

# APPLICATION FOR ANNUITY

## First Catholic Slovak Union

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

Lodge # \_\_\_\_\_

Annuity # \_\_\_\_\_

PLEASE PRINT, USE INK ONLY

1. **Proposed Annuitant:** E-mail: \_\_\_\_\_  
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. Initial Premium: \$ \_\_\_\_\_  
(a) \_\_\_\_\_ Flexible Premium Deferred \_\_\_\_\_ 6 year \_\_\_\_\_ 8 year  
(b) \_\_\_\_\_ Six Year fixed rate annuity (d) \_\_\_\_\_ Park Free Plus Annuity  
(c) \_\_\_\_\_ Single Premium Immediate Annuity; Amount: \$ \_\_\_\_\_ (e) \_\_\_\_\_ Other: \_\_\_\_\_  
One Life; or \_\_\_\_\_ Joint and Survivor – Complete information requested in shaded block. Begin Date: \_\_\_\_\_

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

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 of 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: (a) when the Applicant is an entity other than a person; or (b) a minor, 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 First Catholic Slovak Union, in writing, may: (1) make or modify contracts; or (2) waive any of its rights or requirements.

Signed At: \_\_\_\_\_ (City and State) Date \_\_\_\_\_ 20\_\_\_\_\_

Proposed Annuitant's Signature: \_\_\_\_\_  
(Parent or Guardian, if applicant is under age 18.)

Proposed Applicant's Signature: \_\_\_\_\_  
(If other than Annuitant.)

**IMMEDIATE ANNUITY  
JOINT AND SURVIVOR ONLY**

Proposed Co-Annuitant \_\_\_\_\_

Recommender \_\_\_\_\_ Executive Secretary: \_\_\_\_\_

Address \_\_\_\_\_

AA-09 NY

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**First Catholic Slovak Union**  
A Fraternal Benefit Society

### RECEIPT

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 the payment was made. Make all remittances payable to: First Catholic Slovak Union, 6611 Rockside Road, Independence, OH 44131.

AA-09 NY

**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.
- Life insurance record under a contract issued at least five years ago.
- Naturalization record.
- Passport, at least five years old.
- Army or navy discharge paper.

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.

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**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 \_\_\_\_\_

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**First Catholic Slovak Union of the USA & Canada**  
**6611 Rockside Road, Suite 300, Independence, OH 44131-8013**

***Annuity Suitability Questionnaire***

Thank you for your interest in FCSU. This form must be completed and submitted with the application before we can offer you a policy. We would like to ensure that the product you are purchasing is suitable for you considering your financial status and investment objectives.

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

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

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

Premium Amount: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ **Client refused to provide some or all of the information on this questionnaire.**

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

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FIRST CATHOLIC SLOVAK UNION OF THE USA & CANADA

## INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

### IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS

#### THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60

You are contemplating the purchase of a life insurance policy or annuity contract in connection with the surrender, lapse or change of existing life insurance policies or annuity contracts. The agent is required to give you this notice together with a signed disclosure statement containing the summary result comparison for the new life insurance policy or annuity contract and any life insurance policies or annuity contracts to be changed that sets forth the facts of the transaction and its advantages and disadvantages to you. Your decision could be a good one - or a mistake - so make sure you understand the facts. You should:

1. Carefully study the disclosure statement, which includes a Summary Result Comparison, until you are sure you understand fully the effect of the transaction.
2. Ask the company or agent from whom you bought your existing life insurance policies or annuity contracts to review for you the transaction and the Disclosure Statement. You may be able to effect the changes you desire more advantageously with them. Their customer service telephone number is contained in the Disclosure Statement.
3. Consult your tax advisor. There may be unfavorable tax implications associated with the contemplated changes to the existing life insurance policies or annuity contracts.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of a new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

You have the right, within 60 days from the date of delivery of a new life insurance policy or annuity contract, to return it to the insurer and receive an unconditional full refund of all premiums or considerations paid on it, or in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender benefits provided under the policy or contract, plus the amount of all fees and other charges deducted from gross considerations or imposed under the life insurance policy or annuity contract, and may have the right to reinstate or restore any life insurance policies and annuity contracts that were surrendered, lapsed or changed in the transaction to their former status to the extent possible and in accordance with the insurer's published reinstatement rules to the extent such rules are not inconsistent with the provisions of this part.

**IMPORTANT** This right should not be viewed as reinstating or restoring your life insurance policy or annuity contract to the same condition as if it had never been replaced. There may be consequences in reinstating or restoring your life insurance policy or annuity contract, including but not limited to:

- The right to reinstate or restore your life insurance policy or annuity contract applies only to companies subject to New York Insurance Laws;
- Your life insurance policy or annuity contract is subject to your specific company's reinstatement rules, which may vary from company to company. These rules may require payment of both premium and interest; however, you will not be subject to evidence of insurability, or a new contestable or suicide period;
- You may not receive the interest or investment performance during the period the life insurance policy or annuity contract was replaced; and
- There may be unfavorable Federal Income Tax consequences as a result of the reinstatement of your life insurance policy or annuity contract.

**IMPORTANT:** In the case of a variable or market value adjustment policy or contract, the value of the policy or contract may increase or decrease during the 60 day period depending on the performance of the underlying investments, which may affect the value of the refund you receive.

