

## Application for Annuity

### Proposed Annuitant

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Is the Proposed Annuitant a member of the Slovak Catholic Sokol?  Yes  No. If not, applying for membership.

### Owner – Applicant If, other than Proposed Annuitant.

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ FEIN or Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Plan  Flexible Deferred Annuity  Single Premium Annuity  Other \_\_\_\_\_

Non-Qualified,  Qualified \_\_\_\_\_

Amount Paid With Application: \$ \_\_\_\_\_ (Include Rollover Amount.)  Rollover Amount: \$ \_\_\_\_\_

Send Premium Reminder Notices:  No.  Yes: Amount: \$ \_\_\_\_\_  Annual  Semi-Annual  Quarterly

Date \_\_\_\_\_ or Maturity Age: \_\_\_\_\_ to receive proceeds of this contract.

Income Option:  Life.  Life & Period Certain, Years:  5  10  15  20

Mode:  Annual  Semi-Annual  Quarterly  Monthly

### Beneficiary (If additional space is needed, use a separate sheet, dated and signed.)

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security # \_\_\_\_\_ Share \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security # \_\_\_\_\_ Share \_\_\_\_\_

### Contingent (If additional space is needed, use a separate sheet, dated and signed.)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Is the annuity applied for intended to replace or change any existing insurance or annuity?  No,  Yes, Show name of insurer and policy (certificate) number(s) \_\_\_\_\_

The undersigned: (1) REPRESENT that the information shown in this application is complete and true, to the best of their knowledge and belief of the respondents; (2) AGREE that this application will be the basis for and part of any contract issued; and (3) UNDERSTAND that: (a) the CONTRACT APPLIED FOR WILL BE EFFECTIVE ON THE LATER OF THE DATE WE APPROVE ISSUE OF THE CONTRACT OR DATE WE RECEIVE THE FIRST PREMIUM FOR THE CONTRACT; and (b) only the Society's President or Secretary may, in writing make or change a contract or waive any of the Society's rights or requirements.

Signed at (City & State) \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Proposed Annuitant \_\_\_\_\_ Applicant \_\_\_\_\_

Witness Signature (Agent, where required by law) \_\_\_\_\_

Agent's Statement: To the best of your knowledge and belief, will the insurance applied for replace or change any existing insurance or annuity?  No.  Yes. "If Yes, provide required disclosure notices to the Proposed Annuitant/Applicant." Any replacement regulations must be complied with.

Agent Signature: \_\_\_\_\_ # \_\_\_\_\_ Name (print): \_\_\_\_\_