



**APPLICATION FOR ANNUITY**

**A - PROPOSED ANNUITANT'S INFORMATION**

1. New Member:  Yes  No 2. \_\_\_\_\_  
SOCIETY

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

CERTIFICATE - HOME OFFICE USE

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 Plan: \_\_\_\_\_ Type:  Non-Qualified  IRA\*  SEP\*  TSA\*  Roth IRA\*  Other \_\_\_\_\_  
 \*Complete Required Forms Series: \_\_\_\_\_

47. Do you, the Applicant, have any existing individual annuity contracts or individual life insurance policies?  Yes  No  
 If Yes, Company Name: \_\_\_\_\_

**D - PLAN INFORMATION (CONTINUED)**

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

\_\_\_\_\_  
PROPOSED ANNUITANT'S SIGNATURE (AGE 18 & Up)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRIMARY OWNER'S SIGNATURE

\_\_\_\_\_  
JOINT OWNER'S SIGNATURE

**AGENT**

50. Does the Applicant have any existing individual annuity contracts or individual life insurance policies?  Yes  No

If Yes, Company Name: \_\_\_\_\_

51. To the best of your knowledge, 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

I certify that the information provided by the owner has been accurately recorded; no written sales materials other than those approved by the company were used; and I have reasonable grounds to believe the purchase of the contract applied for is suitable for the owner.

\_\_\_\_\_  
(PRINT) SALES REPRESENTATIVE'S NAME

\_\_\_\_\_  
CODE

\_\_\_\_\_  
SALES REPRESENTATIVE'S SIGNATURE

**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 \_\_\_\_\_

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.

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

\_\_\_\_\_  
SALES REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
SALES REPRESENTATIVE'S PHONE NUMBER

\_\_\_\_\_  
SALES REPRESENTATIVE'S EMAIL

HOME OFFICE APPROVAL - HOME OFFICE USE ONLY



## KANSAS REPLACEMENT NOTICE

### KANSAS IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

Our agent is recommending that you purchase a life insurance policy or annuity from us. In connection with this purchase, you have indicated either as a result of his recommendation or at your own initiative, that you may terminate or change your existing policy or contract issued by PRCUA or another insurance company or that you may obtain a loan from that company against your existing policy or contract to pay premiums on the proposed policy or contract. Any of these actions is a replacement of life insurance or annuity. This notice must be given to you, along with a Comparative Information Form which includes preliminary information comparing the proposed policy or contract with your existing policy or annuity to be replaced. Please read this notice and the Comparative Information Form carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy or annuity and your existing insurance or annuity coverage.

To this end, we are required to give you a Policy Summary including complete information on the proposed policy or contract no later than when the policy or contract is delivered to you. In addition, we are required to notify the insurance company that issued your existing policy or contract (if applicable). That company may then furnish you with additional information concerning your existing policy or contract. You may want to contact that company or its agent for further information and advice or discuss your purchase with other advisors. The information you receive will be of value to you in reaching a final decision.

You may want to contact your existing life insurance company or its agent (if applicable) for additional information and advice or discuss your purchase with other advisors. The information you receive should be of value to you in reaching a final decision.

If either the proposed policy or contract of the existing insurance you intend to replace is a participating policy or contract, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy or contract which has been in existence for a period of time may have certain advantages to you over a new policy or contract. If the policy coverages are basically similar, the premiums for a new policy or contract may be higher because rates increase as your age increases. Our new life insurance policy or annuity contract will allow credit for the period of time that has elapsed under the replaced policy's or contract's incontestability and suicide period up to the face amount of the existing policy or contract. With regard to financed purchases, the credit may be limited to the face amount of the existing policy that is reduced by the use of existing policy values to fund the new policy or contract.

Your existing policy or contract may have options which are not available under the policy or contract being proposed to you or may not come into effect under the proposed policy or contract until a later time during your life. Also, your proposed policy's or contract's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy or contract. On the other hand, the proposed policy or contract may offer advantages which are more important to you.

If you are considering borrowing against your existing policy or contract to pay the premiums on the proposed policy or contract, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy or contract thereby reducing your total insurance or annuity contract coverage.

After we have received your application and notified the other insurance company (if applicable) you will have thirty (30) days from the date the proposed policy or contract is delivered to you to cancel the policy or contract issued on your application and receive back all payments you made to us.

We are required by state regulation to delay the issuance of the policy or contract for which you are making application for thirty (30) days from the date on which we send your existing insurer notification that their policy or contract will be replaced.

**CAUTION**

If, after studying the information made available to you, you decide to replace the existing life insurance or annuity contract with our life insurance policy or annuity contract, you are urged not to take action to terminate or alter your existing life insurance coverage or annuity contract until after you have been issued the new policy or contract, examined it and have found it to be acceptable to you. If you should terminate or otherwise materially alter your existing coverage and fail to qualify for the life insurance or annuity provisions for which you have applied, you may find yourself unable to purchase other life insurance or annuity contract provisions or be able to purchase them only at substantially higher rates.

I have received and read a copy of this Replacement Notice.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

**Information on Policies or Contracts which may be Replaced**

1. Company Name and Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Month/Year Issued \_\_\_\_\_

Name of Insured or Annuitant \_\_\_\_\_

2. Company Name and Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Month/Year Issued \_\_\_\_\_

Name of Insured or Annuitant \_\_\_\_\_

3. Company Name and Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Month/Year Issued \_\_\_\_\_

Name of Insured or Annuitant \_\_\_\_\_

**You are urged not to take action to terminate or alter your existing life insurance policy or annuity contract coverage until you have been issued the new policy or contract, examined it and have found it acceptable to you.**

**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