



POLISH ROMAN CATHOLIC UNION OF AMERICA

A Fraternal Benefit Society

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new-business@prcu.org

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

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: _____
Complete Required Forms [Type: ☐ Non-Qualified ☐ IRA ☐ SEP* ☐ TSA* ☐ Roth IRA* ☐ Other _____
Series: _____]

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

48. Is Proposed Insured a PRCUA Member? ☐ Yes ☐ No If NOT, apply for Membership.

D – PLAN INFORMATION (CONTINUED)

49. 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
		\$	
		\$	

50. If #49 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

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

If Yes, Company Name: _____

52. 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)

53. 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 _____

54. 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

Fraud Warning: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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 ACCOUNTSAre you considering using funds from existing life insurance policy(ies) contract(s), or certificate of deposit(s) to purchase this annuity? ☐ Yes ☐ NoHow long has the policy(ies), contract(s), or certificate of deposit(s) been in force? _____
NUMBER OF YEARSAre 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



STATE OF PENNSYLVANIA APPENDIX A

NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity policy. As a result, we are required to send you this notice. Please read it 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 and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company, or its agent for additional information and advice or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is participating, 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 which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could contest the policy because of a material misrepresentation or omission concerning the medical information requested in your application or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's Cash Values and Dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, 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 thereby reducing your total insurance coverage.

After we have issued your policy, you will have 30 days from the date the new policy is received by you to notify us you are canceling the policy issued on your application and you will receive back all payments you made to us.

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

NAME OF INSURER

EXISTING INSURANCE COMPANY

POLICY NUMBER

APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE

DATE