

# INSTRUCTIONS FOR COMPLETING THE DEATH BENEFIT ELECTION FORM

Form ANN/EP-NQ-DB/0825

## 1. General Information of Deceased Member (Section 1)

Complete the Contract Number, Name of Deceased, Social Security Number, Date of Birth, and Date of Death of the deceased owner or annuitant. Indicate Marital Status by checking the appropriate box. Attach the original Certified Death Certificate when submitting the form.

## 2. Beneficiary Details (Sections 2 & 3)

Provide the Beneficiary's full name, Social Security Number and other required information. If the beneficiary has changed their name, include relevant documentation. For minors or wards, attach Court-certified Letters of Guardianship or Conservatorship, and complete the Custodian/Guardian contact information. If the beneficiary is a trust, estate, or entity, provide the relevant details and Tax Identification Number (TIN). If the beneficiary is Entity, they can ONLY select Lump Sum payment option (Sections 4 & 9). If the beneficiary is Trust or Estate, they can select either Lump Sum or 5 Year Plan (Sections 4 & 8).

## 3. Election of Payment Options (Sections 4, 5 & 6)

Select how you wish the death benefit to be distributed. You may request a Partial withdrawal in Section 9, with the remaining balance distributed according to your chosen option in Section 4.

Distribution Methods:

### 3.1. In-House Transfer to Another FCSU Product – Section 5: Choose between:

#### 3.1.1 Inherited Contract:

**5 Year Rule:** The entire balance must be distributed by the end of the 5<sup>th</sup> year after the account owner's death. Available only to individual beneficiaries.

**Non-Qualified Stretch:** This option can potentially extend tax benefits and manage tax liability for their lifetime. The beneficiary must take the annual required minimum distribution (Inherited Non-Qualified RMD) based on their life expectancy.

**Estate/Trust 5-Year Plan:** Distributions are at the estate/trust's discretion, with the remaining balance required to be withdrawn after the end of the 5<sup>th</sup> year after the account owner's death

Important Details about Inherited contract: **INCLUDE FORMS ASQ-21, ASW-21-1 and ASW-21-2**

- Current interest rate: 4.50% APY; Guaranteed minimum rate: 3.00% APY
- Surrender charges schedule: 5%, 5%, 4%, 4%, 3% over the first five years
- Up to 10% penalty-free withdrawal annually
- After Year 5, surrender charges drop to 0%. The policy will continue to earn the then-current interest rate until you choose to fully surrender it.

3.1.2 New FPDA Contract: Opens a Flexible Premium Deferred Annuity with a guaranteed minimum rate of 3% APY and current rates of up to 7% APY for the first year (additional surrender charges apply). To open a new FPDA, check the box In Section 5 and have your signature notarized in Section 11. For more information, contact our representative or refer to the attached product flyer. **Note: This transaction is taxable; funds are not transferred tax-deferred.**

### 3.2. Transfer to SPIA (Single Premium Immediate Annuity) – Section 6

Contact our representative to obtain Form ANN/SPIA1P/0425, which details the Settlement Options calculation, including your payment amount based on your chosen period of years. After reviewing the form, sign and submit it along with this form. Be sure to complete and have your signature notarized in Section 11 before submitting. **INCLUDE FORMS ASQ-21, ASW-21-1 and ASW-21-2**

### 3.3. Spousal Continuation

Continue the existing policy as established by your deceased spouse. Surrender penalties may apply to certain products. Income is generally tax-deferred until distribution begins. Proceed to Section 7 to designate beneficiaries and have your signature notarized in Section 11. **INCLUDE FORMS ASQ-21, ASW-21-1 and ASW-21-2**

### 3.4. Lump Sum Payment

If selected, taxable amount will be reported to the IRS. You will receive IRS Form 1099-R by January 31 of the following year. Continue to Section 9 and have your signature notarized in Section 11.

### 3.5. Mail Check to Another Financial Institution

Specify the name of the financial institution and provide the required documentation. Complete this section by notarizing your signature in Section 11.

