

# Polish Roman Catholic Union of America

984 N. Milwaukee Avenue, Chicago, IL 60642-4101 · (773) 782-2600 · 800-772-8632 · Fax (773) 278-4595

NEW MEMBER  
 CURRENT MEMBER

## ANNUITY APPLICATION

ADULT  
 JUVENILE

### ANNUITANT INFORMATION (PRINT CLEARLY)

1. NAME

\_\_\_\_\_  
 First Middle Last

2. ADDRESS

\_\_\_\_\_  
 Street

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

3. DATE OF BIRTH

ISSUE AGE

SEX

Male  Female

4.  SINGLE

MARRIED

WIDOWED

5. SOCIAL SECURITY #

6. MAIDEN NAME

7. PREMIUM PAYABLE:

ANNUALLY  SEMI-ANNUALLY  QUARTERLY  
 MONTHLY  SINGLE PAYMENT  MO. CHECK PLAN

AMOUNT PAID \$ \_\_\_\_\_

8. APPLICANT INFORMATION (If annuitant is a juvenile):  
 NAME

SEX

M  F

\_\_\_\_\_  
 First Middle Last

ADDRESS

\_\_\_\_\_  
 Street

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

APPLICANT'S RELATIONSHIP TO ANNUITANT

APPLICANT SOC. SEC. #

9. OWNER: Unless otherwise specified below, the owner of adult annuity is the annuitant and owner of juvenile annuity is the applicant until age 16.  
 OWNER'S NAME

\_\_\_\_\_  
 First Middle Last

ADDRESS

\_\_\_\_\_  
 Street

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

OWNER'S RELATIONSHIP TO ANNUITANT

OWNER'S SOC. SEC. #  
 OR EIN #

1. I AGREE THAT THE STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

2. I AGREE TO ABIDE BY THE ARTICLES OF INCORPORATION, CONSTITUTION, BY-LAWS, RULES AND REGULATIONS OF THE UNION WHICH ARE NOW IN FORCE OR MAY BE ADOPTED BY THE UNION IN THE FUTURE.

Signed at \_\_\_\_\_  
 City State

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

10. SOCIETY NUMBER

11. *FOR HOME OFFICE USE ONLY*

POLICY #

ROSTER #

CORRECTIONS AND AMENDMENTS  
 (Do not write in this space.)

12. ARE YOU NOW A MEMBER OF PRCUA?  YES  NO

SOCIETY #

ROSTER #

13. IS THIS ANNUITY APPLIED FOR INTENDED TO REPLACE OR CHANGE, IN WHOLE OR IN PART, ANY EXISTING INSURANCE OR ANNUITIES WITH THIS OR ANY OTHER INSURER?

YES  NO IF YES, STATE WHICH BELOW AND GIVE REASON.

COMPANY

YEAR ISSUED

AMOUNT

14. BENEFICIARY  
 PRIMARY:

AGE

RELATIONSHIP

CONTINGENT:

AGE

RELATIONSHIP

15. SPECIAL REQUESTS:

HR-10  IRA \_\_\_\_\_  TSA  ROLLOVER  
 Type

\_\_\_\_\_  
 Annuitant's Signature

\_\_\_\_\_  
 Applicant's Signature (if annuitant is a juvenile)

\_\_\_\_\_  
 Owner's Signature (if other than annuitant)

Witness

\_\_\_\_\_  
 Signature of Deputy/Agent

Witness

\_\_\_\_\_  
 Signature of Authorized Rep.

HOME OFFICE APPROVAL This Application is hereby:

## DEPUTY/AGENT REPORT

1. Has any insurance or annuity in force or applied for on the life of the annuitant terminated within the past three months or is termination of such insurance or annuity contemplated as a result of the issuance off the annuity applied for?

YES

NO

If yes, have you complied with the Union's and your state's requirements regarding replacement?

YES

NO

2. Have you issued a receipt with this application?

YES

NO

3. REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Florida 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.

- A. I certify that on the date shown below:
1. The application was completed and signed in my presence by the annuitant, or the applicant, if other than the annuitant;
  2. I have asked each question on the application and I have honestly and accurately recorded the answers supplied by the annuitant, or the applicant, if other than the annuitant.

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

\_\_\_\_\_  
Signature of writing Deputy/Agent  
(Must be signed in every case.)

\_\_\_\_\_  
Print Agent's Name and Florida License Identification Number