

APPLICATION FOR ANNUITY

First Catholic Slovak Union

A Fraternal Benefit Society
6611 Rockside Road
Suite 300
Independence, OH 44131

Annuity # _____

Branch # _____

PLEASE PRINT, USE INK ONLY

1. **Proposed Annuitant:**

Name: _____ Telephone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security #: _____ Sex: _____ If Female, Maiden Name: _____

2. **Type of Annuity:** Indicate appropriate annuity and requested information. E-mail: _____

(a) **Flexible Premium Deferred.** Initial Premium Amount of \$ _____

(b) **Immediate - Single Premium** \$ _____ Benefit Commencement Date _____

One Life; or

Joint and Survivor - Complete Information Requested in Shaded Block

COMPLETE THIS BLOCK, ONLY IF PURCHASING A JOINT AND SURVIVOR IMMEDIATE ANNUITY. 2(b)

Full name of Proposed Co-Annuitant: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Social Sec. No. : _____ Sex: _____ If female, give maiden name: _____

Relationship to Proposed Annuitant: _____

(Note: On settlement or on immediate annuity, Monthly Benefit Period Certain of Ten Years and Life Thereafter is assumed unless otherwise specified.)

3. **Beneficiary:** (Show full name, social security number, and relationship to the Proposed Annuitant.)
(If more room is needed, add an additional sheet.)

Primary: _____

Contingent: _____

4. Is this Annuity intended to replace or change any Insurance or Annuity now in force? Yes _____ No _____
If yes, show name of company and policy number(s): _____

5. Will this Annuity be a tax qualified plan: Yes _____ No _____. If yes, show basis: IRA IRA Rollover or Transfer
Tax Year applied _____ SEP Other _____
 Roth Rollover or Transfer

6. Amount deposited with this application _____.

7. Special Request: _____.

Owner: The Proposed Annuitant shall be the Owner of any contract issued except when the Applicant is an entity other than a person, the applicant shall be the owner. The contract shall be effective on its date of issue.

I hereby represent that the statements and answers included herein are full, complete and true, to the best of my knowledge and belief. I agree that this application shall be the basis for and a part of any contract issued. I understand that only an officer of the Union in writing, may: (1) make or modify contracts; or (2) waive any of its rights or requirements.

Signed At: _____ this _____ day of _____, _____.

Proposed Annuitant's Signature: _____
(Parent or Guardian, if applicant is under age 16.)

INSURANCE FRAUD WARNING

Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

**IMMEDIATE ANNUITY
JOINT AND SURVIVOR ONLY**

Proposed Co-Annuitant _____

Recommender _____

Executive Secretary: _____

Address _____
AR-08

RECEIPT

First Catholic Slovak Union
A Fraternal Benefit Society

Received from: _____ the sum of: _____ in connection with an annuity application, bearing the same date as this receipt, for: _____, Proposed Annuitant. This receipt is not valid unless: (1) the check, draft or money order tendered as payment is good and collectible; and (2) it is signed by the person receiving the Payment.

Date: _____ Representative: _____

Please notify the Union within 30 days after the date of this Receipt, if you have not received: (1) the contract applied for; or (2) refund of the payment. Please be certain to include: (1) the amount paid; (2) the date of the payment; and (3) the name of the person to whom payment was made. Make all remittances payable to: First Catholic Slovak Union, 6611 Rockside Road, Independence, OH 44131.

AR-08

REQUIREMENTS REGARDING EVIDENCE OF DATE OF BIRTH

Satisfactory evidence of the date of birth is required in all cases before annuity payments may be made. It is preferable to have such evidence on installment premium retirement annuities before issue. A certified copy of any record furnished is required. The best and most acceptable evidence is:

- Copy of birth certificate filed at or near time of birth.
- Record of the birth from the family Bible or genealogical history presented on Proof of Age Affidavit.
- Record from the bureau of Vital Statistics or equivalent office.
- Copy of the Baptismal Certificate (certified by the appropriate authority).

Efforts to obtain one of the above should be made in all cases but if none can be obtained, the Union will consider the following sources. However, if one of these is used, a letter of explanation should accompany such evidence stating why it is being presented.

- School record.
- Confirmation record.
- Certificate of marriage.
- Naturalization record.
- Passport, at least five years old.
- Army or navy discharge paper.
- Life insurance record under a contract issued at least five years ago.

If none of the above is available, a detailed statement as to the effort made to secure such evidence should be submitted with the application and further instructions as to the evidence for consideration will be given.

RECOMMENDER'S REPORT

1. To the best of your knowledge, is insurance replacement involved in this transaction? Yes. No.
2. Did you ask each question exactly as set forth in the application, and record the answers exactly as made? Yes. No.
3. To the best of your knowledge, is the annuity now applied for intended to replace or change any existing insurance with any company? Yes. No.

If Yes, have you complied with any regulatory requirements regarding replacement? Yes. No.

PLEASE PRINT

Recommender Date: _____

Address

City State Zip