#### 4. Beneficiaries (Section 7) – ONLY for 5 Year Rule, NQ Stretch, SPIA or Spousal Continuation

For individual beneficiaries: complete their name, SSN, relationship, and percentage of proceeds (total must equal 100%). If additional space is needed, attach an additional notarized page.

#### 5. Trust or Estate Details (Sections 8; A & B) – ONLY for 5 Year Plan

If the beneficiary is a trust or estate, provide the name, TIN, and representative details. For trusts, specify whether it is grantor or non-grantor, and include Trustee(s) information. For estate, provide the executor's details.

#### 6. Payment Option & Delivery (Sections 4 & 9)

Select either a single payment or a partial payment. If choosing a partial payment, it must be combined with another payment option from Section 4 so that the total equals 100% of the claim benefits. For ACH deposit, attach a voided check or bank letter. For check mailing, the mailing address will be taken from Sections 2 or 3, or from Section 10 if you have provided special requests.

#### 7. Acknowledgement and Signatures (Section 11)

The form must be notarized and signed by an authorized individual to be processed. Incomplete or unsigned forms, or missing documentation, will delay processing.

#### Final Review & Submission

Carefully review all sections for completeness and accuracy. Attach all required documentation, notably the original death certificate. Submit the completed form for each contract number (if applicable) and attachments to: FCSU Financial, 6611 Rockside Rd, Suite 300, Independence, OH 44131

#### Special Notes on Inherited Contract – This option helps you maintain the tax-advantaged status.

Interest Rates: Current rate is **4.50% APY**; minimum guaranteed rate is **3.00% APY**.

Surrender Charges: Decline over time — 5% in the first two years, 4% for the next two years, 3% in fifth year, 0% after.

Withdrawals: Up to 10% penalty-free annually.

Options: 5 Year Rule and Non-Qualified Stretch (Individual beneficiary ONLY) or a 5-Year plan (Estate/Trust ONLY).

#### Tax Considerations:

Spousal transfer or transferring to an Inherited contract will defer taxes.

Establishing a new FPDA may increase earnings; however, the claimed benefits are taxable. Future earnings within will be tax-deferred.

#### Definitions:

**Beneficiary:** The person or entity designated to receive the death benefit from the annuity contract upon the owner's or annuitant's death.

**Contract Number:** A unique identifier assigned to each annuity contract.

**Interest Rate (APY):** The annual percentage yield that the contract currently earns.

**Minimum Guaranteed Rate:** The lowest interest rate that the contract will earn regardless of market conditions.

**Inherited Contract:** An annuity contract transferred to a beneficiary after the original owner's death, allowing for specific payout options and tax deferrals.

**Penalty-Free Withdrawal:** The amount the beneficiary can withdraw each year without incurring a surrender charge.

**Trust:** A legal arrangement where a trustee manages assets on behalf of beneficiaries.

**Estate:** The total property, assets, and liabilities of a deceased person.

**Entity:** The non-individual, such as a corporation, LLC or non-profit, etc.

**Trustee:** The individual or entity managing a trust.

**Executor:** The person appointed to administer the estate of the deceased.

**RMD:** Required Minimum Distribution, is the minimum amount that retirement account holders must withdraw annually starting at age 72, as mandated by the IRS. Non-qualified annuities are not required to take annual RMD payments, except if you choose the Non-qualified Stretch Option.

**Tax Identification Number (TIN):** A unique number used for tax purposes, such as a Social Security Number (SSN) or Employer Identification Number (EIN).

**IRS Form W-9:** IRS form used to provide your TIN and certify that you are not subject to backup withholding.

**Federal Tax Withholding:** FCSU Financial is required to withhold 10% for federal taxes. However, you may indicate a different percentage to be sent to IRS by completing the Forms **W-4P** or **W-4R**. The difference between these two forms is that W-4P is for periodic payments (e.g., payments for SPIA option or RMD annual payments under the 10-Year Rule), while W-4R is a one-time (Lump Sum payment).

