

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.**

**THE LADIES PENNSYLVANIA SLOVAK CATHOLIC UNION 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 HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.**

\_\_\_\_\_  
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