

Ladies Pennsylvania Slovak Catholic Union

A Fraternal Benefit Society

[71 South Washington Street, Wilkes-Barre, PA 18701, Telephone Number: (888) 834-6614].

Addendum to Application Forms in Ohio

The following questions are added as an addendum to the application form and are part of the application:

1. Does any person named as Primary or Contingent Beneficiary lack an insurable interest in the person to be insured? Insurable interest is defined as a connection by blood of the beneficiary to the insured or an economic connection under which the beneficiary stands to suffer a financial loss due to the death of the insured. Yes No

If Yes, please explain _____

2. Is any portion of the premium on the policy applied for to be paid in whole or in part through an assumption and/or forgiveness of a loan used to fund premiums? Yes No

If Yes, please explain _____

PROPOSED INSURED/ANNUITANT/OWNER STATEMENT

I declare that the statements and answers given in this addendum to the application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that this addendum to the application shall be included as part of the basis for and a part of any contract issued by the Ladies Pennsylvania Slovak Catholic Union. **I understand that coverage will not be effective until the premium has been paid and the contract has been delivered.**

FRATERNAL BENEFIT SOCIETIES ARE NOT INCLUDED IN THE OHIO 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/Insured/Annuitant/Owner

Date Signed