/> PARTIAL SURRENDER AVAILABLE |
| | PAYMENT FREQUENCY | DURATION OF PAYMENTS | PERIODIC PAYMENT AMOUNT \$ |
| | | | DATE OF FIRST PAYMENT |

| MA-LTC Information | | | |
|----------------------------|---|--|--|
| General | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PRIVATE | <input type="checkbox"/> TERM CERTAIN <input type="checkbox"/> LIFE AND SURVIVOR | <input type="checkbox"/> LIFE <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> DEFERRED ANNUITY <input type="checkbox"/> IMMEDIATE ANNUITY | <input type="checkbox"/> VARIABLE <input type="checkbox"/> FIXED | <input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE |
| Annuity Type | <input type="checkbox"/> IRA - ANNUITY <input type="checkbox"/> DEEMED IRA - ANNUITY | <input type="checkbox"/> ROTH IRA - ANNUITY <input type="checkbox"/> SIMPLE IRA - ANNUITY | <input type="checkbox"/> SEP IRA - ANNUITY <input type="checkbox"/> OTHER: |
| Funded By | <input type="checkbox"/> CLIENT | AMOUNT \$ | FUNDING SOURCE <input type="checkbox"/> IRA - ACCOUNT <input type="checkbox"/> ROTH IRA - ACCOUNT <input type="checkbox"/> SIMPLE IRA - ACCOUNT <input type="checkbox"/> SEP IRA - ACCOUNT <input type="checkbox"/> TRUST OR ACCOUNT TREATED AS AN IRA AND PROVIDED BY EMPLOYER, EMPLOYER ASSOCIATION OR UNION <input type="checkbox"/> OTHER SPECIFY: |
| | <input type="checkbox"/> CLIENT'S SPOUSE | AMOUNT \$ | |
| | <input type="checkbox"/> OTHER PERSON | AMOUNT \$ | |
| Annuity Transaction | <input type="checkbox"/> Yes <input type="checkbox"/> No | TRANSACTION DATE | |
| Death Benefit | <input type="checkbox"/> ALLOWS SOMEONE OTHER THAN SURVIVING SPOUSE TO BE DESIGNATED <input type="checkbox"/> NO DEATH BENEFIT AVAILABLE | | |
| Designate DHS PRB | <input type="checkbox"/> REQUIRED <input type="checkbox"/> DHS-5036 or <input type="checkbox"/> DHS-5036A SENT <input type="checkbox"/> DHS-5037 SENT <input type="checkbox"/> DESIGNATION MADE | | |
| | <input type="checkbox"/> NOT REQUIRED | | |
| Transfer Evaluation | <input type="checkbox"/> N/A <input type="checkbox"/> METHOD 1 <input type="checkbox"/> METHOD 2 | <input type="checkbox"/> NO TRANSFER <input type="checkbox"/> PRIVATE ANNUITY | <input type="checkbox"/> PAYMENT REQUIREMENTS NOT MET <input type="checkbox"/> NOT ACTUARIALLY SOUND |
| | | | TRANSFER AMOUNT \$ |