

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, apply for membership.

Owner–Applicant If, other than Proposed Annuitant.

Full Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ FEIN or Social Security #: _____ Phone: _____

Plan: _____

Non Qualified, Qualified _____

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

Send Premium Reminder Notices: No. Yes. Amount: \$ _____ Annual SemiAnnual Quarterly

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

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

Mode: Annual SemiAnnual 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: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Social Security #: _____ Share: _____

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

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 bylaw) _____

Florida Fraud Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey Fraud Warning: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania Fraud Warning: Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Agent's Statement: To the best of your knowledge and believe, 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.

(Florida Only) Florida License ID No. required: _____

Agent Signature: _____ # _____ Name (print): _____