

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

**APPLICATION FOR DEFERRED ANNUITY**

<p>1. Proposed Annuitant _____ (Print Name in Full)</p> <p>2. Address _____ (Street)</p> <p>_____ (City) (State) (Zip)</p>	<p>10. Will the insurance being applied for replace or change any existing life insurance or annuities in this or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, give details and name of companies in REMARKS.</p>
<p>3. Telephone No. (_____) _____</p> <p>4. E-mail _____</p>	<p>11. Dividend Option: <input type="checkbox"/> Add to Account Value <input type="checkbox"/> Cash</p>
<p>5. Social Security No. _____</p>	<p>12. Marital Status: <input type="checkbox"/> Single, Widowed or Divorced <input type="checkbox"/> Married</p>
<p>6. Date of Birth _____ Age _____ Place of Birth _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>13. Is the Proposed Annuitant a member of the Society? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, please apply for membership.</p>
<p>7. Applicant (if other than Annuitant) _____ Relationship _____ Social Security No _____ Address _____ (Street) _____ (City) (State) (Zip)</p>	<p>14. Optional Secondary Addressee (for notification of a past due premium or possible lapse of coverage)</p> <p>Name _____ Address _____ (Street) _____ (City) (State) (Zip)</p>
<p>Mail Reminder Notice to: <input type="checkbox"/> Proposed Annuitant <input type="checkbox"/> Applicant</p>	
<p>8. Plan Type: _____ Maturity Date: _____ Initial Deposit: \$ _____</p>	<p>15. If Annuitant wishes to be reminded to make regular payments, indicate amount and frequency: Amount \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly</p>
<p>9. Beneficiary (If more than one, then benefit paid equally to the survivors unless otherwise indicated. List additional beneficiaries in REMARKS)</p> <p><u>Primary Beneficiary:</u>                      <u>Relationship to Annuitant</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><u>Contingent Beneficiary:</u>                      <u>Relationship to Annuitant</u></p> <p>1. _____</p> <p>2. _____</p>	<p>16. REMARKS</p>

**NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

**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.**

\_\_\_\_\_  
Signature of Proposed Annuitant

\_\_\_\_\_  
Date Signed by Proposed Annuitant

\_\_\_\_\_  
Signature of Applicant (if other than  
Proposed Annuitant)

\_\_\_\_\_  
Date Signed by Applicant

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**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.

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date Signed by Recommender