

APPLICATION FOR INDIVIDUAL ANNUITY



FIRST CATHOLIC SLOVAK UNION of the United States of America and Canada

Herein called FCSU
6611 Rockside Road, Suite 300, Independence, Ohio 44131
800.533.6682 • fcsu@fcsu.com • www.fcsu.com

PLEASE PRINT

1. Proposed Annuitant:

Branch #: _____
Email: _____
Name: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Place of Birth: _____
Social Security No.: _____ Sex: _____ If Female, Maiden Name: _____

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

Initial Premium: \$ _____

- (a) 6 Year Flexible Premium Deferred (e) Park Free Plus Annuity/IRA
(b) 8 Year Flexible Premium Deferred (f) Inherited IRA/Annuity
(c) Park 2 Annuity (g) Other: _____
(d) Single Premium Immediate Annuity One Life Joint and Survivor Amount: \$ _____
Begin Date: _____

Joint and Survivor Information: COMPLETE THIS BLOCK, ONLY IF PURCHASING A JOINT AND SURVIVOR IMMEDIATE ANNUITY. 2.(d)

Full Name of Proposed Co-Annuitant: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Place of Birth: _____
Social Security No.: _____ Sex: _____ If Female, Maiden Name: _____
Relationship to Proposed Annuitant: _____

3. Beneficiary: (Show full name, social security number, and relationship to the Proposed Annuitant.)

Primary: Name: _____ SSN: _____ Relationship: _____ Percentage: _____
Contingent: _____

Note: The surviving owner is deemed the sole primary beneficiary regardless of the designation above. Contingent beneficiaries receive death benefits if all the primary beneficiaries are deceased at the time of the annuitant's death. The total allocation to each beneficiary category must equal 100%. To name additional beneficiaries, please enclose a signed and dated letter and return with this application.

4. (a) Does the applicant have existing Life Insurance or Annuity contracts with any company? Yes No
(b) Is the annuity applied for intended to replace or change any existing insurance or annuity? Yes No
If Yes, you must complete and submit a Replacement Form.

5. Will the Annuity be a tax qualified plan? Yes No If yes, show basis _____
Tax Year applied: _____
 IRA 1035 Exchange or Transfer
 Roth 60-days Rollover
 SEP
 Other: _____

6. Special Request: _____

Complete this section if the Owner differs from the Proposed Annuitant (applicable only for non-qualified plan).

1. Owner:			
Name: _____	Date of Birth: _____	SSN/TIN: _____	
Address: _____	City: _____	State: _____	Zip: _____
Relationship to Annuitant: _____	Telephone #: _____	Email: _____	
Owner's Signature: _____			Date: _____
2. Entity or Trust as Owner: The entity or trust must submit a completed IRS W-9 form. Additionally, the trust must include a copy of the Trust Agreement with this application.			
Name: _____			
Trust Date: _____	Tax ID #: _____		
Address: _____	City: _____	State: _____	Zip: _____
Settlor/Grantor: _____			
Name of Trustee: _____	Address: _____	Telephone #: _____	
_____	_____	_____	
_____	_____	_____	
Authorized Signer(s)' Signature: _____			Date: _____
All Trustees must act together unless the following box is checked. <input type="checkbox"/> Each Trustee is authorized to act independently.			

Owner: The Proposed Annuitant will be the Owner of the contract unless Sections 1 or 2 above are completed. If the Owner and the Annuitant are different, the Owner will have full control over the contract rights, but the payout will be based on the life of the Proposed Annuitant.

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 FCSU, in writing, may: (1) make or modify contracts; or (2) waive any of its rights or requirements.

INSURANCE FRAUD WARNING
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FIRST CATHOLIC SLOVAK UNION IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S 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.

Proposed Annuitant's Signature: _____
(Parent or Guardian, if applicant is under age 18.)

Proposed Co-Annuitant Signature: _____
Immediate Annuity – Joint and Survivor Only

Signed At: _____ Date: _____
(City and State)

Agent/Recommender Signature: _____ FCSU Executive Secretary: _____

Print Name: _____

Address: _____

FCSU Agent #: _____

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RECEIPT

Date: _____

Amount Received: _____

For the Payment of:

FCSU Application for Individual Annuity

Paid By (Name of Applicant, Annuitant, or Owner):

Received By (Name of Recommender or Agent):

Payment Method: Check Other

Check Number (if applicable): _____

This receipt serves as confirmation of the payment received from the above-named individual in connection with the FCSU Application for an Individual Annuity.

Please note that this receipt is not valid unless the check, draft, or money order tendered as payment is valid and collectible. The undersigned signature below affirms receipt of the funds.

If you do not receive the contract for which the payment was made, or a refund of the payment, within thirty (30) days from the date of this receipt, please contact the FCSU Home Office. When doing so, include a copy of this receipt.

Signature of Recommender or Agent: _____

Remittance should be made payable to:

FCSU Financial

Mailing Address:

6611 Rockside Road, Independence, OH 44131

ANNUITY SUITABILITY QUESTIONNAIRE

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Owner Name(s): _____ Owner Age(s): _____

Product Name: _____ Premium Amount: _____

FCSU is required by your state insurance department to ask information that will help determine whether an annuity contract is suitable for your investment goals and financial situation. This information will not be used for any other purpose and will remain confidential.