**Notice CP 575B:** An official letter from the IRS confirming the assignment of the TIN.

**Lump Sum:** A single, one-time payment of the entire benefit amount.



# ELECTION OF PAYMENTS - Non-Qualified Plan

This form is used to request the death benefit payout following the death of the contract owner or annuitant. Please submit a separate form for each additional contract and refer to Instruction page.

## SECTION 1 – Deceased Member Information

Contract Number: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

### Marital Status (Choose One):

- Single
- Married
- Widowed
- Separated
- Divorced

IMPORTANT: Please remember to include an original death certificate with the raised seal.

## SECTION 2 – Beneficiary/Claimant Information – Notarized Signature Required in Section 11

Complete this section if the claimant is an individual beneficiary. For trusts or other entities, proceed to Section 3.

Name: \_\_\_\_\_

If the beneficiary has changed their name, provide supporting documentation.

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ (P.O. Box not accepted)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If the beneficiary is a Minor or a ward, provide the Court-certified Letters of Guardianship or Conservatorship.

Custodian/Guardian Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 3 – Trust, Estate, or Entity Information – Notarized Signatures Required in Section 11**

**IMPORTANT:** If the provided Tax Identification Number (TIN) does not correspond with the name of Trust/Estate/Entity on record with the IRS, backup withholding at the current rate of 24% is applicable. Please submit the completed **IRS W-9 form** and copy of **CP 575B notice**.

**TRUST:**

Name of Trust: \_\_\_\_\_

Date of Trust: \_\_\_\_\_ TIN: \_\_\_\_\_

Grantor/Trustee(s) Name: \_\_\_\_\_

**Type of Trust (Choose One):**

Irrevocable Grantor Trust     Irrevocable Non-Grantor Trust     Revocable Trust     Other \_\_\_\_\_

Street Address: \_\_\_\_\_ (P.O. Box not accepted)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**ESTATE:**

Name of Estate: \_\_\_\_\_ TIN: \_\_\_\_\_

Executor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ (P.O. Box not accepted)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Estate and Trust Only:** Please review the Instruction page to find the current interest rate for Inherited Contract before making your choice in Section 4. You can also contact our representative for an illustration of potential earnings if you transfer the death benefit to a New Inherited Contract to defer taxes, including our highest earning option. Make your selection in **Section 4** and complete **Section 8** with the necessary information.

**ENTITY: Corporation/Organization Information**

Name of Organization: \_\_\_\_\_ TIN: \_\_\_\_\_

Name of Authorized Officer: \_\_\_\_\_

**Title:** If you sign on behalf of an entity or as a legal representative, include your title and proof of authority documents.

Street Address: \_\_\_\_\_ (P.O. Box not accepted)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 4 – Election of Payment - REQUIRED**

Distribute my portion of the death benefits: (Choose **only ONE** of the options below.)

- In-House transfer to Inherited or New Contract; (Complete **Section 5**)
- Transfer to SPIA (Single Premium Immediate Annuity); (Complete **Section 6**)
- Spousal Continuation (Complete **Section 7**)
- Single Payment, Lump Sum distribution (Complete **Section 9**)
- Mail check to another financial institution (Name): \_\_\_\_\_ (Complete **Section 9**)

The IRS does not allow indirect rollovers to Inherited Annuity. To complete this transfer, we require the following:

- Transfer paperwork signed by both the beneficiary and an authorized signer from the receiving firm
- Acceptance statement from receiving firm
- Account number at the receiving firm
- Complete ownership of the receiving account

**SECTION 5 – In-House Transfer to Inherited Annuity or New FPDA**

**IMPORTANT:** Please review the Instruction page to determine the current interest rate for Inherited Contract and applicable IRS rules before making your selection. Alternatively, you may contact FCSU representative for an Illustration of potential earnings if you choose to transfer the death benefit to an Inherited Contract to defer taxes or to establish a New FPDA (Flexible Premium Deferred Annuity) contract to potentially increase the earnings.

