

APPLICATION FOR INDIVIDUAL ANNUITY

First Catholic Slovak Union of the USA & Canada
FCSU Financial®
6611 Rockside Rd, Ste 300, Independence, OH 44131-8013

PLEASE PRINT, USE INK ONLY

1. **Proposed Annuitant:**

Branch #: _____

E-mail: _____

Name: _____ Telephone #: _____

Address: _____ City: _____ 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) ☐ 6 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 ☐ One Life ☐ Joint and Survivor Amount: \$ _____

Begin Date: _____

Joint and Survivor Information: **COMPLETE ONLY IF PURCHASING A JOINT AND SURVIVOR IMMEDIATE ANNUITY**

Full Name of Proposed Co-Annuitant: _____ Telephone #: _____

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

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

Social Security No.: _____ Sex: _____ If Female, 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:

Tax Year applied: _____

☐ IRA ☐ IRA Rollover or Transfer
☐ Roth ☐ Annuity Rollover or Transfer
☐ SEP
☐ Other _____

6. Special Request: _____

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Complete this Section if the Owner is other than the Annuitant

1. Owner:

Name: _____ Telephone #: _____

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

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

Social Security No.: _____ Sex: _____ If Female, Maiden Name: _____

Email: _____ Relationship to Annuitant: _____

Owner's Signature: _____ Date: _____

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

Name of Trust Agreement: _____

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

Settlor/Grantor: _____ Trust Date: _____ Trust Tax ID: _____

Name of Trustee	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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.

INSURANCE FRAUD WARNING

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

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

Signed At: _____
(City and State)

Date: _____

Agent/Recommender Signature: _____

FCSU Executive Secretary: _____

Print Name: _____

FCSU Agent #: _____

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RECEIPT

Received from: _____ the sum of: \$ _____ in connection with an annuity application,
Agent/Recommender

Bearing the same date as this receipt, for: _____, Proposed Annuitant. This receipt is not valid unless:
Annuitant/Owner

(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.

ANNUITY SUITABILITY QUESTIONNAIRE

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

Owner Name(s): _____

Owner Age(s): _____

Product Name: _____

Premium Amount: _____

First Catholic Slovak Union of USA and Canada 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(s) _____

Print or Type Name(s) _____

Date _____

Agent/Recommender Signature _____

Print or Type 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).

CONSUMER REFUSAL TO PROVIDE INFORMATION

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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(s) _____

Print or Type Name(s) _____

CONSUMER DECISION TO PURCHASE AN ANNUITY NOT BASED ON A RECOMMENDATION

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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 or Type Name(s) _____

INSURANCE AGENT DISCLOSURE FOR ANNUITIES

First Catholic Slovak Union of the USA & Canada
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DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND THE INFORMATION IN THIS FORM

Agent Information ("Me", "I", "My")

Name: _____ FCSU Agent #: _____

Business/Agency Name: _____

Business/Agency Address: _____

Telephone #: _____ E-Mail: _____ Website: _____

National Producer Number: _____

Client Information ("You", "Your")

Name: _____

What Types of Products Can I Sell you?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds, and mutual funds, also may meet Your needs.

I offer the following products:

☐ Fixed or Fixed Indexed Annuities

☐ Variable Annuities

☐ Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

☐ Mutual Funds

☐ Stocks/Bonds

☐ Certificates of Deposits

INSURANCE AGENT DISCLOSURE FOR ANNUITIES

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Agent is Independent of Insurer and Able to Recommend Other Annuity Contracts:

Agent is independent of FCSU Financial®. Agent is NOT contractually limited to recommending only annuity contracts of FCSU Financial®.

Commissions:

FCSU Financial® will pay a commission for each purchase payment made to First Catholic Slovak Union (FCSU Financial®). The total commission to be received by the agent and/or an affiliate of agent is equal to _____% a percentage of the purchase payment amount. Commissions are **not paid by members**. Commissions are **not subtracted from the purchase payments or from annuity contract values**. All contributions received from clients are credited to your account at 100%.

Other Material Conflicts of Interest:

A material conflict of interest exists if the agent has a financial interest that a reasonable person could question the agent's judgment in rendering advice as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest:

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Date _____

Client Signature _____

Print or Type Name _____

Date _____

Agent Signature _____

Print or Type Name _____



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 ICC21-AA-FCSU or ICC21-AA-FCSU OH-IL when applying for a Park 2 Annuity only.

THE “PARK 2 ANNUITY” IS NOT AVAILABLE IN THE STATE OF NEW YORK