



# 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 • [www.PRCUA.org](http://www.PRCUA.org)

## APPLICATION FOR ANNUITY

### A - PROPOSED ANNUITANT'S INFORMATION

1. New Member:  Yes  No 2. \_\_\_\_\_  
SOCIETY CERTIFICATE - HOME OFFICE USE PLAN - HOME OFFICE USE

3. \_\_\_\_\_ 4. Sex:  M  F  
NAME (FIRST, MI, LAST NAME; MAIDEN NAME, IF APPLICABLE)

5. \_\_\_\_\_ 6. Marital Status:  Single  Married  Widowed  Divorced  
STREET ADDRESS / CITY, STATE, ZIP CODE

7. \_\_\_\_\_ 8. \_\_\_\_\_  
EMAIL ADDRESS TELEPHONE NUMBER

9. \_\_\_\_\_ 10. \_\_\_\_\_  
DATE OF BIRTH AGE

11. \_\_\_\_\_ 12. U.S. Citizen:  Yes  No 13.  SSN  TIN  EIN \_\_\_\_\_ 14. Occupation \_\_\_\_\_  
BIRTHPLACE

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

### Endorsements & Amendments

### B - OWNER'S INFORMATION

20. Owner is:  Proposed Annuitant  Trust (also complete Questions 41-44)  Other than Proposed Annuitant or Trust

21. \_\_\_\_\_ 22. Sex:  M  F 23. \_\_\_\_\_  
NAME OF PRIMARY OWNER (FIRST, MI, LAST NAME) DATE OF BIRTH

24. \_\_\_\_\_ 25. \_\_\_\_\_  
PRIMARY OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE RELATIONSHIP TO PROPOSED ANNUITANT

26. U.S. Citizen:  Yes  No 27.  SSN  TIN  EIN \_\_\_\_\_

28. \_\_\_\_\_ 29. \_\_\_\_\_ 30. \_\_\_\_\_  
PRIMARY OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRY DATE

31. \_\_\_\_\_ 32. Sex:  M  F 33. \_\_\_\_\_  
NAME OF SECONDARY OWNER (FIRST, MI, LAST NAME) DATE OF BIRTH

34. \_\_\_\_\_ 35. \_\_\_\_\_  
SECONDARY OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE RELATIONSHIP TO PROPOSED ANNUITANT

36. U.S. Citizen:  Yes  No 37.  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:

41. \_\_\_\_\_ 42. \_\_\_\_\_  
NAME OF TRUST TRUST TAX ID NUMBER

43. \_\_\_\_\_ 44. \_\_\_\_\_  
COMPLETE NAME OF TRUSTEES DATE OF TRUST (ATTACH FIRST & LAST PAGE OF TRUST)

### C - PLAN INFORMATION

45. Initial Contribution \$ \_\_\_\_\_

46. Mail Certificate to:  Sales Rep  Owner  Applicant  Annuitant 47. Send Notices to:  Annuitant  Owner  Applicant

48. Annuity Type:  Non-Qualified  IRA\*  SEP\*  TSA\*  Roth IRA\*  Other \_\_\_\_\_ \*Complete required forms

49. Series:  Preferred  Classic  Millennium  Other \_\_\_\_\_

50. 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, complete Replacement Form(s) and provide details below:

COMPANY	YEAR ISSUED	AMOUNT	REASON FOR REPLACEMENT
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

51. Type of Replacement?  Full  Partial  1035 Exchange  IRA Transfer  Direct Rollover  Rollover

### D - APPLICANT/PAYOR'S INFORMATION

52. \_\_\_\_\_ 53. Sex:  M  F 54. \_\_\_\_\_  
NAME OF APPLICANT (FIRST, MI, LAST NAME) DATE OF BIRTH

55. \_\_\_\_\_ 56. \_\_\_\_\_  
APPLICANT'S STREET ADDRESS / CITY, STATE, ZIP CODE RELATIONSHIP TO PROPOSED ANNUITANT

57. U.S. Citizen:  Yes  No 58.  SSN  TIN  EIN \_\_\_\_\_

59. \_\_\_\_\_ 60. \_\_\_\_\_ 61. \_\_\_\_\_  
APPLICANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRY DATE

**E - BENEFICIARY INFORMATION** (If Trust, Attach First & Last Page of Trust)

PRIMARY	62. Name _____ Relationship _____ % Share _____
	Trustees (if applicable) _____
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN _____ Birth/Trust Date _____
	Name _____ Relationship _____ % Share _____
CONTINGENT	Trustees (if applicable) _____
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN _____ Birth/Trust Date _____
	Name _____ Relationship _____ % Share _____
	Trustees (if applicable) _____
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> 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 Union in the future.

**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\_\_\_\_\_

\_\_\_\_\_  
PROPOSED ANNUITANT'S SIGNATURE (AGE 16 & Up)

\_\_\_\_\_  
APPLICANT'S SIGNATURE, IF OTHER THAN PROPOSED ANNUITANT

\_\_\_\_\_  
PRIMARY OWNER'S SIGNATURE, IF OTHER THAN PROPOSED ANNUITANT

\_\_\_\_\_  
SECONDARY OWNER'S SIGNATURE, IF OTHER THAN PROPOSED ANNUITANT

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

\_\_\_\_\_  
SALES REPRESENTATIVE'S SIGNATURE

HOME OFFICE APPROVAL - HOME OFFICE USE ONLY

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SALES REPRESENTATIVE'S SIGNATURE & CODE (MUST BE SIGNED IN EVERY CASE)

\_\_\_\_\_  
SALES REPRESENTATIVE'S PHONE NUMBER

\_\_\_\_\_  
SALES REPRESENTATIVE'S EMAIL ADDRESS



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