



POLISH ROMAN CATHOLIC UNION OF AMERICA

A Fraternal Benefit Society

984 North Milwaukee Avenue, Chicago, IL 60642-4101
(800) 772-8632 • 773-782-2600 • Fax 773-278-4595 • www.PRCUA.org

APPLICATION FOR LIFE INSURANCE GRADED BENEFIT GUARANTEED WHOLE LIFE

A - PROPOSED INSURED'S INFORMATION

1. New Member: Yes No 2. _____
SOCIETY CERTIFICATE - HOME OFFICE USE ROSTER - HOME OFFICE USE

3. _____
NAME (FIRST, MI, LAST NAME)

4. Sex: M F

5. _____
STREET ADDRESS / CITY, STATE, ZIP CODE

6. Marital Status: Single Married Widowed Divorced

7. _____
EMAIL ADDRESS

8. _____
TELEPHONE NUMBER

9. _____ 10. _____
DATE OF BIRTH AGE

11. _____
BIRTHPLACE

12. U.S. Citizen: Yes No 13. SSN TIN EIN _____

14. Occupation _____

15. _____ 16. _____ 17. _____
PROPOSED INSURED'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRY DATE

HOME OFFICE USE - DO NOT WRITE IN THIS SPACE

Endorsements & Amendments

B - OWNER'S INFORMATION

18. _____
NAME OF OWNER (FIRST, MI, LAST NAME)

19. Sex: M F 20. _____
DATE OF BIRTH

21. _____
OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE

22. _____
RELATIONSHIP TO PROPOSED INSURED

23. _____
OWNER'S EMAIL ADDRESS

24. _____
OWNER'S TELEPHONE NUMBER

25. U.S. Citizen: Yes No 26. SSN TIN EIN _____

27. _____ 28. _____ 29. _____
OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRY DATE

C - PLAN INFORMATION

30. Amount of Insurance: \$25,000 \$20,000 \$15,000 \$10,000 \$5,000 \$2,500 \$ _____

31. Premium \$ _____ 32. Mode: Annual Semi-Annual Quarterly Monthly 33. ACH (complete form ACH1)

34. Dividend election (choose one): Paid in cash Purchase Paid-Up Additions

35. Do you elect to pay delinquent premiums pursuant to Automatic Premium Loan Provisions? Yes No

36. Do you understand that a reduced death benefit may be payable during the first two certificate years according to the terms of the certificate? Yes No

37. Mail Certificate to: Sales Rep Owner Insured Applicant 38. Send Billing Notices to: Insured Owner Applicant

D - PAYOR'S INFORMATION

39. _____
NAME OF PAYOR (FIRST, MI, LAST NAME)

40. Sex: M F 41. _____
DATE OF BIRTH

42. _____
PAYOR'S STREET ADDRESS / CITY, STATE, ZIP CODE

43. _____
RELATIONSHIP TO PROPOSED INSURED

44. _____
PAYOR'S EMAIL ADDRESS

45. _____
PAYOR'S TELEPHONE NUMBER

46. U.S. Citizen: Yes No 47. SSN TIN EIN _____

48. _____ 49. _____ 50. _____
PAYOR'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRY DATE

E - ADDITIONAL LIFE INSURANCE INFORMATION

51. Will this insurance replace in whole or in any part any other insurance? Yes* No
 (*If "Yes", complete Replacement Form and provide details below)

COMPANY	CERTIFICATE #	FACE AMOUNT	ISSUE DATE
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

F - BENEFICIARY INFORMATION

52. Name _____ Relationship _____ % Share _____
 SSN TIN EIN _____ Birth Date _____

53. Name _____ Relationship _____ % Share _____
 SSN TIN EIN _____ Birth Date _____

PRIMARY
CONTINGENT

SPECIAL REQUESTS:
[Empty box for special requests]

G - ILLUSTRATION CERTIFICATION

This section must be completed if a matching NAIC compliant illustration is not being submitted with this application.

- Options for illustration certification: 1) An illustration for the certificate applied for was not presented to me. 2) An illustration was used in the sales presentation, but it was different from the actual certificate applied for. 3) I certify that I viewed a computer generated illustration on a computer display screen conforming to the application submitted.

H - AGREEMENTS & SIGNATURES

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. Any certificate issued as a result of material misstatement or omission of facts may be voided and the company's only obligation shall be to return the premiums paid.

1) I AGREE that the statements and answers contained in this application and in any medical examination required by the Union 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 hereafter be adopted by the Union. 3) I AGREE that the insurance applied for will become effective when the first premium due is paid and while the Proposed Insured's health, habits and occupation remain as described in this application on the date of issuance of a life certificate by the Union. 4) I AGREE that if I am not a member of the Union, this application serves as a membership application.

ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION: POLISH ROMAN CATHOLIC UNION OF AMERICA IS LICENSED TO DO BUSINESS IN THE STATE OF ILLINOIS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN THE ILLINOIS LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE (POLICY) HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE (POLICY) ISSUED BY THE SOCIETY.

SIGNED AT _____ this _____ day of _____, 20_____

PROPOSED INSURED'S SIGNATURE (AGE 16 & UP)

PAYOR'S SIGNATURE, IF OTHER THAN PROPOSED INSURED

OWNER'S SIGNATURE, IF OTHER THAN PROPOSED INSURED

PRINT SALES REPRESENTATIVE'S NAME, CODE, AND DISTRICT

SALES REPRESENTATIVE'S SIGNATURE

HOME OFFICE APPROVAL - HOME OFFICE USE ONLY

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO CERTIFICATE DELIVERY UNLESS AND UNTIL ALL CONDITIONS ON THIS RECEIPT ARE MET. If: (1) an amount equal to at least one month premium, for the plan and amount applied for, is submitted; (2) all underwriting requirements, including any medical examinations required by the rules of the Union are completed; and (3) the Proposed Insured is, on the date indicated on this receipt, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the rules and practices of the Union. THEN insurance under the certificate applied for shall become effective on the latest of (a) the register date of application, (b) the date of the last of any medical examinations, and (c) any date of issue requested in the application.

THE AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO CERTIFICATE DELIVERY SHALL NOT EXCEED \$100,000, which amount includes any additional benefits for death by accident. If any of the above conditions is not met, the liability of the PRCUA shall be limited to the return of the amount submitted.

NO REPRESENTATIVE HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

Received \$ _____ from _____ on the Life of: _____ in connection with an application for life insurance with the same date as this receipt. This payment is made and accepted subject to the above conditions.

POLISH ROMAN CATHOLIC UNION OF AMERICA
Chicago, Illinois

SALES REPRESENTATIVE'S SIGNATURE

DATE

SALES REPRESENTATIVE REPORT

1. Has any insurance in force or applied for on the life of the proposed insured terminated within the past three months or is termination of such insurance contemplated as a result of the issuance of the life insurance 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/SPECIAL REQUESTS: _____

I certify that on the date shown below:

- 1. The application was completed and signed in my presence by the proposed insured, or the owner, if other than the proposed insured;
- 2. I have asked each question on the application and I have honestly and accurately recorded the answers supplied by the proposed insured, or the owner, if other than the proposed insured.

DATE

SALES REPRESENTATIVE'S SIGNATURE & CODE (MUST BE SIGNED IN EVERY CASE)

SALES REPRESENTATIVE'S PHONE NUMBER

SALES REPRESENTATIVE'S EMAIL ADDRESS