



POLISH ROMAN CATHOLIC UNION OF AMERICA

A Fraternal Benefit Society

984 North Milwaukee Avenue, Chicago, IL 60642-4101

773-782-2600 - Fax 773-782-2733 - 800-772-8632 - www.PRCUA.org - new-business@prcu.org

APPLICATION FOR LIFE INSURANCE

For Amount under \$25,000

PROPOSED INSURED'S INFORMATION:

1. Society # _____ Adult Juvenile

2. Name _____ 3. Male Female 4. Age _____
First Middle Last

5. Address _____ 6. Phone # (_____) _____
Street City State Zip

7. Date of Birth _____ 8. Soc. Sec. # _____ 9. Occupation _____

OWNER'S INFORMATION
10. Name _____ 11. Relationship _____ 12. Soc. Sec. # _____

13. Plan of Ins. _____ 14. Amount of Ins. \$ _____

15. Premium Amt.: Single \$ _____ Annual \$ _____ Semi Annual \$ _____ Quarterly \$ _____ Monthly \$ _____

16. Primary Beneficiary _____ 17. RELATIONSHIP _____

18. Contingent Beneficiary _____ 19. RELATIONSHIP _____

20. Is this insurance intended to replace any now in force? Yes No 21. Is Proposed Insured a PRCUA member? Yes No

22. Dividend election (choose one): Paid in Cash? Yes No Purchase Paid-Up Additions? Yes No

APPLICANT'S INFORMATION (IF PROPOSED INSURED IS A JUVENILE.)
23. Name _____ 24. Male Female
First Middle Last
25. Address _____ 26. Relationship _____

PERSONAL HEALTH STATEMENT OF PROPOSED INSURED

27. Height _____ Weight _____ 28. Doctor's Name _____

29. Dr.'s Address _____ 30. Dr.'s Phone # (_____) _____

31. Is Proposed Insured currently hospitalized, bedridden or confined to a wheel chair? Yes No

32. In the past 5 years, has the proposed insured had or been treated for, or been advised to obtain treatment for medical or surgical condition including cancer, heart condition, kidney and liver disease, vascular disease, diabetes, muscular condition, stroke, elevated cholesterol, or drug and alcohol dependency? Yes No

33. Has Proposed Insured used any form of tobacco in the last 12 months? Yes No

If you answered "YES" to questions 31-33, explain details below. Attach a separate page if additional space is needed.
Date Name and Address of Physician and Hospital Specific Reason & Results

Table with 3 columns: Date, Name and Address of Physician and Hospital, Specific Reason & Results

List all Life Insurance on Proposed Insured and Applicant. Attach a separate page if additional space is needed.

Table with 5 columns: Company, Face Amount, A.D. Amount, Year Issued, Certificate # (If PRCUA)

1) I AGREE that the statements and answers contained in this application and in any medical examination required by the Union are complete and true to the best of my knowledge and belief. 2) I AGREE to abide by the Articles of Incorporation, Constitution and By-Laws of the Union, which are now in force or may hereafter be adopted by the Union. 3) I AGREE that if I am not a member of the Union, this application serves as a membership application. The Application is to be attached to and made part of the Certificate of Insurance applied for.

SIGNED AT _____ this _____ day of _____, 20 _____
City State

Proposed Insured's Signature (Must be 16 yrs. or older) Applicant's Signature

Owner's Signature, if other than Proposed Insured Witness/Authorized Representative

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

This Authorization complies with the HIPAA Privacy Rule

By executing this Authorization, I authorize all health care providers that have been involved in my care, diagnosis or treatment (including but not limited to, physicians, hospitals, clinics, medical practitioners and other medically related facilities) to disclose my medical records (including, but not limited to patient histories, progress notes, test results, x-rays and other diagnostic information) to the Polish Roman Catholic Union of America or its reinsurers for the purpose of:

Determination of Eligibility for Life Insurance

I understand that the information in my health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services.

I also understand that when my medical records are disclosed pursuant to this Authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws.

I understand that I may revoke this Authorization, except to the extent that any health care provider or the Polish Roman Catholic Union of America has acted in reliance upon this Authorization. My revocation of this Authorization must be submitted in writing to: **Polish Roman Catholic Union of America, ATTN: Privacy Comp. Officer, 984 N. Milwaukee Avenue, Chicago, Illinois 60642-4101**

This Authorization will expire twenty-four (24) months after the date upon which the Authorization was signed.

Signature of Individual Whose Information is to be Disclosed _____ Printed Name _____ Date _____

Signature of Parent or Legal Guardian (If Applicable) _____ Printed Name _____ Date _____

DISCLOSURE NOTICE - FAIR CREDIT REPORTING ACT

As part of our routine selection procedure, we may request that an investigative Consumer Report be made. These reports include information as to identify character, general reputation, personal characteristics, verification of residence, marital status, estimate of worth and income, occupation, avocations, general health, habits and mode of living. Information is obtained from several different sources. Confidential interviews may be conducted with neighbors, friends, associates and acquaintances. Personal discussions may be arranged with you or your family and public records may be carefully reviewed. Upon written request to the Underwriter at the PRCUA, further information on the nature and scope of the report will be provided. Our experience shows that information from investigative reports usually does not have an adverse effect upon our underwriting decision. If it should, we will notify you in writing and identify the reporting agency. At that point, if you wish to do so, you may discuss the matter with the reporting company. All of these rights are guaranteed to you by the Fair Credit Reporting Act, which took effect in April, 1971.

