



APPLICATION FOR INDIVIDUAL ANNUITY

First Catholic Slovak Union
A Fraternal Benefit Society
6611 Rockside Road, Suite 300, Independence, OH 44131

PLEASE PRINT, USE INK ONLY

Branch # _____

1. Proposed Annuitant:

E-mail: _____

Name: _____

Telephone # _____

Address: _____

State: _____ Zip: _____

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

Social Security No.: _____ 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

(e) _____ Park Free Plus Annuity

(b) _____ Six Year fixed rate annuity

(f) _____ Inherited IRA/Annuity

(c) _____ Park 2 Annuity (Must include ICC21-App Suppl - E-Park 2)

(g) _____ Other: _____

(d) _____ Single Premium Immediate Annuity; Amount: _____

_____ 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.(d)

Full Name of Proposed Co-Annuitant: _____

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

Social Security 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. (a.) Does the applicant have existing Life Insurance or Annuity contracts with any company? Yes _____ No _____

(b.) Is the annuity applied for intended to replace or change any existing insurance or annuity? Yes _____ No _____

If Yes you must complete and submit a Replacement Form.

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. Special Request: _____

Complete this Section if the Owner is other than the Annuitant

1. Owner:

Name _____ Date of Birth _____ SSN/TIN _____
Address _____ City _____ State _____ Zip _____
Relationship to Annuitant _____ Telephone # _____ Email _____
Owner's Signature _____ Date _____

2. Trust as Owner: Please submit a copy of the Trust agreement with this application.

Name of Trust Agreement _____
Trust Date _____ Trust Tax ID _____
Mailing Address _____ City _____ State _____ Zip _____
Settlor/Grantor _____

Name of Trustee	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Trustees must act together unless the following box is checked. ☐ Each Trustee is authorized to act independently.

Owner: The Proposed Annuitant shall be the owner, except, when the Applicant signing this application is an entity other than a person, the Applicant shall be the owner.

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: _____ Date _____ 20 _____
(City and State)

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

Proposed Co-Annuitant Signature: _____
Immediate Annuity – Joint and Survivor Only

INSURANCE FRAUD WARNING

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Agent's Report

- Did you ask each question as set forth in the application? ☐ Yes ☐ No
- To the best of your knowledge, is insurance or annuity replacement involved in this transaction? ☐ Yes ☐ No
I have verified the Proposed Annuitant's identity by viewing the individual's photograph in a
- driver's license, passport, or other official document. ☐ Yes ☐ No

Agent/Recommender Signature: _____ FCSU Executive Secretary: _____

Print Name: _____

Address: _____

Agent #: _____ Florida Agent #: _____

First Catholic Slovak Union

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: _____

Signature: _____

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.

First Catholic Slovak Union of the USA & Canada
6611 Rockside Rd., Ste. 300, Independence, OH 44131-8013
(Herein called FCSU)

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.**

Agent's Acknowledgement: The client has not provided complete suitability analysis information and has decided to purchase this annuity without my or the Society's recommendations.

Owner Signature(s): _____ Agent Signature: _____

Date: _____



FIRST CATHOLIC SLOVAK UNION
OF THE UNITED STATES AND CANADA
FCSU FINANCIAL®

FCSU CORPORATE CENTER 6611 ROCKSIDE ROAD SUITE 300 INDEPENDENCE OHIO 44131

Jednota is more than just life insurance protection.

216.642.9406
800.533.6682
Fax: 216.642.4310
fcsu@fcsu.com
www.fcsu.com

“Park 2 Annuity”

To: First Catholic Slovak Union of the USA & Canada

Date

By signature below, I acknowledge that the Withdrawal Charge Schedule on the above designated annuity policy is deleted. Instead, during the first two full policy years from the issue date, all withdrawal of funds in excess of 10% of the original funds deposited at issue; or, the cash value at the beginning of the second year, will be subject to a 6% charge the first year; 5% second year, in accordance with the policy withdrawal provision. After the second policy anniversary, there will be no withdrawal charge on any funds withdrawn, regardless of the amount of funds withdrawn.

In exchange for the waiver of withdrawal charges after the second policy year, I acknowledge that the interest rate will be 4.50% to the second policy anniversary. Thereafter, the interest rate will be the FCSU interest rate established on the “Park 2 Annuity”. FCSU’s current annuity interest rates are periodically published in the FCSU’s official publication.

