



POLISH ROMAN CATHOLIC UNION OF AMERICA

A Fraternal Benefit Society

984 North Milwaukee Avenue, Chicago, IL 60642-4101
(800) 772-8632 • 773-782-2600 • Fax 773-278-4595 • www.PRCUA.org

new-business@prcu.org

APPLICATION FOR ANNUITY

A - PROPOSED ANNUITANT'S INFORMATION

1. New Member: Yes No 2. _____
SOCIETY CERTIFICATE - HOME OFFICE USE PLAN - HOME OFFICE USE

3. _____ 4. Sex: M F
NAME (FIRST, MI, LAST NAME)

5. _____
STREET ADDRESS / CITY, STATE, ZIP CODE

6. Marital Status: Single Married Widowed 7. _____ 8. _____ 9. _____
DATE OF BIRTH AGE BIRTHPLACE (STATE / COUNTRY)

10. _____ 11. _____
EMAIL ADDRESS TELEPHONE NUMBER

12. SSN TIN EIN # _____

13. _____ 14. _____ 15. _____
PROPOSED ANNUITANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

HOME OFFICE USE - DO NOT WRITE IN THIS SPACE

Endorsements, Amendments, and Riders

B - OWNER'S INFORMATION ANNUITANT JOINT TENANCY

16. _____ 17. Sex: M F 18. _____
NAME OF PRIMARY OWNER (FIRST, MI, LAST NAME OR NAME OF TRUST) DATE OF BIRTH / TRUST DATE

19. _____ 20. _____
PRIMARY OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE RELATIONSHIP TO PROPOSED ANNUITANT

21. SSN TIN EIN # _____

22. _____ 23. _____ 24. _____
PRIMARY OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

25. _____ 26. Sex: M F 27. _____
NAME OF JOINT OWNER (FIRST, MI, LAST NAME) (IF APPLICABLE) DATE OF BIRTH

28. _____ 29. _____
JOINT OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE RELATIONSHIP TO PROPOSED ANNUITANT

30. SSN TIN EIN # _____

31. _____ 32. _____ 33. _____
JOINT OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

34. If Certificate is Trust Owned, Attach First & Last Page of Trust and Provide Trustee information:

COMPLETE NAME OF TRUSTEE(S)

C - APPLICANT'S INFORMATION (IF OTHER THAN PROPOSED ANNUITANT OR OWNER)

35. _____ 36. Sex: M F 37. _____
NAME (FIRST, MI, LAST NAME) DATE OF BIRTH

38. _____
STREET ADDRESS / CITY, STATE, ZIP CODE

39. _____ 40. SSN TIN EIN # _____
RELATIONSHIP TO PROPOSED ANNUITANT

41. _____ 42. _____ 43. _____
APPLICANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

D - PLAN INFORMATION

44. Initial Contribution \$ _____ 45. Tax Year _____

46. Annuity Type: Non-Qualified IRA* SEP* TSA* Roth IRA* Other _____ *Complete Required Forms

47. Series: _____

48. 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, complete Replacement Form(s) and provide details below.)

COMPANY	YEAR ISSUED	AMOUNT	REASON FOR REPLACEMENT
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

49. If #48 is yes, type of Replacement? Full Partial 1035 Exchange IRA Transfer Direct Rollover Rollover

E - BENEFICIARY INFORMATION (If Trust, Attach First & Last Page of Trust)

52. PRIMARY (Name) Relationship % Share
Trustees (if applicable)
[] SSN [] TIN [] EIN # Birth/Trust Date
PRIMARY (Name) Relationship % Share
Trustees (if applicable)
[] SSN [] TIN [] EIN # Birth/Trust Date
PRIMARY (Name) Relationship % Share
Trustees (if applicable)
[] SSN [] TIN [] EIN # Birth/Trust Date
53. CONTINGENT (Name) Relationship % Share
Trustees (if applicable)
[] SSN [] TIN [] EIN # Birth/Trust Date
CONTINGENT (Name) Relationship % Share
Trustees (if applicable)
[] SSN [] TIN [] EIN # Birth/Trust Date

F - AGREEMENTS & SIGNATURES

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.

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.

SIGNED AT THIS DAY OF, 20
CITY / STATE DAY MONTH YEAR

PROPOSED ANNUITANT'S SIGNATURE (AGE 18 & UP)

APPLICANT'S SIGNATURE

PRIMARY OWNER'S SIGNATURE

JOINT OWNER'S SIGNATURE

(PRINT) DEPUTY/AGENT'S NAME, CODE, AND DISTRICT

DEPUTY/AGENT'S SIGNATURE | FLORIDA LICENSE ID NUMBER OR HOME OFFICE SIGNATURE

DEPUTY/AGENTS PHONE NUMBER AND EMAIL



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.

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:

Disadvantages of purchasing the proposed annuity:

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

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

DEPUTY/AGENT'S REPORT

1. Has any insurance or annuity in force or applied for on the life of the proposed annuitant terminated within the past three months or is termination of such insurance or annuity contemplated as a result of the issuance of 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/SPECIAL REQUESTS: _____

I certify that on the date shown below:

- 1. The application was completed and signed in my presence by the proposed annuitant, or the owner, if other than the proposed annuitant;
- 2. I have asked each question on the application and I have honestly and accurately recorded the answers supplied by the proposed annuitant, or the owner, if other than the proposed annuitant.

DATE

DEPUTY/AGENT'S SIGNATURE | CODE | FL LICENSE NUMBER OR HOME OFFICE SIGNATURE (MUST BE SIGNED IN EVERY CASE)

SALES REPRESENTATIVE'S PHONE NUMBER

SALES REPRESENTATIVE'S EMAIL ADDRESS




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

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.