



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

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)

50. 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 _____
 PRIMARY (Name) _____ Relationship _____ % Share _____
 Trustees (if applicable) _____
 SSN TIN EIN # _____ Birth/Trust Date _____

51. 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.

ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION: POLISH ROMAN CATHOLIC UNION OF AMERICA 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 (POLICY) HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE (POLICY) ISSUED BY THE SOCIETY.

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) SALES REPRESENTATIVE'S NAME, CODE, AND DISTRICT

 SALES REPRESENTATIVE'S SIGNATURE

 SALES REPRESENTATIVE'S PHONE NUMBER AND EMAIL

 HOME OFFICE APPROVAL - HOME OFFICE USE ONLY



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

SALES REPRESENTATIVE 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

SALES REPRESENTATIVE'S SIGNATURE & CODE (MUST BE SIGNED IN EVERY CASE)

SALES REPRESENTATIVE'S PHONE NUMBER

SALES REPRESENTATIVE'S EMAIL ADDRESS



ANNUITY SUITABILITY QUESTIONNAIRE

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.

You have the legal right to decline to provide this information. If this is your wish, please read the following statement, sign, date, and return this form with your Application for Annuity.

Waiver of Annuity Suitability Questionnaire

- No, I will not answer the questions on this Annuity Suitability Questionnaire and I take full responsibility for determining whether the proposed annuity is suitable for me.**

1. PROPOSED ANNUITANT INFORMATION

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that the Polish Roman Catholic Union of America may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

PROPOSED ANNUITANT'S FIRST (MI) LAST NAME

PROPOSED ANNUITANT'S TELEPHONE NUMBER

AGE

TAX IDENTIFICATION NUMBER (SSN/TIN)

PROPOSED ANNUITANT'S OCCUPATION

Marital Status:

- Married Single Widowed Divorced

Primary Financial Objectives: (check all that apply)

- Preservation of Capital Future Income Wealth Accumulation Inheritance
 Charitable Giving Education Planning Tax Deferral Immediate Income

Time Frame for this Investment: When will you need the money you are investing in this annuity? (check one)

- 1 year or less 1 – 3 years 3 – 7 years
 7 – 10 years 10 years Never (money for charity/inheritance)

INTENDED USE OF ANNUITY

\$ _____

ANNUAL HOUSEHOLD INCOME

\$ _____

LIQUID NET WORTH

Source of Income: (check all that apply)

- Employment Investments Social Security
 Retirement Other

SOURCE OF FUNDING

(continued on next page)

1. PROPOSED ANNUITANT INFORMATION

(continued from page 1)

Tax Bracket: (check one)

- 10% 15% 25% 28% 33% 35%

PROPOSED ANNUITY REPRESENTS WHAT PERCENTAGE OF NET WORTH

Do you have funds available to you in case of emergency? Yes No

OTHER RELEVANT INFORMATION (FINANCIAL CONSTRAINTS, HEALTH CONCERNS, LONG-TERM CARE CONSIDERATIONS, ETC.)

2. EXISTING ACCOUNTS

Are you considering using funds from existing life insurance policy(ies) contract(s), or certificate of deposit(s) to purchase this annuity? Yes No

How long has the policy(ies), contract(s), or certificate of deposit(s) been in force? NUMBER OF YEARS

Are there any surrender charges associated with the above-mentioned existing policy(ies), contract(s), or certificate of deposit(s)? Yes No

IF YES, WHAT ARE THE CURRENT SURRENDER CHARGES

3. SIGNATURE

SIGNATURE OF PROPOSED ANNUITANT

DATE OF SIGNATURE