



POLISH ROMAN CATHOLIC UNION OF AMERICA

A Fraternal Benefit Society

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new-business@prcua.org

APPLICATION FOR ANNUITY

A - PROPOSED ANNUITANT'S INFORMATION

1. New Member: ☐ Yes ☐ No 2. _____
SOCIETY

3. _____ 4. Sex: ☐ M ☐ F
NAME (FIRST, MI, LAST NAME)

5. _____
STREET ADDRESS / CITY, STATE, ZIP CODE

6. Marital Status: ☐ Single ☐ Married ☐ Widowed 7. _____ 8. _____ 9. _____
DATE OF BIRTH AGE BIRTHPLACE (STATE / COUNTRY)

10. _____ 11. _____
EMAIL ADDRESS TELEPHONE NUMBER

12. ☐ SSN ☐ TIN ☐ EIN # _____

13. _____ 14. _____ 15. _____
PROPOSED ANNUITANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

HOME OFFICE USE - DO NOT WRITE IN THIS SPACE

Endorsements & Amendments

B - OWNER'S INFORMATION ☐ ANNUITANT ☐ JOINT TENANCY

16. _____ 17. Sex: ☐ M ☐ F 18. _____
NAME OF PRIMARY OWNER (FIRST, MI, LAST NAME OR NAME OF TRUST) DATE OF BIRTH / TRUST DATE

19. _____ 20. _____
PRIMARY OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE RELATIONSHIP TO PROPOSED ANNUITANT

21. ☐ SSN ☐ TIN ☐ EIN # _____

22. _____ 23. _____ 24. _____
PRIMARY OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

25. _____ 26. Sex: ☐ M ☐ F 27. _____
NAME OF JOINT OWNER (FIRST, MI, LAST NAME) (IF APPLICABLE) DATE OF BIRTH

28. _____ 29. _____
JOINT OWNER'S STREET ADDRESS / CITY, STATE, ZIP CODE RELATIONSHIP TO PROPOSED ANNUITANT

30. ☐ SSN ☐ TIN ☐ EIN # _____

31. _____ 32. _____ 33. _____
JOINT OWNER'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED 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. _____ 36. Sex: ☐ M ☐ F 37. _____
NAME (FIRST, MI, LAST NAME) DATE OF BIRTH

38. _____
STREET ADDRESS / CITY, STATE, ZIP CODE

39. _____ 40. ☐ SSN ☐ TIN ☐ EIN # _____
RELATIONSHIP TO PROPOSED ANNUITANT

41. _____ 42. _____ 43. _____
APPLICANT'S DRIVER'S LICENSE NUMBER / STATE IDENTIFICATION NUMBER STATE ISSUED EXPIRATION DATE

D - PLAN INFORMATION

44. Initial Contribution \$ _____ 45. Tax Year _____

46. Annuity Plan: _____
Complete Required Forms Type: ☐ Non-Qualified ☐ IRA ☐ SEP* ☐ TSA* ☐ Roth IRA* ☐ Other _____
Series: ☐ Gold ☐ Silver ☐ Bronze ☐ Other _____

47. 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
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

48. If #47 is yes, type of Replacement? ☐ Full ☐ Partial ☐ 1035 Exchange ☐ IRA Transfer ☐ Direct Rollover ☐ Rollover

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

49. 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 _____

50. 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.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

SALES REPRESENTATIVE'S SIGNATURE

SALES REPRESENTATIVE'S PHONE NUMBER

SALES REPRESENTATIVE'S EMAIL

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



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