

# SLOVAK CATHOLIC SOKOL

*A tradition of providing sound financial protection and benefits to our members*

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## QUALIFIED BEST INTEREST STATEMENT

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This PTE 84-24 form is being provided to you as required by law under what is known as the ERISA Prohibited Transaction Exemption 84-24 (PTE 84-24). This statement contains information that you should read and understand prior to using funds from an individual retirement or qualified plan retirement account to purchase an annuity.

**Annuity Contract:** Slovak Catholic Sokol

IRA or Plan: \_\_\_\_\_

Agent: \_\_\_\_\_ Agent # \_\_\_\_\_

**Agent is Independent of Insurer and Able to Recommend Other Annuity Contracts:**

Agent is independent of Slovak Catholic Sokol. Agent is NOT contractually limited to recommending only annuity contracts of Slovak Catholic Sokol.

**Commissions:**

Slovak Catholic Sokol will pay a commission for each purchase payment made to Slovak Catholic Sokol. The total commission to be received by the agent and/or an affiliate of the agent is equal to \_\_\_\_\_% of the purchase payment amount. Commissions are not subtracted from the purchase payments or from annuity contract values.

**Material Conflicts of Interest:**

A material conflict of interest exists if the agent has a financial interest that a reasonable person would conclude could affect the exercise of the agent's judgment in rendering advice as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contract Charges:**

Early Withdrawal Charge (Premature Use Charge): An early withdrawal charge will be deducted from contract values if you took a withdrawal during the first contract years. No further early withdrawal charges will apply to this contract.

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### ACKNOWLEDGEMENT AND CONSENT

*(Completed by the IRA owner or by the employer or other Fiduciary with respect to the employee benefit plan)*

I hereby acknowledge receipt of this Disclosure Statement prior to additional purchase payments to an existing Slovak Catholic Sokol annuity contract. As IRA owner or fiduciary of the employee benefit plan, I hereby approve additional purchase payments to such annuity contract.

\_\_\_\_\_  
IRA Owner or Plan Fiduciary Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title (if Plan Fiduciary)

\_\_\_\_\_  
Date