Notice to _____
Proposed Insured's Signature (Must be 16 yrs. or older) _____ Date _____

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO CERTIFICATE DELIVERY UNLESS AND UNTIL ALL CONDITIONS ON THIS RECEIPT ARE MET. If: (1) an amount equal to at least one month premium, for the plan and amount applied for, is submitted; (2) all underwriting requirements, including any medical examinations required by the rules of the Union are completed; and (3) the Proposed Insured is, on the date indicated on this receipt, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the rules and practices of the Union. THEN insurance under the certificate applied for shall become effective on the latest of (a) the register date of application, (b) the date of the last of any medical examinations, and (c) any date of issue requested in the application.

THE AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO CERTIFICATE DELIVERY SHALL NOT EXCEED \$100,000, which amount includes any additional benefits for death by accident. If any of the above conditions is not met, the liability of the PRCUA shall be limited to the return of the amount submitted.

NO REPRESENTATIVE HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

Received \$ _____ from _____ on the Life of: _____

in connection with an application for life insurance with the same date as this receipt. This payment is made and accepted subject to the above conditions.

POLISH ROMAN CATHOLIC UNION OF AMERICA
Chicago, Illinois

Agent/Deputy Signature

Date



NEW YORK LIFE AND ANNUITY SUITABILITY QUESTIONNAIRE

Instructions:

PRCUA Life is required by your state insurance department to ask for information that will help determine whether a life or 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, or visit our website at 🌐 www.prcua.org.

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 New York 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.

1. PROPOSED INSURED/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 PROPOSED INSURED/ANNUITANT

OWNER'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) _____

DATE OF BIRTH (MM/DD/YYYY) _____ AGE _____ SEX _____

ENTITY _____

TAX STATUS _____ RELATIONSHIP TO INSURED(S)/ANNUITANT(S) _____

FORM OF OWNERSHIP _____

SUPPORTING DOCUMENTS (LIST) _____

	PROPOSED INSURED/ANNUITANT	OWNER/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:		

PROPOSED INSURED/ANNUITANT SIGNATURE _____ DATE _____ OWNER/JOINT OWNER SIGNATURE _____ DATE _____

	PROPOSED INSURED/ANNUITANT	OWNER/JOINT OWNER
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:		
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 life or annuity certificate? _____

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 life or annuity certificate? _____

How long do you plan to keep the proposed life or annuity certificate? _____

Will the proposed life or annuity certificate 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? _____

PROPOSED INSURED/ANNUITANT SIGNATURE _____

DATE _____

OWNER/JOINT OWNER SIGNATURE _____

DATE _____

3. AGENT INFORMATION

NOTE:

This section, which includes three questions and option A or B, is to be completed by the Agent or Managing General Agent proposing purchase. I hereby attest to the information on behalf of myself and all financial representatives who participated in making a recommendation regarding the transaction relating to this questionnaire.

Advantages of purchasing the proposed life or annuity certificate:

Disadvantages of purchasing the proposed life or annuity certificate:

The basis for my recommendation to purchase the proposed life or annuity certificate or to replace/exchange your existing life or annuity certificate(s):

Option A - The proposed life or annuity certificate purchased related to this questionnaire was recommended by me to the proposed insured/annuitant and:

1. I have collected the proposed insured/annuitant's suitability information as required under Regulation 187;
2. My recommendation to the proposed insured/annuitant is based on my evaluation of the relevant suitability information provided by the proposed insured/annuitant;
3. My recommendation reflects the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under the circumstances then prevailing;
4. In my professional opinion: a) the proposed life or annuity certificate is suitable for the proposed insured/annuitant, based on their suitability information provided to me; b) the proposed insured/annuitant would benefit from certain features of the certificate being applied for; and c) the proposed insured/annuitant has the financial ability to meet the financial commitments under the certificate;
5. I have reasonably informed the proposed insured/annuitant of various features of the certificate and potential consequences of the proposed life or annuity certificate, both favorable and unfavorable;
6. I have disclosed to the proposed insured/annuitant and will maintain documentation on file: a) the manner in which I would be compensated for the proposed life or annuity certificate and for servicing of the certificate; b) in a reasonable summary format, all relevant suitability considerations and product information, both favorable and unfavorable, that provide the basis for my recommendation; and c) the basis for my recommendation of the proposed life or annuity certificate, if applicable, and the facts and analysis to support that recommendation; and
7. Only the interests of the proposed insured/annuitant were considered in making the recommendation and I have adequate knowledge to make the recommendation.

Option B - The proposed life or annuity certificate purchased related to this questionnaire was not recommended by me to the proposed insured/annuitant due to: *(please choose one)*

- I made reasonable efforts to collect the required suitability information from the proposed insured/annuitant, but they refused to provide it and I have not made any recommendations;
- I did not make a recommendation in connection with the proposed life or annuity certificate related to this questionnaire;
- The proposed insured/annuitant wishes to enter into the proposed life or annuity certificate related to this questionnaire even though I do not recommend it.

To the best of my knowledge and belief, the information in this questionnaire is true and complete:

AGENT'S SIGNATURE

DATE SIGNED

NOTE:

No questions or response areas are to be left blank when offered to the Proposed Insured/Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent must indicate that.

4. ACKNOWLEDGEMENTS AND SIGNATURES

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.

PROPOSED INSURED/ANNUITANT SIGNATURE

DATE SIGNED

OWNER/JOINT OWNER SIGNATURE

DATE SIGNED

5. EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the 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 Insured/Annuitant, Joint Owner, 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 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 Consumer’s stated goals as described to the insurance agent. 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 life or annuity certificate means from where the funds will come to purchase the life or annuity certificate, 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 life or annuity” means the purpose for which the 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 Consumer.




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 as defined by New York Insurance Department Regulation No. 60 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