

APPLICATION FOR ANNUITY

Providence Association of Ukrainian Catholics in America

Branch # _____

A Fraternal Benefit Society
817-19 N. Franklin Street
Philadelphia, PA 19123

Annuity # _____

PLEASE PRINT, USE INK ONLY

Is applicant a member? Yes__ No__. If not, apply for insurance.

1. Proposed Annuitant:

Name: _____ Telephone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security #: _____ Sex: _____ If Female, Maiden Name: _____

2. Type of Annuity: Indicate appropriate annuity and requested information.

(a) **Flexible Premium Deferred.** Initial Premium Amount of \$ _____ Benefits commence at age _____
Additional Reminder: Annual; Semi-Annual; Quarterly; Monthly; No Reminder.
Amount \$ _____.

(b) **Immediate - Single Premium \$ _____** Benefits to commence at age _____
 One Life

Joint and Survivor: Full name of Proposed Co-Annuitant: _____
Date of Birth: _____ Place of Birth: _____ Age _____
Social Sec. No.: _____ Sex: _____ If female, give maiden name: _____
Relationship to Proposed Annuitant: _____

(Note: On settlement or on immediate annuity, Monthly Benefit Period Certain of Ten Years and Life Thereafter is assumed unless otherwise specified.) Other Settlement: _____

3. Beneficiary: (Show full name, social security number, and relationship to the Proposed Annuitant.)
(If more room is needed, add an additional sheet.)

Primary: _____

Contingent: _____

4. Is this Annuity intended to replace or change any Insurance or Annuity now in force? Yes _____ No _____
If yes, show name of company and policy number(s): _____

5. Will this Annuity be a tax qualified plan: Yes _____ No _____. If yes, show basis: IRA IRA Rollover or Transfer
Tax Year applied _____ SEP Keogh Other _____

6. Premium deposited with this application _____.

7. Special Request: _____.

Owner: The Proposed Annuitant shall be the Owner of any contract issued, except when the Applicant is an entity other than a person, the applicant shall be the owner. The contract shall be effective on its date of issue.

I hereby represent that the statements and answers included herein are full, complete and true, 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 only an officer of the Association in writing, may: (1) make or modify contracts; or (2) waive any of its rights or requirements.

Signed At: _____ this _____ day of _____, 19_____.

Proposed Annuitant's Signature: _____
(Parent or Guardian, if applicant is under age 16.)**JOINT AND SURVIVOR ONLY**

Proposed Co-Annuitant _____

Representative: _____

REQUIREMENTS REGARDING EVIDENCE OF DATE OF BIRTH

Satisfactory evidence of the date of birth is required in all cases before annuity payments may be made. It is preferable to have such evidence on installment premium retirement annuities before issue. A certified copy of any record furnished is required. The best and most acceptable evidence is:

- Copy of birth certificate filed at or near time of birth.
- Record from the bureau of Vital Statistics or equivalent office.
- Copy of the Baptismal Certificate (certified by the appropriate authority).
- Record of the birth from the family Bible or genealogical history presented on Proof of Age Affidavit.

Efforts to obtain one of the above should be made in all cases but if none can be obtained, the Association will consider the following sources. However, if one of these is used, a letter of explanation should accompany such evidence stating why it is being presented.

- School record.
- Confirmation record.
- Certificate of marriage.
- Life insurance record under a contract issued at lease five years ago.
- Naturalization record.
- Passport, at least five years old.
- Army or navy discharge paper.

If none of the above is available, a detailed statement as to the effort made to secure such evidence should be submitted with the application and further instructions as to the evidence for consideration will be given.

RECOMMENDER'S REPORT

1. To the best of your knowledge, is insurance replacement involved in this transaction? Yes. No.
2. Did you ask each question exactly as set forth in the application, and record the answers exactly as made? Yes. No.
3. To the best of your knowledge, is the annuity now applied for intended to replace or change an existing insurance with any company? Yes. No.

If Yes, have you complied with any regulatory requirements regarding replacement? Yes. No.

PLEASE PRINT

Recommender _____ Date: _____

Address _____

City _____ State _____ Zip _____

DO NOT WRITE IN THIS SPACE

Branch No. _____ Cont. No. _____

Life Contract #'s _____

Name _____

Age _____ Sex _____ Accepted _____

Plan:

_____ Flexible Premium Deferred Annuity

Premium:

Annually _____ Semi-Annually _____

Quarterly _____ Monthly _____

Single Premium _____

Settlement Option:

Cash Surrender _____

Effective Date _____

Option 1

Specified Amount \$ _____

_____ Years _____ Months

Final Payment _____

Option 2

Specified Period _____ Years

Payment: \$ _____ per _____

Option 3

Life Annuity \$ _____ per _____

Period Certain (Years):

_____ 0; _____ 10; _____ 15; _____ 20; _____ Other _____

Joint Annuity

Co-Annuitant _____

Age _____ Sex _____

Joint Annuity Amount \$ _____

Survivor Annuity Amount \$ _____