



Address: 71 South Washington Street, Wilkes-Barre, PA 18701 Phone: 888-834-6614

APPLICATION FOR DEFERRED ANNUITY

1. Proposed Annuitant _____ 10. Will the insurance being applied for replace or change (Print
Name in Full) any existing life insurance or annuities in this or any other company?
 Yes No

2. Address _____
(Street)

If Yes, give details and name of companies in REMARKS.

(City) (State) (Zip)

3. Telephone No. (_____) _____

11. Dividend Option:

4. E-mail _____

Add to Account Value Cash

5. Social Security No. _____

12. Marital Status:

Single, Widowed or Divorced Married

6. Date of Birth _____ Age _____
Place of

3. _____

Birth _____ Gender:

Contingent Beneficiary: Relationship to Annuitant 1.

Male Female

2. _____

7. Applicant (if other than Annuitant) _____

13. Is the Proposed Annuitant a member of the Society? Yes No

Relationship _____ Social Security No _____

If not, please apply for membership.

Address _____
(Street)

14. Optional Secondary Addressee (for notification of a past due premium or possible lapse of coverage)

(City) (State) (Zip)

Name _____

Address _____
(Street)

(City) (State) (Zip)

Mail Reminder Notice to: Proposed Annuitant Applicant

8. Plan Type: _____ Maturity

15. If Annuitant wishes to be reminded to make regular payments, indicate amount and frequency:

Date: _____ Initial Deposit: \$

Amount \$ _____

9. Beneficiary

(If more than one, then benefit paid equally to the survivors unless otherwise indicated. List additional beneficiaries in REMARKS)

Annually Semiannually Quarterly Monthly 16.

Primary Beneficiary: Relationship to Annuitant 1.

REMARKS

2. _____

NOTE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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PROPOSED ANNUITANT/APPLICANT STATEMENT

I declare that the statements and answers given in this application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that this application shall be the basis for and a part of any contract issued. **I understand that coverage will not be effective until the initial deposit has been paid and the contract has been delivered.**

Proposed Annuitant Date Signed by Proposed Annuitant _____ Signature of

Applicant (if other than Date Signed by Applicant Proposed Annuitant) _____ Signature of

Member Applicant if Proposed Date Signed by Member Applicant Annuitant is not a member of the Society _____ Signature of

RECOMMENDER'S STATEMENT

Was this insurance applied for to replace or change any existing life insurance or annuity contract? Yes No If Yes, provide required disclosure notices to the Proposed Insured/Applicant.

Recommender Date Signed by Recommender _____ Signature of

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