I may transfer the accumulated funds of the “Park 2 Annuity” to the FCSU’s regular Flexible Premium Deferred Annuity or any other annuity offered by the Society, at any time and any withdrawal charge will be waived on the funds transferred. The transferred policy withdrawal rates will be operable upon completion of the transfer.

Acknowledged this _____ Day of _____, 20____.

Applicant

Witness or Society Officer

NOTE: This form must be attached to 21-AA-FCSU when applying for a “Park 2 Annuity” only.



First Catholic Slovak Union of the USA and Canada

(Herein called FCSU)

A Fraternal Benefit Society
6611 Rockside Road, Suite 300
Independence, OH 44131
216.642.9406

SECONDARY ADDRESSEE SUPPLEMENT
Supplement to 21-AA-FL

Florida Insurance applicants have the right to name a secondary addressee for the purpose of:

- (1) Notification of past due premium; or
- (2) Possible lapse in insurance coverage.

Secondary Addressee (Please Print):

Name:

Address:

☐ I choose not to name a secondary addressee

Applicant Signature:

Date:

Agent Signature:

Agent #:

**DEPARTMENT OF FINANCIAL SERVICES***Division of Agent & Agency Services - Bureau of Investigation***ANNUITY SUITABILITY QUESTIONNAIRE**

Owner: Last _____ First _____ Middle _____

Date of Birth ____ / ____ / ____ Age ____ Sex _____

Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____

Form of Ownership: _____

Supporting documents (list): _____

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- ☐ Income ☐ Growth (long term) ☐ Safety of Principal and Income
☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death
☐ Other: _____

Owner's Signature _____**Date Signed** _____

Describe your risk tolerance: (Check all that apply)

☐ Conservative ☐ Moderately conservative ☐ Moderate ☐ Moderately aggressive

☐ Aggressive ☐ Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? _____

☐ Yes ☐ No

If yes, will you pay a penalty or other charge to obtain these funds? _____

☐ Yes ☐ No

If yes, the amount of the charge or penalty _____

\$ _____

Additional Information:

Owner's Signature

Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- ☐ I **REFUSE** to provide this information at this time.
- ☐ I have chosen to provide **LIMITED** information at this time.
- ☐ My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- ☐ My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner’s Signature

Date Signed

**DEPARTMENT OF FINANCIAL SERVICES***Division of Agent & Agency Services - Bureau of Investigation***DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS****EXISTING ANNUITY CONTRACT**

Annuitant(s) _____
Insurer _____
Contract # _____

PROPOSED ANNUITY CONTRACT

Annuitant(s): _____
Insurer: _____
Application #: _____

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Contract Issue Date	Mo Day Yr	Mo Day Yr (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)		
Investment/Insurance components (Describe)		
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riders, Features/Cost (Describe)		
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)		

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Living Benefits (Describe)		
Minimum Guaranteed Interest Rate	%	%
Limitations on interest returns (Describe)		
Interest Rate Cap / Term	/	/
Participation Rate / Term	/	/
Indexing Method / Term	/	/
Other Fees (Describe)		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)		

Comments and continuation from above:

Owner's Signature

Date Signed

**DISCLOSURE OF SURRENDER CHARGES IF
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Value \$ _____ Annuity Surrender Value \$ _____

Surrender Charges Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____/____/____.

Have you surrendered or exchanged an annuity contract in the last 36 months? If yes, provide details: ☐ Yes ☐ No

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

- 1. ANY ITEM HAS BEEN LEFT BLANK;**
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR**
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

Owner's Name (please print)

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Generic Contract Type” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Marketing Name” is the name adopted by the insurer to identify the contract form.

“Qualified Contract” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“Annuity Maturity Date” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Surrender Charge” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“Surrender Charge Period” is the number of annuity contract years a surrender charge may be applicable.

“Initial Surrender Charge Percentage Rate” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“Surrender Charge Percentage Schedule for Remaining Years” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“Minimum Guaranteed Interest Rate” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Initial Bonus Percentage or Amount” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Potential Loss of Bonus if Exchanged” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Interest Rate Cap” this is the maximum rate of interest the annuity will earn.

Owner’s Signature

Date Signed

EXPLANATION OF TERMS

(CONTINUED)

“Participation Rate” the participation rate decides how much of the increase in the index will be used to calculate index –linked interest.

“Indexing Method” means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated. “Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

Owner’s Signature

Date Signed