

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 # _____

12A. IF NOT, APPLY FOR MEMBERSHIP _____

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: _____

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 boxes

PROPOSED ANNUITY REPRESENTS WHAT PERCENTAGE OF NET WORTH

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

Grid for other relevant information

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

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

Grid for surrender charges

IF YES, WHAT ARE THE CURRENT SURRENDER CHARGES

3. SIGNATURE

Signature of Proposed Annuitant

Date of Signature