



POLISH ROMAN CATHOLIC UNION OF AMERICA

A Fraternal Benefit Society

984 North Milwaukee Avenue, Chicago, IL 60642-4101

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APPLICATION FOR ANNUITY

A - PROPOSED ANNUITANT'S INFORMATION

1. New Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		2. _____ SOCIETY	CERTIFICATE - HOME OFFICE USE		PLAN - HOME OFFICE USE
3. _____					4. Sex: <input type="checkbox"/> M <input type="checkbox"/> F
NAME (FIRST, MI, LAST NAME)					
5. _____ STREET ADDRESS / CITY, STATE, ZIP CODE					
6. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		7. _____ DATE OF BIRTH	8. _____ AGE	9. _____ BIRTHPLACE (STATE / COUNTRY)	
10. _____ EMAIL ADDRESS		11. _____ TELEPHONE NUMBER			
12. <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN # _____					
13. _____ PROPOSED ANNUITANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER		14. _____ STATE ISSUED	15. _____ EXPIRATION DATE		

HOME OFFICE USE - DO NOT WRITE IN THIS SPACE

Endorsements & Amendments

B - OWNER'S INFORMATION ■ ANNUITANT ■ JOINT TENANCY

16. _____ NAME OF PRIMARY OWNER (FIRST, MI, LAST NAME OR NAME OF TRUST)		17. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	18. _____ DATE OF BIRTH / TRUST DATE
19. _____ PRIMARY OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE		20. _____ RELATIONSHIP TO PROPOSED ANNUITANT	
21. <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN # _____			
22. _____ PRIMARY OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER		23. _____ STATE ISSUED	24. _____ EXPIRATION DATE
25. _____ NAME OF JOINT OWNER (FIRST, MI, LAST NAME) (IF APPLICABLE)		26. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	27. _____ DATE OF BIRTH
28. _____ JOINT OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE		29. _____ RELATIONSHIP TO PROPOSED ANNUITANT	
30. <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN # _____			
31. _____ JOINT OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER		32. _____ STATE ISSUED	33. _____ EXPIRATION DATE
34. If Certificate is Trust Owned, Attach First & Last Page of Trust and Provide Trustee information:			

COMPLETE NAME OF TRUSTEE(S)

C - APPLICANT'S INFORMATION (IF OTHER THAN PROPOSED ANNUITANT OR OWNER)

35. _____ NAME (FIRST, MI, LAST NAME)		36. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	37. _____ DATE OF BIRTH
38. _____ STREET ADDRESS / CITY, STATE, ZIP CODE			
39. _____ RELATIONSHIP TO PROPOSED ANNUITANT		40. <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN # _____	
41. _____ APPLICANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER		42. _____ STATE ISSUED	43. _____ EXPIRATION DATE

D - PLAN INFORMATION

44. Initial Contribution \$ _____		45. Tax Year _____	
46. Annuity Type: <input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA* <input type="checkbox"/> SEP* <input type="checkbox"/> TSA* <input type="checkbox"/> Roth IRA* <input type="checkbox"/> Other _____ *Complete Required Forms			
47. Series: <input type="checkbox"/> Preferred <input type="checkbox"/> Classic <input type="checkbox"/> Millennium <input type="checkbox"/> Other _____			
48. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete Replacement Form(s) and provide details below.)			
COMPANY	YEAR ISSUED	AMOUNT	REASON FOR REPLACEMENT
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
49. If #48 is yes, type of Replacement? <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> IRA Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Rollover			

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

50. PRIMARY (Name) _____ Relationship _____ % Share _____
 Trustees (if applicable) _____
☐ SSN ☐ TIN ☐ EIN # _____ Birth/Trust Date _____
 PRIMARY (Name) _____ Relationship _____ % Share _____
 Trustees (if applicable) _____
☐ SSN ☐ TIN ☐ EIN # _____ Birth/Trust Date _____
 PRIMARY (Name) _____ Relationship _____ % Share _____
 Trustees (if applicable) _____
☐ SSN ☐ TIN ☐ EIN # _____ Birth/Trust Date _____
 PRIMARY (Name) _____ Relationship _____ % Share _____
 Trustees (if applicable) _____
☐ SSN ☐ TIN ☐ EIN # _____ Birth/Trust Date _____

51. CONTINGENT (Name) _____ Relationship _____ % Share _____
 Trustees (if applicable) _____
☐ SSN ☐ TIN ☐ EIN # _____ Birth/Trust Date _____
 CONTINGENT (Name) _____ Relationship _____ % Share _____
 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 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____
CITY / STATE DAY MONTH YEAR

PROPOSED ANNUITANT'S SIGNATURE (AGE 18 & UP)

APPLICANT'S SIGNATURE

PRIMARY OWNER'S SIGNATURE

JOINT OWNER'S SIGNATURE

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

SALES REPRESENTATIVE'S SIGNATURE

SALES REPRESENTATIVE'S PHONE NUMBER AND EMAIL

HOME OFFICE APPROVAL - HOME OFFICE USE ONLY



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)

(continued from page 1)

□ □ □ □ □ %



DATE OF SIGNATURE