

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)			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: 70%; padding: 5px;">POLICY #</td> <td style="width: 30%; 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		_____							
4. <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	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE WHICH BELOW AND GIVE REASON.						
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):			COMPANY						
NAME		SEX	YEAR ISSUED		AMOUNT				
_____		<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						
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		CONTINGENT: AGE RELATIONSHIP							
_____		_____							
_____ First Middle Last		15. SPECIAL REQUESTS:							
ADDRESS		<input type="checkbox"/> HR-10 <input type="checkbox"/> IRA _____ <input type="checkbox"/> TSA <input type="checkbox"/> ROLLOVER							
_____ Street		Type							
_____ City State Zip		_____							
OWNER'S RELATIONSHIP TO ANNUITANT		Annuitant's Signature							
OWNER'S SOC. SEC. # OR EIN #		_____							
_____		Applicant's Signature (if annuitant is a juvenile)							
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.		Owner's Signature (if other than annuitant)							
Signed at _____		Witness							
City State		Signature of Deputy/Agent							
this _____ day of _____, 20_____		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.)

