



POLISH ROMAN CATHOLIC UNION OF AMERICA

A Fraternal Benefit Society

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new-business@prcu.org

EXPRESS LIFE APPLICATION

PROPOSED INSURED'S INFORMATION

Adult Juvenile 1. _____
SOCIETY CERTIFICATE - HOME OFFICE USE ROSTER - HOME OFFICE USE

2. _____
NAME (FIRST, MI, LAST NAME)

3. _____
STREET ADDRESS / CITY, STATE, ZIP CODE

4. Sex: Male Female 5. _____ 6. _____
DATE OF BIRTH AGE

7. SSN TIN EIN # _____ 8. _____
OCCUPATION

9. _____ 10. _____
EMAIL ADDRESS TELEPHONE NUMBER

11. _____ 12. _____ 13. _____
PROPOSED INSURED'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

OWNER'S INFORMATION (IF OTHER THAN PROPOSED INSURED)

14. _____ 15. _____
NAME (FIRST, MI, LAST NAME) RELATIONSHIP TO PROPOSED INSURED

16. SSN TIN EIN # _____

17. _____ 18. _____
EMAIL ADDRESS TELEPHONE NUMBER

PLAN INFORMATION

19. _____ 20. _____
PLAN OF INSURANCE AMOUNT OF INSURANCE

21. Premium \$ _____ 22. Mode: Single Annual Semi-Annual Quarterly Monthly

23. Riders*: GIO ADB WP JPB *Not all riders are available with all plans 24. ACH (complete form ACH1)

25. In the event of default in payment of any premium due, shall the automatic premium loan provision, if applicable, become effective in lieu of any non-forfeiture option? Yes No

26. Is this insurance intended to replace any now in force? Yes No 27. Is Proposed Insured a PRCUA Member? Yes No

28. Dividend Election (choose one): Paid in Cash Purchase Paid-Up Additions

BENEFICIARY INFORMATION

29. PRIMARY (Name) _____
 SSN TIN EIN # _____ Relationship _____

30. CONTINGENT (Name) _____
 SSN TIN EIN # _____ Relationship _____

APPLICANT'S INFORMATION (IF OTHER THAN PROPOSED INSURED OR OWNER)

31. _____ 32. Sex: Male Female
NAME (FIRST, MI, LAST NAME)

33. _____ 34. _____
STREET ADDRESS / CITY, STATE, ZIP CODE RELATIONSHIP TO PROPOSED INSURED

35. _____ 36. _____
EMAIL ADDRESS TELEPHONE NUMBER

37. _____ 38. _____ 39. _____
APPLICANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

PROPOSED INSURED'S HEALTH INFORMATION

40. _____ 41. _____
HEIGHT / WEIGHT DOCTOR'S NAME / STREET ADDRESS / TELEPHONE NUMBER

42. In the past 5 years, has the Proposed Insured been treated for, or been diagnosed by physician for any 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

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

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

PROPOSED INSURED'S HEALTH INFORMATION (continued from page 1)

If you answered "Yes" to questions 42-44 on page 1, explain details below. Attach a separate page if additional space is needed.

Date	Name & Address of Physician & Hospital	Specific Reason & Results

AGREEMENT - AUTHORIZATION - ACKNOWLEDGMENT - SIGNATURES

This authorization complies with the HIPAA Privacy Rule.

I understand I can revoke this authorization at any time, except to the extent that action has been taken in reliance on this authorization, by giving written notice to the Polish Roman Catholic Union of America (PRCUA) at the name and address shown above.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or medical or medically related facility, insurance company, or other organization, institution or person, that has any records or knowledge of me or my health, to give the PRCUA, or its representatives, including a consumer credit reporting agency or bearer, or reinsurer, any such information. The PRCUA may disclose such information to its reinsurer(s), MIB or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may further authorize. I authorize MIB, LLC, and any MIB member insurer, to provide any medical or personal information that it has about me to PRCUA, its reinsurer or any MIB-authorized third-party administrator performing underwriting services on PRCUA's behalf. I also authorize PRCUA, its reinsurer or authorized third-party administrator, to make a brief report of my personal health information to MIB, LLC. This authorization is valid for 24 months after the date shown below. A photographic copy of this authorization shall be valid as the original. I know that I or my representative may request a copy of this authorization.

1) AGREE that the statements and answers contained in this application are complete and true to the best of my knowledge and belief. **2) AGREE** to abide by the Articles of Incorporation, Constitution, By-Laws, Rules and Regulations of the Union, which are now in force or may hereafter be adopted by the Union. **3) AGREE** that the insurance applied for will become effective when the first premium due is paid and while the Proposed Insured's health, habits and occupation remain as described in this application on the date of issuance of a life certificate by the Union. **4) AGREE** that if I am not a member of the Union, this application serves as a membership application.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Any certificate issued as a result of material misstatement or omission of facts may be voided and the company's only obligation shall be to return the premiums paid.

POLISH ROMAN CATHOLIC UNION OF AMERICA IS LICENSED TO DO BUSINESS IN THE STATE OF OHIO. AS A NOT-FOR-PROFIT, FRATERNAL BENEFIT SOCIETIES ARE NOT INCLUDED IN THE OHIO 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.

I understand that an Illustration conforming to the issued certificate will be provided to me at the time of delivery of the certificate. It will then be signed, returned to the PRCUA Home Office, and become part of my application for membership.

SIGNED AT _____ THIS _____ DAY OF _____, 20____
CITY / STATE DAY MONTH YEAR

 PROPOSED INSURED'S SIGNATURE (MUST BE 16 YEARS OR OLDER)

 APPLICANT'S SIGNATURE, IF OTHER THAN PROPOSED INSURED

 OWNER'S SIGNATURE, IF OTHER THAN PROPOSED INSURED OR APPLICANT

 SALES REPRESENTATIVE'S SIGNATURE/CODE OR HOME OFFICE SIGNATURE

HOME OFFICE APPROVAL - HOME OFFICE USE ONLY

NOTICE OF INFORMATION PRACTICES

This Notice Must be Given to Proposed Insured

(Including MIB Notice, Fair Credit Report Act of 1970, and Public Law 91-508)

In making this application for insurance it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete accurate disclosure of additional information concerning the nature and scope of the investigation.

NOTIFICATION REGARDING MIB, LLC ("MIB")

Information regarding your insurability will be treated as confidential. Polish Roman Catholic Union of America, or its Reinsurer(s) may, however, make a brief report thereon to the MIB, a not-for profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB member Company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, MIB will arrange disclosure of information it may have in your file by calling (866) 692-6901 or you can go to their website www.mib.com. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184.

POLISH ROMAN CATHOLIC UNION OF AMERICA, or its Reinsurer(s), may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.



STATE OF OHIO APPENDIX A

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES FOR PRODUCERS

This document must be signed by the applicant and the producer and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the remainder of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME - CONTRACT OR POLICY # - INSURED OR ANNUITANT - REPLACED (R) OR FINANCING (F)

1. _____
2. _____
3. _____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

(continued on next page)

The existing policy or contract is being replaced because _____

I certify, that the responses herein are, to the best of my knowledge, accurate:

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE

PRODUCER'S PRINTED NAME

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)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older – are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid. You will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

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