

INSTRUCTIONS FOR COMPLETING THE DEATH BENEFIT ELECTION FORM

Form ANN/EP-Q-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:

10-Year Rule: The entire balance must be distributed by the end of the 10th year after the account owner's death. Annual required minimum distributions (RMDs) may be required, except for minor, disabled, chronically ill, or beneficiaries not more than 10 years younger than the deceased. Available only to individual beneficiaries.

Estate/Trust 5-Year Plan: Distributions are at the estate/trust's discretion, with the remaining balance required to be withdrawn after the end of the 5th year after the account owner's death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. Ensure that the Required Minimum Distributions (RMD) have been satisfied in the year of death. The maturity date remains unchanged. 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)

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)

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: 10-Year payout (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 - 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**); If applicable, check the box if you wish to receive the RMD payment.
- 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 IRAs. 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):
 - 10-Year rule (Complete **Section 7** and include forms ASQ-21, ASW-21-1 and ASW-21-2)

10 Years Exemption Applies

- Minor Disabled Chronically ill Beneficiary not more than 10 years younger

- Estate/Trust 5-Year Plan– Estate or Trust ONLY (Complete **Section 8** and include 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 the transfer of death benefits to a new contract 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/IRA: 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: _____ (5-10 Years Max)

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.

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

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FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA AND CANADA

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 9 – Payment Option and Delivery Instructions

Payment Option:

- Single Payment, LUMP SUM distribution
- Partial Payment of \$ _____

IMPORTANT: In Section 4, specify your preferred method for FCSU to process the remaining claim benefit.

Delivery Instructions: If no selection is indicated, a check will be mailed to the address in Section 2 or 3.

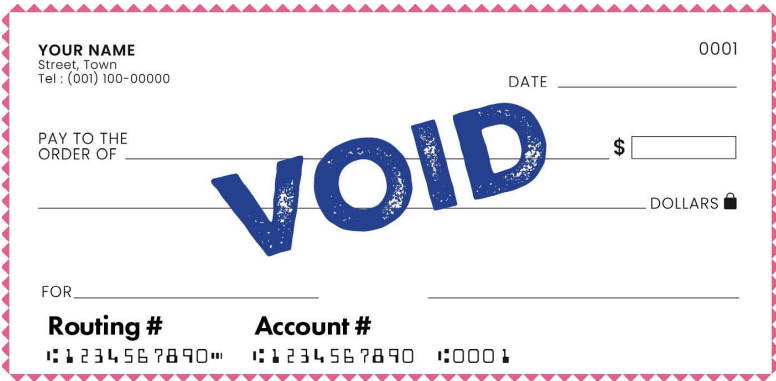
- Deposit (ACH): I hereby authorize FCSU Financial to initiate automatic deposits into the account specified below for all claim benefit payments owed to the contract owner, until I provide further notice.

Bank Name: _____

- Checking Account (**attach** a voided check)
- Savings Account (provide a signed and dated letter from your bank, issued on the bank’s official letterhead)

ABA Routing #: Bank Acc.#:

Do not staple. Do not attach a deposit slip or starter check. See example below.



- Send check directly to beneficiary/claimant to the address provided in Section 2 or 3. (Expected delivery within 5 to 10 business days via USPS.)
- Send check to another Financial Institution; Check payable to; “FBO: Beneficiary’s Name, Benef. of Deceased’s Name”

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-4R**, 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.

SECTION 10 – Alternate Contact Information and Special Requests

If you'd like to authorize someone not listed in the contract to receive information about this claim, please provide their name, phone number, and address so FCSU Financial can contact them regarding any additional requirements.

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.

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.

WITNESS my hand and official seal.

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

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).



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.

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

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): _____