POLISH ROMAN CATHOLIC UNION OF AMERICA
984 N Milwaukee Ave • Chicago IL • 60642-4101

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%

☐☐☐☐☐ %

PROPOSED ANNUITY REPRESENTS WHAT PERCENTAGE OF NET WORTH

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