



**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.)

Table with 4 columns: COMPANY, YEAR ISSUED, AMOUNT, REASON FOR REPLACEMENT. Includes dollar signs and blank lines for input.

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




## 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