

# Polish Roman Catholic Union of America

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NEW MEMBER  
 CURRENT MEMBER

## ANNUITY APPLICATION

ADULT  
 JUVENILE

### ANNUITANT INFORMATION (PRINT CLEARLY)

1. NAME

\_\_\_\_\_  
 First Middle Last

2. ADDRESS

\_\_\_\_\_  
 Street

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

3. DATE OF BIRTH

ISSUE AGE

SEX

Male  Female

4.  SINGLE

MARRIED

WIDOWED

5. SOCIAL SECURITY #

6. MAIDEN NAME

7. PREMIUM PAYABLE:

ANNUALLY  SEMI-ANNUALLY  QUARTERLY  
 MONTHLY  SINGLE PAYMENT  MO. CHECK PLAN

AMOUNT PAID \$ \_\_\_\_\_

8. APPLICANT INFORMATION (If annuitant is a juvenile):  
 NAME

SEX

M  F

\_\_\_\_\_  
 First Middle Last

ADDRESS

\_\_\_\_\_  
 Street

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

APPLICANT'S RELATIONSHIP TO ANNUITANT

APPLICANT SOC. SEC. #

9. OWNER: Unless otherwise specified below, the owner of adult annuity is the annuitant and owner of juvenile annuity is the applicant until age 16.  
 OWNER'S NAME

\_\_\_\_\_  
 First Middle Last

ADDRESS

\_\_\_\_\_  
 Street

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

OWNER'S RELATIONSHIP TO ANNUITANT

OWNER'S SOC. SEC. #  
 OR EIN #

1. I AGREE THAT THE STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

2. I AGREE TO ABIDE BY THE ARTICLES OF INCORPORATION, CONSTITUTION, BY-LAWS, RULES AND REGULATIONS OF THE UNION WHICH ARE NOW IN FORCE OR MAY BE ADOPTED BY THE UNION IN THE FUTURE.

Signed at \_\_\_\_\_  
 City State

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

10. SOCIETY NUMBER

11. *FOR HOME OFFICE USE ONLY*

POLICY #

ROSTER #

CORRECTIONS AND AMENDMENTS  
 (Do not write in this space.)

12. ARE YOU NOW A MEMBER OF PRCUA?  YES  NO

SOCIETY #

ROSTER #

13. IS THIS ANNUITY APPLIED FOR INTENDED TO REPLACE OR CHANGE, IN WHOLE OR IN PART, ANY EXISTING INSURANCE OR ANNUITIES WITH THIS OR ANY OTHER INSURER?

YES  NO IF YES, STATE WHICH BELOW AND GIVE REASON.

COMPANY

YEAR ISSUED

AMOUNT

14. BENEFICIARY  
 PRIMARY:

AGE

RELATIONSHIP

CONTINGENT:

AGE

RELATIONSHIP

15. SPECIAL REQUESTS:

HR-10  IRA \_\_\_\_\_  TSA  ROLLOVER  
 Type

\_\_\_\_\_  
 Annuitant's Signature

\_\_\_\_\_  
 Applicant's Signature (if annuitant is a juvenile)

\_\_\_\_\_  
 Owner's Signature (if other than annuitant)

Witness

\_\_\_\_\_  
 Signature of Deputy/Agent

Witness

\_\_\_\_\_  
 Signature of Authorized Rep.

HOME OFFICE APPROVAL This Application is hereby:



## DEFINITION OF REPLACEMENT

In order to determine whether you are replacing or otherwise changing the status of existing Life Insurance Policies or Annuity Contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new Life Insurance Policy or a new Annuity Contract, has existing coverage been or is it likely to be:

- 1) Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the Life Insurance Policy or Annuity Contract, or otherwise terminated?  
 Yes  No
- 2) Changed or modified into Paid-Up Insurance; continued as Extended Term Insurance or under another form of non-forfeiture benefit; or otherwise reduced in value by the use of non-forfeiture benefit divided accumulations, dividend cash values or other cash values?  
 Yes  No
- 3) Changed or modified so as to effect a reduction either in the amount of the existing Life Insurance or Annuity benefit or in the period of time the existing Life Insurance or Annuity benefit will continue in force?  
 Yes  No
- 4) Reissue with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies?  
 Yes  No
- 5) Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?  
 Yes  No
- 6) Continued with a stoppage of premium payments or reduction in the amount of premium paid?  
 Yes  No

If you have answered "Yes" to any of the above questions, a replacement has occurred or is likely to occur and your agent is required to provide you with a complete Disclosure Statement and the Important Notice regarding replacement or change of Life Insurance Policies or Annuity Contracts.