You have the legal right to decline to provide this information. If this is your wish, please fill out and sign
[Consumer Refusal to Provide Information Form \(ASW-25-1\)](#).

FINANCIAL STATUS:

Annual Income

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$99,999
- \$100,000+

Net Worth

- \$0-\$49,999
- \$50,000-\$99,999
- \$100,000-\$249,999
- \$250,000-\$499,999

Net Worth

- \$500,000-\$749,999
- \$750,000-\$999,999
- \$1,000,000+

Federal Tax Status

- 10% 35%
- 15% 38.6%
- 27% Other
- 30%

INVESTMENT OBJECTIVES:

Your investment objectives in purchasing this product (check all that apply):

- Income flow
- Flexibility
- Tax deferral
- Growth followed by income
- Growth, possible income
- Pass on to beneficiaries
- Other: _____

With exception of any withdrawals (i.e., required minimum distributions, free withdrawals, interest withdrawals, and partial surrenders):

How do you expect to take money out of this product?

- Regular income stream
- Lump sum
- N/A

When do you expect to take money out of this product?

- Under 1 year
- Between 1 and 5 years
- Between 6 and 9 years
- 10 or more years
- N/A

Do you now own, or have you previously owned, the following financial products? (Check all that apply.)

- CDs
- Fixed Annuities
- Variable Annuities
- Stocks/Bonds/Mutual Funds

What is your source for this annuity's premium? (Check all that apply.)

- Annuity
- Life Insurance
- CDs
- Other Investments
- Other: _____

Date: _____ Owner Signature(s): _____

Print or Type Name(s): _____

Date: _____ Agent/Recommender Signature: _____

Print Name: _____

FCSU Agent #: _____

If you don't have an agent/recommender please sign
[Consumer Decision to Purchase an Annuity NOT BASED on a recommendation form \(ASW-25-2\)](#).

CONSUMER REFUSAL TO PROVIDE INFORMATION

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FCSU is required by your state insurance department to ask for information that will help determine whether an annuity contract is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose and will remain confidential.

You have the legal right to decline to provide this information if this is your wish.

**DO NOT SIGN UNLESS YOU HAVE READ
AND UNDERSTAND THE INFORMATION IN THIS FORM**

You are buying a financial product:

Product Name: _____ Premium Amount: _____

To recommend a product that effectively meets your needs, objectives, and situation the agent, broker, or FCSU needs information about you, your financial situation, insurance needs and financial objectives.

If you sign this form, it means you have not given the agent, broker or FCSU some or all the information needed to decide if the annuity effectively meets your needs, objectives, and situation. You may lose some protections under State Law.

Statement of Purchaser:

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

Date: _____

Owner Signature(s):

Print or Type Name(s):

CONSUMER DECISION TO PURCHASE AN ANNUITY NOT BASED ON A RECOMMENDATION

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You can buy an annuity without the help of an insurance agent, but you'll have to spend a significant amount of time on research. You need to weigh the variety of features available in annuities and how they affect the annuity cost (investment). You should also consider how future annuity payments will be taxed, which affects the after-tax return on the investment. The FCSU does not provide legal or tax advice. Please consult your legal or tax professional to determine the best investment product for you. To recommend a product that effectively meets your needs, objectives and situation the agent, broker or FCSU needs information about your financial situation, insurance needs and financial objectives.

**DO NOT SIGN UNLESS YOU HAVE READ AND
UNDERSTAND THE INFORMATION IN THIS FORM**

You are buying a financial product:

Product Name: _____ Premium Amount: _____

Statement of Purchaser:

I understand that I am buying an annuity, but the agent, broker or FCSU did not recommend that I buy it. If I buy it **without a recommendation**, I understand I may lose protections under State Law.

Date: _____

Owner Signature(s): _____

Print or Type Name(s): _____

INSURANCE AGENT DISCLOSURE FOR ANNUITIES

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AGENT INFORMATION (“Me”, “I”, “My”)

Name: _____ FCSU Agent #: _____

Business/Agency Name: _____

Business/Agency Address: _____

Telephone #: _____ Email: _____

Website: _____ National Producer Number in (State): _____

CUSTOMER INFORMATION (“You”, “Your”)

Name: _____

What Types of Products Can I Sell You?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds, and mutual funds, also may meet Your needs.

I offer the following products:

- Fixed or Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificates of Deposits

Agent is Independent of Insurer and Able to Recommend Other Annuity Contracts:

Agent is independent of FCSU. Agent is NOT contractually limited to recommending only annuity contracts of FCSU.

Commissions:

FCSU will pay a commission for each purchase payment made to FCSU. The total commission to be received by the agent and/or an affiliate agent is equal to _____% a percentage of the purchase payment amount. Commissions are **not paid by members**. Commissions **are not subtracted from the purchase payments or from annuity contract values**. All contributions received from clients are credited to your account at 100%.

Other Material Conflicts of Interest:

A material conflict of interest exists if the agent has a financial interest that are reasonable person could question the agent's judgement in rendering advise as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Date: _____

Owner Signature(s): _____

Print or Type Name(s): _____

Date: _____

Agent Signature: _____

Print or Type Name: _____