

SECONDARY OWNER

PRIMARY OWNER

### 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 • <u>www.PRCUA.org</u>

# APPLICATION FOR ANNUITY

A - PROPOSED ANNUITANT'S INFORMATION	
1. New Member: ☐ Yes ☐ No 2	
SOCIETY	CERTIFICATE - HOME OFFICE USE PLAN - HOME OFFICE USE
NAME (FIRST, MI, LAST NAME; MAIDEN NAME, IF APPLICABLE)	<b>4.</b> Sex: □ M □ F
NAME (FIRST, IVII, LAST NAME, IVIAIDEN NAME, IF APPLICABLE)  5.	6. Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced
STREET ADDRESS / CITY, STATE, ZIP CODE	_ Wildright States. 2 Single 2 Wallied 2 Wildowed 2 Divorced
7	8
EMAIL ADDRESS	TELEPHONE NUMBER
9 10 Age	BIRTHPLACE
<b>12.</b> U.S. Citizen: ☐ Yes ☐ No <b>13.</b> ☐ SSN ☐ TIN ☐ EIN	
15.	16
NAME OF EMPLOYER	EMPLOYER'S STREET ADDRESS / CITY, STATE, ZIP CODE
17	18 19
PROPOSED ANNUITANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER	STATE ISSUED EXPIRY DATE
HOME OFFICE USE - DO NOT WRITE IN THIS SPACE Endorse	ements & Amendments
B - OWNER'S INFORMATION	
<b>20.</b> Owner is: Proposed Annuitant Trust (also complete Que	
21	<b>22.</b> Sex:
Name of Primary Owner (First, MI, Last Name)	DATE OF BIRTH
24. PRIMARY OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE	RELATIONSHIP TO PROPOSED ANNUITANT
	SSN TIN EIN
28.	29 30
PRIMARY OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER	STATE ISSUED EXPIRY DATE
31	<b>32.</b> Sex: □ M □ F <b>33.</b>
Name of Secondary Owner (First, MI, Last Name)	DATE OF BIRTH
34SECONDARY OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE	35
	SSN TIN EIN
38	39 40
SECONDARY OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER	STATE ISSUED EXPIRY DATE
If Certificate is Trust Owned:	
41NAME OF TRUST	42 TRUST TAX ID NUMBER
43.	1RUSI TAX ID NUMBER
COMPLETE NAME OF TRUSTEES	Date of Trust (Attach First & Last Page of Trust)
C - PLAN INFORMATION	
45. Initial Contribution \$	
<b>46.</b> Mail Certificate to: ☐ Sales Rep ☐ Owner ☐ Applicant ☐ Annuit	ant 47. Send Notices to: ☐ Annuitant ☐ Owner ☐ Applicant
<b>48.</b> Annuity Type: ☐ Non-Qualified ☐ IRA* ☐ SEP* ☐ TSA*	* Roth IRA* Other *Complete required forms
<b>49.</b> Series: ☐ Preferred ☐ Classic ☐ Millennium ☐ Othe	er
50. Is this annuity applied for intended to replace or change, in whole or	r in part, any existing insurance or annuities with this or any
other insurer? ☐ Yes ☐ No *If yes, complete Replacement Form(	s) and provide details below:
COMPANY YEAR ISSUED AMOU	NT REASON FOR REPLACEMENT
\$	
\$\$	
<b>51.</b> Type of Replacement? ☐ Full ☐ Partial ☐ 1035 Exchange ☐	☐ IRA Transfer ☐ Direct Rollover ☐ Rollover
D - APPLICANT/PAYOR'S INFORMATION	
52	<b>53.</b> Sex: □ M □ F <b>54.</b>
NAME OF APPLICANT (FIRST, MI, LAST NAME)	DATE OF BIRTH
55	56
APPLICANT'S STREET ADDRESS / CITY, STATE, ZIP CODE <b>57.</b> U.S. Citizen: □ Yes □ No <b>58.</b> □	RELATIONSHIP TO PROPOSED ANNUITANT  SSN IN
59	_ 60 61 State Issued Expiry Date

#### POLISH ROMAN CATHOLIC UNION OF AMERICA 984 N Milwaukee Ave · Chicago IL · 60642-4101 E - BENEFICIARY INFORMATION (If Trust, Attach First & Last Page of Trust) **62.** Name \_ Relationship % Share Trustees (if applicable) □ SSN □ TIN □ EIN Birth/Trust Date \_\_\_\_\_ Relationship \_\_\_\_\_\_ % Share \_\_\_\_\_ Trustees (if applicable) ☐ SSN ☐ TIN ☐ EIN Birth/Trust Date **63.** Name Relationship % Share Trustees (if applicable) Birth/Trust Date ☐ SSN ☐ TIN ☐ EIN Relationship % Share Name Trustees (if applicable) ☐ SSN ☐ TIN ☐ EIN Birth/Trust Date F - AGREEMENTS & SIGNATURES 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 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

