

# Polish Roman Catholic Union of America

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- NEW MEMBER  
 CURRENT MEMBER

## ANNUITY APPLICATION

- ADULT  
 JUVENILE

|   |          |   |   |   |              |          |          |   |  |
|---|----------|---|---|---|--------------|----------|----------|---|--|
| <b>ANNUITANT INFORMATION</b> (PRINT CLEARLY)  |          |   | 10. SOCIETY NUMBER  |   |              |          |          |   |  |
| 1. NAME   |          |   | 11. <i>FOR HOME OFFICE USE ONLY</i>   |   |              |          |          |   |  |
| _____<br>First Middle Last  |          |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">POLICY #</td> <td style="width: 40%; padding: 5px;">ROSTER #</td> </tr> <tr> <td colspan="2" style="padding: 5px;">CORRECTIONS AND AMENDMENTS<br/>(Do not write in this space.)</td> </tr> </table> |   |              | POLICY # | ROSTER # | CORRECTIONS AND AMENDMENTS<br>(Do not write in this space.) |  |
| POLICY #  | ROSTER # |   |   |   |              |          |          |   |  |
| CORRECTIONS AND AMENDMENTS<br>(Do not write in this space.)   |          |   |   |   |              |          |          |   |  |
| 2. ADDRESS  |          |   | 12. ARE YOU NOW A MEMBER OF PRCUA? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |              |          |          |   |  |
| _____<br>Street   |          |   |   |   |              |          |          |   |  |
| _____<br>City State Zip   |          |   |   |   |              |          |          |   |  |
| 3. DATE OF BIRTH  |          |   |   |   |              |          |          |   |  |
| ISSUE AGE   |          | SEX   | SOCIETY #   |   | ROSTER #     |          |          |   |  |
| <input type="checkbox"/> Male <input type="checkbox"/> Female   |          | <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED |   | 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? |              |          |          |   |  |
| 5. SOCIAL SECURITY #  |          | 6. MAIDEN NAME  |   |   |              |          |          |   |  |
| 7. PREMIUM PAYABLE:   |          |   |   |   |              |          |          |   |  |
| <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY<br><input type="checkbox"/> MONTHLY <input type="checkbox"/> SINGLE PAYMENT <input type="checkbox"/> MO. CHECK PLAN |          |   |   |   |              |          |          |   |  |
| AMOUNT PAID \$ _____  |          |   |   |   |              |          |          |   |  |
| 8. APPLICANT INFORMATION (If annuitant is a juvenile):  |          |   |   | SEX   |              |          |          |   |  |
| NAME  |          |   |   | <input type="checkbox"/> M <input type="checkbox"/> F   |              |          |          |   |  |
| _____<br>First Middle Last  |          |   |   |   |              |          |          |   |  |
| ADDRESS   |          |   |   |   |              |          |          |   |  |
| _____<br>Street   |          |   |   |   |              |          |          |   |  |
| _____<br>City State Zip   |          |   |   |   |              |          |          |   |  |
| APPLICANT'S RELATIONSHIP TO ANNUITANT   |          |   | APPLICANT SOC. SEC. #   |   |              |          |          |   |  |
| 14. BENEFICIARY   |          |   |   |   |              |          |          |   |  |
| PRIMARY:  |          |   | AGE   |   | RELATIONSHIP |          |          |   |  |
| _____<br>_____<br>_____   |          |   |   |   |              |          |          |   |  |
| CONTINGENT:   |          |   | AGE   |   | RELATIONSHIP |          |          |   |  |
| _____<br>_____<br>_____   |          |   |   |   |              |          |          |   |  |
| 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  |          |   |   |   |              |          |          |   |  |
| _____<br>First Middle Last  |          |   |   |   |              |          |          |   |  |
| ADDRESS   |          |   |   |   |              |          |          |   |  |
| _____<br>Street   |          |   |   |   |              |          |          |   |  |
| _____<br>City State Zip   |          |   |   |   |              |          |          |   |  |
| OWNER'S RELATIONSHIP TO ANNUITANT   |          |   | OWNER'S SOC. SEC. # OR EIN #  |   |              |          |          |   |  |
| 15. SPECIAL REQUESTS:   |          |   |   |   |              |          |          |   |  |
| <input type="checkbox"/> HR-10 <input type="checkbox"/> IRA _____ <input type="checkbox"/> TSA <input type="checkbox"/> ROLLOVER<br><span style="margin-left: 150px;">Type</span>   |          |   |   |   |              |          |          |   |  |
| _____<br>Annuitant's Signature  |          |   |   |   |              |          |          |   |  |
| _____<br>Applicant's Signature (if annuitant is a juvenile)   |          |   |   |   |              |          |          |   |  |
| _____<br>Owner's Signature (if other than annuitant)  |          |   |   |   |              |          |          |   |  |
| Witness   |          |   |   |   |              |          |          |   |  |
| _____<br>Signature of Deputy/Agent  |          |   |   |   |              |          |          |   |  |
| Witness   |          |   |   |   |              |          |          |   |  |
| _____<br>Signature of Authorized Rep.   |          |   |   |   |              |          |          |   |  |
| 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_____  |          |   |   |   |              |          |          |   |  |

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)



# 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