

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

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 _____

ADDRESS

 First Middle Last
 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. Fraud Warning Statement:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.)