- Inherited Contract (Select One):
  - 5-Year Rule (Complete **Section 7** and include forms ASQ-21, ASW-21-1 and ASW-21-2)
  - Non-qualified Stretch (Complete **Section 7** and include forms ASQ-21, ASW-21-1 and ASW-21-2)
  - Estate/Trust 5-Year Plan– ONLY Estate or Trust (Complete **Section 8** and include forms ASQ-21, ASW-21-1 and ASW-21-2)
- New FPDA Contract – FCSU Financial Application must be submitted. The establishment of a New Non-qualified contract and transfer of death benefits to it is considered a taxable event and the taxable amount will be reported to the IRS on Form 1099-R.

**SECTION 6 – In-House Transfer to SPIA**

Single Premium Immediate Annuity: A financial product that transforms your claim benefit payment into a steady stream of fixed income payments for a set period. If you're interested in this option, please contact FCSU representative to get a personalized settlement calculation based on the number of years and frequency of payments. **INCLUDE FORMS ASQ-21, ASW-21-1 and ASW-21-2**

Choose the period of years (5+): \_\_\_\_\_

Frequency:     Monthly     Quarterly     Semi-Annual     Annual

**FEDERAL INCOME TAX WITHHOLDING NOTICE AND ELECTION**

FCSU Financial will generally withhold 10% for federal income tax purposes from the taxable portion of each payment unless you specify otherwise. If you prefer not to have federal income tax withheld, please attach a completed IRS **Form W-4P**, indicating a withholding rate of 0%, or submit the form to specify a different withholding amount. You can find the latest version of this form on the IRS website at [www.irs.gov](http://www.irs.gov).

Complete **Section 7** to designate the beneficiaries for your Contract. Designation of new beneficiaries is required.

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**SECTION 7 – Designation of Beneficiary(ies) – 5 Year Rule, NQ-Stretch, SPIA, Spousal Continuation**

Provide the beneficiaries' details on the form. If space is insufficient, attach a notarized, dated page with the relevant information. If no beneficiaries are designated, proceeds will go to your estate.

**Primary:** Percentage of Proceeds below must equal 100%. If left blank, all beneficiaries will receive equal share.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_ %: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_ %: \_\_\_\_\_

Address: \_\_\_\_\_

**Contingent:** Percentage of Proceeds below must equal 100%. If left blank, all beneficiaries will receive equal share.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_ %: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_ %: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION 8 – Trust or Estate Information (5 Year Plan)**

A. **NAME OF TRUST:** \_\_\_\_\_ TIN: \_\_\_\_\_

Name of Grantor: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Grantor Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this Grantor a Trustee?  Yes  No

Is this grantor incapacitated or deceased?  Yes  No

How many trustee(s) are named? \_\_\_\_\_

If more than one trustee is named, can all trustees act independently?  Yes  No

(If selections are not made, the default is for all trustees to sign **Section 11**)

Primary trustee (Name): \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Co-Trustee (Name): \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Co-Trustee (Name): \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

B. **NAME OF ESTATE:** \_\_\_\_\_ TIN: \_\_\_\_\_

Name of Executor: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (P.O. Box not accepted)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



**SECTION 11 – Signatures & Acknowledgement**

Any person who knowingly and with intent to defraud any insurance company or other person files a 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. Such person may be subject to fines and/or confinement in prison.

**NY:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**U.S. Tax Certifications**

Under penalties of perjury, I certify that:

1. My Social Security Number or Tax ID Number shown on this form is correct taxpayer identification number.
2. I am not subject to backup withholding.
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien),
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Check this box if the IRS has notified you that you are subject to backup withholding (currently 24%).

For items 3 and 4, if I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable IRS Form W-8BEN to clarify my foreign status and, if applicable, claim treaty benefits.

Authorized Individuals **must select one:**

- Individual Beneficiary    Executor    Grantor    Trustee(s)    Power of Attorney    Custodian/Guardian    Officer (Entity)

***THIS FORM MUST BE SIGNED BY A NOTARY PUBLIC TO PROTECT YOUR ASSETS***

State of: \_\_\_\_\_

County of: \_\_\_\_\_

This form was signed before me on \_\_\_\_\_, by \_\_\_\_\_  
(Print name of Owner or Authorized Individual/s).

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

I, the Attorney-In-Fact, certify under the Power of Attorney (POA) that I have current authority and that the beneficiary is still alive and the POA is valid.