APPLICANT'S SIGNATURE, IF OTHER THAN PROPOSED ANNUITANT

SALES REPRESENTATIVE'S SIGNATURE

SECONDARY OWNER'S SIGNATURE IF OTHER THAN PROPOSED ANNUITANT

HOME OFFICE APPROVAL - HOME OFFICE USE ONLY

(PRINT) SALES REPRESENTATIVE'S NAME, CODE, AND DISTRICT

PROPOSED ANNUITANT'S SIGNATURE (AGE 16 & UP)

PRIMARY OWNER'S SIGNATURE, IF OTHER THAN PROPOSED ANNUITANT

SALES REPRESENTATIVE'S PHONE NUMBER

#### **SALES REPRESENTATIVE REPORT**

1.	Has any insurance or annuity in force or applied for on the life of the proposed annuitant terminated within the past three months or is termination of such insurance or annuity contemplated as a result of the issuance of 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/SPECIAL REQUESTS:				
l ce	ertify that on the date shown below:			
	1. The application was completed and signed in my presence by the proposed annuitant, or the owner, if other than the proposed annuitant;			
	2. I have asked each question on the application and I have honestly and accurately recorded the answers supplied by the proposed annuitant, or the owner, if other than the proposed annuitant.			
DA	SALES REPRESENTATIVE'S SIGNATURE & CODE (MUST BE SIGNED IN EVERY CASE)			

SALES REPRESENTATIVE'S EMAIL ADDRESS



Annuity Suitability Questionnaire

## **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

(continued on next page)

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1. PROPOSED ANNUIT	ANT 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 N	AME					
PROPOSED ANNUITANT'S TELEPHONE NUMB	ER AGE	Tax Identificatio	N NUMBER (SSN/TIN)			
PROPOSED ANNUITANT'S OCCUPATION						
Marital Status: ☐ Married	☐ Single	☐ Widowed	□ Divorced			
Primary Financial Objectives: (ch Preservation of Capital	eck all that apply)  ☐ Future Income	☐ Wealth Accumulation	☐ Inheritance			
☐ Charitable Giving	☐ Education Planning	☐ Tax Deferral	☐ Immediate Income			
_		☐ Tax Deferral	☐ Immediate Income			
Time Frame for this Investment:  1 year or less	<ul><li>□ Education Planning</li><li>When will you need the money you are inverse.</li><li>□ 1 – 3 years</li></ul>	□ Tax Deferral esting in this annuity? (check one) □ 3 − 7 years	☐ Immediate Income			
Time Frame for this Investment:  1 year or less 7 – 10 years	<ul><li>□ Education Planning</li><li>When will you need the money you are inverse.</li><li>□ 1 – 3 years</li></ul>	□ Tax Deferral esting in this annuity? (check one) □ 3 − 7 years	☐ Immediate Income			
Time Frame for this Investment:  1 year or less 7 – 10 years  INTENDED USE OF ANNUITY  ANNUAL HOUSEHOLD INCOME  Source of Income: (check all that applicable)	□ Education Planning  When will you need the money you are inve □ 1 − 3 years □ 10 years □ pply)	□ Tax Deferral  esting in this annuity? (check one) □ 3 − 7 years □ Never (money for charity/inheritand)  LIQUID NET WORTH	☐ Immediate Income			
Time Frame for this Investment:  1 year or less 7 – 10 years  INTENDED USE OF ANNUITY  ANNUAL HOUSEHOLD INCOME	□ Education Planning  When will you need the money you are inve □ 1 − 3 years □ 10 years	□ Tax Deferral  esting in this annuity? (check one) □ 3 − 7 years □ Never (money for charity/inheritand	☐ Immediate Income			

POLISH ROMAN CATHOLIC UNION OF AMERICA 984 N Milwaukee Ave · Chicago IL · 60642-410	)1
1. INSURED INFORMATION (continued from page 1)	
Tax Bracket: (check one) □ 10% □ 15% □ 25% □ 28% □ 33% □ 35%  PROPOSED ANNUITY REPRESENTS WHAT PERCENTAGE OF NET WORK	TH
Do you have funds available to you in case of emergency? ☐ Yes ☐ No	
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	
If Yes, What Are The Current Surrender Charges	
3. SIGNATURE	
SIGNATURE OF PROPOSED ANNUITANT  DATE OF SIGNATURE	_

Annuity Suitability Questionnaire

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