

## 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** \_\_\_\_\_

Non-Qualified,  Qualified,  IRA,  ROTH,  Other \_\_\_\_\_

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.)

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

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

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

**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.

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.

**SLOVAK CATHOLIC SOKOL IS LICENSED TO DO BUSINESS IN THE STATE OF ILLINOIS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN THE ILLINOIS LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.**

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

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

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

**Agent's Statement:**

1. To the best of your knowledge and belief, will the insurance applied for replace or change any existing insurance or annuity with another company?  Yes.  No.
2. "If Yes, have you complied with any regulatory requirements regarding replacements?  Yes.  No.
3. Did you ask each question exactly as set forth in the application?  Yes.  No.

Agent Signature: \_\_\_\_\_ # \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_