\_\_\_\_\_  
Authorized Individual Signature

\_\_\_\_\_  
Authorized Individual Signature

\_\_\_\_\_  
Authorized Individual Signature

\_\_\_\_\_  
Notary Public Signature:

\_\_\_\_\_  
My Commission Expires:

Notary Stamp/Seal



# ANNUITY SUSTAINABILITY QUESTIONNAIRE

Owner Name(s): \_\_\_\_\_ Owner Age(s): \_\_\_\_\_

Product Name: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

FCSU Financial® 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. 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 fill out and sign Consumer Refusal to Provide Information Form (ASW-21-1).**

### FINANCIAL STATUS:

#### Annual Income

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$99,999
- \$100,000+

#### Net Worth

- \$0-\$49,999
- \$50,000-\$99,999
- \$100,000-\$249,999
- \$250,000-\$499,999
- \$500,000-\$749,999
- \$750,000-\$999,999
- \$1,000,000+

#### Federal Tax Status

- 10%
- 15%
- 27%
- 30%
- 35%
- 38.6%
- Other

### INVESTMENT OBJECTIVES:

Your investment objectives in purchasing this product (check all that apply):

- Income flow
- Flexibility
- Tax deferral
- Growth followed by income
- Growth, possible income
- Pass on to beneficiaries
- Other

With exception of any withdrawals (i.e., required minimum distributions, free withdrawals, interest withdrawals, and partial surrenders):

How do you expect to take money out of this product?

- Regular income stream
- Lump sum
- N/A

When do you expect to take money out of this product?

- Under 1 year
- Between 1 and 5 years
- Between 6 and 9 years
- 10 or more years
- N/A

Do you now own, or have you previously owned, the following financial products? (Check all that apply.)

- CDs
- Fixed Annuities
- Variable Annuities
- Stocks/Bonds/Mutual Funds

What is your source for this annuity's premium? (Check all that apply.)

- Annuity
- Life Insurance
- CDs
- Other Investments
- Other

Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agent/Recommender: \_\_\_\_\_

Print Name: \_\_\_\_\_

FCSU Agent #: \_\_\_\_\_

**If you don't have an agent/recommender please sign Consumer Decision to Purchase an Annuity NOT BASED on a recommendation form (ASW-21-2).**

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FCSU Financial® 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 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 your financial information if this is your wish.*

**DO NOT SIGN UNLESS YOU HAVE READ AND  
UNDERSTAND THE INFORMATION IN THIS FORM**

You are buying a financial product:

Product Name: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

**To recommend a product that effectively meets your needs, objectives and situation the agent, broker or FCSU Financial needs information about your financial situation, insurance needs and financial objectives.**

**If you sign this form, it means you have not given the agent, broker or FCSU Financial some or all the information needed to decide if the Annuity effectively meets your needs, objectives and situation. You may lose some protections under State Law.**

**Statement of Purchaser:**

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



## CONSUMER DECISION TO PURCHASE AN ANNUITY NOT BASED ON A RECOMMENDATION

You can buy annuity without the help of an insurance agent, but you'll have to spend a significant amount of time on research. You need to weigh the variety of features available in annuities and how they affect the annuity cost (investment). You should also consider how future annuity payments will be taxed, which affects the after-tax return on the investment. The FCSU Financial® does not provide legal or tax advice. Please consult with your legal or tax professional to determine the best investment product for you. To recommend a product that effectively meets your needs, objectives and situation the agent, broker or FCSU Financial needs information about your financial situation, insurance needs and financial objectives.

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**DO NOT SIGN UNLESS YOU HAVE READ AND  
UNDERSTAND THE INFORMATION IN THIS FORM**

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You are buying a financial product:

Product Name: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

### Statement of Purchaser:

I understand that I am buying an Annuity but the agent, broker or FCSU Financial did not recommend that I buy it. If I buy it without a recommendation, I understand I may lose protections under State Law.

Date: \_\_\_\_\_ Owner Signature(s): \_\_\_\_\_

Print Name(s): \_\_\_\_\_