

# Polish Roman Catholic Union of America

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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. Arkansas Fraud Warning:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.)



# ANNUITY SUITABILITY QUESTIONNAIRE

The Polish Roman Catholic Union of America 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 the 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 this information. If this is your wish, please read the following statement, sign, date, and return this form with your Application for Annuity.**

### Waiver of Annuity Suitability Questionnaire

**No, I will not answer the questions on this Annuity Suitability Questionnaire and I take full responsibility for determining whether the proposed annuity is suitable for me.**

*PLEASE PRINT IN THE BLOCKS WITH CAPITAL LETTERS*

## 1. PROPOSED ANNUITANT INFORMATION

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that the Polish Roman Catholic Union of America may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

PROPOSED ANNUITANT'S FIRST (MI) LAST NAME

PROPOSED ANNUITANT'S TELEPHONE NUMBER      AGE      TAX IDENTIFICATION NUMBER (SSN/TIN)

PROPOSED ANNUITANT'S OCCUPATION

**Marital Status:**

- Married       Single       Widowed       Divorced

**Primary Financial Objectives:** (check all that apply)

- Preservation of Capital       Future Income       Wealth Accumulation       Inheritance  
 Charitable Giving       Education Planning       Tax Deferral       Immediate Income

**Time Frame for this Investment:** When will you need the money you are investing in this annuity? (check one)

- 1 year or less       1 – 3 years       3 – 7 years  
 7 – 10 years       10 years       Never (money for charity/inheritance)

INTENDED USE OF ANNUITY

ANNUAL HOUSEHOLD INCOME

LIQUID NET WORTH

**Source of Income:** (check all that apply)

- Employment       Investments       Social Security  
 Retirement       Other

SOURCE OF FUNDING

(continued on next page)

1. INSURED INFORMATION (continued from page 1)

Tax Bracket: (check one)

- 10% 15% 25% 28% 33% 35%

Percentage input box with % symbol

PROPOSED ANNUITY REPRESENTS WHAT PERCENTAGE OF NET WORTH

Do you have funds available to you in case of emergency? Yes No

Grid for entering text

OTHER RELEVANT INFORMATION (FINANCIAL CONSTRAINTS, HEALTH CONCERNS, LONG-TERM CARE CONSIDERATIONS, ETC.)

2. EXISTING ACCOUNTS

Are you considering using funds from existing life insurance policy(ies) contract(s), or certificate of deposit(s) to purchase this annuity? Yes No

How long has the policy(ies), contract(s), or certificate of deposit(s) been in force?

Number of years input box

NUMBER OF YEARS

Are there any surrender charges associated with the above-mentioned existing policy(ies), contract(s), or certificate of deposit(s)? Yes No

Grid for entering text

IF YES, WHAT ARE THE CURRENT SURRENDER CHARGES

3. SIGNATURE



SIGNATURE OF PROPOSED ANNUITANT

DATE OF SIGNATURE