I hereby acknowledge that I read the above "**IMPORTANT NOTICE**" and have received a copy of same.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**FIRST CATHOLIC SLOVAK UNION OF THE USA & CANADA**

**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK**

**DEFINITION OF REPLACEMENT**

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

- (1) Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated? Yes\_\_\_\_\_ No
- (2) Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or, otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values? Yes No\_\_\_\_\_
- (3) Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force? Yes No
- (4) Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies? Yes No
- (5) Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies? Yes\_\_\_\_\_ No
- (6) Continued with a stoppage of premium payments or reduction in the amount of premium paid? Yes No

If you have answered yes to any of the above questions, a replacement as defined by New York Insurance Department Regulation No. 60 has occurred or is likely to occur and your agent is required to provide you with a completed disclosure statement and the **important** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts.

Date:\_\_\_\_\_ Signature of Applicant:\_\_\_\_\_

Date:\_\_\_\_\_ Signature of Applicant:\_\_\_\_\_

To the best of my knowledge, a replacement is involved in this transaction: Yes No

Date:\_\_\_\_\_ Signature of Agent\_\_\_\_\_

**FIRST CATHOLIC SLOVAK UNION OF THE USA & CANADA**

**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK**

**DISCLOSURE STATEMENT (Annuity to Annuity Replacement Only)**

**IMPORTANT** - It may not be in your best interest to surrender, lapse, change or borrow from existing annuity contracts in connection with the purchase of a new annuity contract whether issued by the same or a different insurance company. You are urged to contact your existing agent or insurance company prior to completing the transaction. They can help you decide whether the replacement is in your best interest.

**FOR YOUR PROTECTION**, the Insurance Department of the State of New York requires that you be given this Disclosure Statement, **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

Name of Applicant \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

The information on existing coverage on this form was obtained from \_\_\_\_\_  
 The replaced company \_\_\_\_\_ Approximations if replaced company failed to provide information in the prescribed time.

**1. DESCRIPTION OF TRANSACTION**

**AS OF DATE:**

Proposed Annuity Contract

Existing Annuity Contracts Affected

		(1)	(2)	(3)
_____	Company	_____	_____	_____
_____	Customer Service	_____	_____	_____
- _____	Telephone Number	- _____	- _____	- _____
_____	Type of Annuity	_____	_____	_____
_____	Contract Number	# _____	# _____	# _____
_____	Issue Date	_____	_____	_____
\$ _____	Account Value	\$ _____	\$ _____	\$ _____
\$ _____	Minus	_____	_____	_____
\$ _____	Surrender Charge	\$ _____	\$ _____	\$ _____
\$ _____	Plus/Minus	_____	_____	_____
\$ _____	Market Value	\$ _____	\$ _____	\$ _____
_____	Adjustment (if any)	_____	_____	_____
\$ _____	Equals	_____	_____	_____
_____	Surrender Value	\$ _____	\$ _____	\$ _____



DISCLOSURE STATEMENT CONTINUED:

SUMMARY RESULT COMPARISON:

The Proposed Annuity

If You Continue Your Current Annuity

Surrender Value to Be Invested: \$ \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

If Variable Annuity Hypothetical Rates of Return

If Variable Annuity Hypothetical Rates of Return

At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%		At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%
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SURRENDER VALUE

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	in 5 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	in 10 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

DEATH BENEFIT

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	in 5 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	in 10 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

AGENT'S STATEMENT:

- The primary reason(s) for recommending the new annuity contract is (are):  
\_\_\_\_\_
- The existing annuity contract cannot meet the applicant's objectives because:  
\_\_\_\_\_
- The advantages of continuing the existing annuity contract without changes are:  
\_\_\_\_\_
- The surrender charge, if my client replaces his or her existing annuity contract, is \_\_\_\_\_ % or \$ \_\_\_\_\_. The new annuity my client is applying for imposes a new surrender charge as follows:  
(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed)  
\_\_\_\_\_

REMARKS:

\_\_\_\_\_ The attached proposal, including sales material, was used in this sale. \_\_\_\_\_ No proposal or sales material was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the first page of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison shall be completed for all existing annuity contracts to all proposed annuity contracts. The proposal, including sales material used in the sale of the proposed annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the Applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new annuity contract.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**AUTHORIZATION**

To: \_\_\_\_\_

Replacement of the life insurance policy or annuity contract listed below is proposed:

<u>Policy or Contract No.</u>	<u>Plan</u>	<u>Insured/Annuitant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

You are authorized to provide the information required to complete the enclosed Disclosure Statement with regard to the above policy or contract. Please return the completed Disclosure Statement to:

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

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

Representing: **FIRST CATHOLIC SLOVAK UNION OF THE USA & CANADA**

Date: \_\_\_\_\_ Signature, Policy or \_\_\_\_\_

Witness: \_\_\_\_\_ Contract Owner \_\_\_\_\_



# FIRST CATHOLIC SLOVAK UNION OF THE USA & CANADA

## NOTICE

The period of time provided for return of the policy or contract for cancellation and refund of all amounts paid is hereby changed to a period of 60 days.

A handwritten signature in black ink that reads "Ken Brendt". The signature is written in a cursive style with a large, looped "K" and "B".

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Secretary

Form NYR60-RC-898