

# 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

- ADULT  
 JUVENILE

## ANNUITY APPLICATION

<b>ANNUITANT INFORMATION</b> (PRINT CLEARLY)			10. SOCIETY NUMBER						
1. NAME			11. <i>FOR HOME OFFICE USE ONLY</i>						
_____ First Middle Last			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">POLICY #</td> <td style="width: 40%; padding: 5px;">ROSTER #</td> </tr> <tr> <td colspan="2" style="padding: 5px;">CORRECTIONS AND AMENDMENTS (Do not write in this space.)</td> </tr> </table>			POLICY #	ROSTER #	CORRECTIONS AND AMENDMENTS (Do not write in this space.)	
POLICY #	ROSTER #								
CORRECTIONS AND AMENDMENTS (Do not write in this space.)									
2. ADDRESS			12. ARE YOU NOW A MEMBER OF PRCUA? <input type="checkbox"/> YES <input type="checkbox"/> NO						
_____ Street									
_____ City State Zip									
3. DATE OF BIRTH									
ISSUE AGE		SEX	SOCIETY #		ROSTER #				
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		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?					
5. SOCIAL SECURITY #		6. MAIDEN NAME							
7. PREMIUM PAYABLE:									
<input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SINGLE PAYMENT <input type="checkbox"/> MO. CHECK PLAN									
AMOUNT PAID \$ _____									
8. APPLICANT INFORMATION (If annuitant is a juvenile):					SEX				
NAME					<input type="checkbox"/> M <input type="checkbox"/> F				
_____ First Middle Last									
ADDRESS									
_____ Street									
_____ City State Zip									
APPLICANT'S RELATIONSHIP TO ANNUITANT			APPLICANT SOC. SEC. #						
14. BENEFICIARY									
PRIMARY:		AGE		RELATIONSHIP					
_____									
CONTINGENT:		AGE		RELATIONSHIP					
_____									
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 #						
15. SPECIAL REQUESTS:									
<input type="checkbox"/> HR-10 <input type="checkbox"/> IRA _____ <input type="checkbox"/> TSA <input type="checkbox"/> ROLLOVER <span style="margin-left: 150px;">Type</span>									
_____									
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.									
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_____									

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)