

SOKOL LEGACY- Application Instructions:

1. Complete the “SOKOL LEGACY” Application Form below:
2. Complete form LA-10 Application for Life Insurance.
3. Mail the “SOKOL LEGACY” Application Form and LA-10 Application for Life Insurance to:

Slovak Catholic Sokol
PO Box 899
Passaic, NJ 07055

SOKOL LEGACY

Slovak Catholic Sokol Fraternal Benefit Offer

Purchase one of our Permanent Life Insurance Products and receive the following as a Fraternal Benefit:

1. The right to obtain a Guaranteed Issue Permanent Life Insurance Certificate for yourself or an Immediate Family member; and
2. A 50% reduction for the 1st year premium if the certificate chosen is a Legacy Life, Legacy 20, or
3. A 10% Reduction on a Single Premium Life or a 3 Payment Life plan.

Application

Existing Member Name: _____

Certificate #: _____ Relationship to Applicant _____

Applicant Full Name: _____

Current Age: _____ (Applicant Qualifying ages are 0 – 80)

Applicant Signature: _____ Date: _____

Existing Member's Signature: _____