\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE



\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

To the best of my knowledge, a replacement is involved in this transaction:

- Yes  No



\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
DATE

## DEPUTY/AGENT REPORT

1. Has any insurance or annuity in force or applied for on the life of the annuitant terminated within the past three months or is termination of such insurance or annuity contemplated as a result of the issuance off the annuity applied for?

YES

NO

If yes, have you complied with the Union's and your state's requirements regarding replacement?

YES

NO

2. Have you issued a receipt with this application?

YES

NO

3. REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. 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.

- A. I certify that on the date shown below:
1. The application was completed and signed in my presence by the annuitant, or the applicant, if other than the annuitant;
  2. I have asked each question on the application and I have honestly and accurately recorded the answers supplied by the annuitant, or the applicant, if other than the annuitant.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of writing Deputy/Agent  
(Must be signed in every case.)

\_\_\_\_\_  
Print Agent's Name and Florida License Identification Number



# FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

**Instructions:**

The Polish Roman Catholic Union of America is required by your state insurance department to ask information that will help determine whether an annuity contract is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose and will remain confidential.

If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 ext. 2634, or visit our website at 🌐 [www.prcua.org](http://www.prcua.org).

## 1. PROPOSED ANNUITANT'S PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ TAX STATUS \_\_\_\_\_

NUMBER AND AGE OF DEPENDENTS \_\_\_\_\_

## 2. APPLICANT/OWNER OTHER THAN ANNUITANT

OWNER'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ENTITY \_\_\_\_\_

TAX STATUS \_\_\_\_\_ RELATIONSHIP TO ANNUITANT(S) \_\_\_\_\_

FORM OF OWNERSHIP \_\_\_\_\_

SUPPORTING DOCUMENTS (LIST) \_\_\_\_\_

	ANNUITANT	JOINT OWNER
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		
Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Does your income cover all of your living expenses, including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		

ANNUITANT OR OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ JOINT OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

	ANNUITANT	JOINT OWNER
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		

Why are you purchasing this annuity? \_\_\_\_\_

What are your investment objectives? (Check all that apply)

- Income  Growth (long term)  Safety of Principal & Income
- Safety of Principal & Growth  Pass assets to a beneficiary or beneficiaries at death
- Other: \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

- Conservative  Moderately Conservative  Moderate
- Moderately Aggressive  Aggressive  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Describe your investment experience by type & length of time: \_\_\_\_\_

What is the source of the funds for the purchase of the proposed annuity? \_\_\_\_\_

How long do you plan to keep the proposed annuity? \_\_\_\_\_

Will the proposed annuity replace another product?  Yes  No

If yes, will you pay a penalty or other charge to obtain these funds?  Yes  No

If yes, what is the amount of the charge or penalty? \_\_\_\_\_

\_\_\_\_\_  
ANNUITANT OR OWNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JOINT OWNER SIGNATURE

\_\_\_\_\_  
DATE

**NOTE:**

This section to be completed by the Agent, Insurer, or Managing General Agent proposing purchase.

Advantages of purchasing the proposed annuity:

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Disadvantages of purchasing the proposed annuity:

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The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

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AGENT'S SIGNATURE

DATE SIGNED

**NOTE:**

No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

**3. ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

**OWNER:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR SIGNATURES FOR INITIALS ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

ANNUITANT OR OWNER SIGNATURE

DATE SIGNED

JOINT OWNER SIGNATURE

DATE SIGNED

#### 4. EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the Senior Consumer’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant, if applicable, and the Applicant/Owner as it may exist.

“Annual Income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income, etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Total Net Worth” is the Senior Consumer’s total assets minus total liabilities or encumbrances applicable to those assets.

“Liquid Assets” are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

“Investment Objectives” are the Senior Consumer’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include, but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately Conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include, but are not limited to: (1) An existing annuity or life insurance contract, (2) Liquid Assets, including, but not limited to: cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including, but not limited to: 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Intended use of the annuity” means the purpose for which the Senior Consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the Senior Consumer.

\_\_\_\_\_  
ANNUITANT OR OWNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JOINT OWNER SIGNATURE

\_\_\_\_\_  
DATE