

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. 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 #: _____

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

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

Coverdell Education Savings Custodial Account

(Under section 530 of the Internal Revenue Code)

Do not file
with the Internal
Revenue Service

Name of depositor _____

Check if amendment ▶

Name of designated beneficiary _____

Address of designated beneficiary _____ Date of birth of designated beneficiary _____

Name of responsible individual (generally the parent or guardian of the designated beneficiary) _____

Address of responsible individual _____

Name of custodian _____ Address or principal place of business of custodian _____

The depositor named above is establishing a Coverdell education savings account under section 530 for the benefit of the designated beneficiary exclusively to pay for the qualified elementary, secondary, and higher education expenses, within the meaning of section 530(b)(2), of such designated beneficiary.

The depositor assigned the custodial account _____ dollars (\$ _____) in cash.

The depositor and the custodian make the following agreement:

Article I

The custodian may accept additional cash contributions provided the designated beneficiary has not attained the age of 18 as of the date such contributions are made. Contributions by an individual contributor may be made for the tax year of the designated beneficiary by the due date of the beneficiary's tax return for that year (excluding extensions). Total contributions that are not rollover contributions described in section 530(d)(5) are limited to \$2,000 for the tax year. In the case of an individual contributor, the \$2,000 limitation for any year is phased out between modified adjusted gross income (AGI) of \$95,000 and \$110,000. For married individuals filing jointly, the phase-out occurs between modified AGI of \$190,000 and \$220,000. Modified AGI is defined in section 530(c)(2).

Article II

No part of the custodial account funds may be invested in life insurance contracts, nor may the assets of the custodial account be commingled with other property except in a common trust fund or a common investment fund (within the meaning of section 530(b)(1)(D)).

Article III

1. Any balance to the credit of the designated beneficiary on the date on which he or she attains age 30 shall be distributed to him or her within 30 days of such date.
2. Any balance to the credit of the designated beneficiary shall be distributed within 30 days of his or her death **unless** the designated death beneficiary is a family member of the designated beneficiary and is under the age of 30 on the date of death. In such case, that family member shall become the designated beneficiary as of the date of death.

Article IV

The depositor shall have the power to direct the custodian regarding the investment of the above-listed amount assigned to the custodial account (including earnings thereon) in the investment choices offered by the custodian. The responsible individual, however, shall have the power to redirect the custodian regarding the investment of such amounts, as well as the power to direct the custodian regarding the investment of all additional contributions (including earnings thereon) to the custodial account. In the event that the responsible individual does not direct the custodian regarding the investment of additional contributions (including earnings thereon), the initial investment direction of the depositor also will govern all additional contributions made to the custodial account until such time as the responsible individual otherwise directs the custodian. Unless otherwise provided in this agreement, the responsible individual also shall have the power to direct the custodian regarding the administration, management, and distribution of the account.

Article V

The "responsible individual" named by the depositor shall be a parent or guardian of the designated beneficiary. The custodial account shall have only one responsible individual at any time. If the responsible individual becomes incapacitated or dies while the designated beneficiary is a minor under state law, the successor responsible individual shall be the person named to succeed in that capacity by the preceding responsible individual in a witnessed writing or, if no successor is so named, the successor responsible individual shall be the designated beneficiary's other parent or successor guardian. Unless otherwise directed by checking the option below, at the time that the designated beneficiary attains the age of majority under state law, the designated beneficiary becomes the responsible individual. If a family member under the age of majority under state law becomes the designated beneficiary by reason of being a named death beneficiary, the responsible individual shall be such designated beneficiary's parent or guardian.

Option (This provision is effective only if checked): The responsible individual shall continue to serve as the responsible individual for the custodial account after the designated beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the responsible individual becomes incapacitated or dies after the designated beneficiary reaches the age of majority under state law, the responsible individual shall be the designated beneficiary.

Article VI

The responsible individual may or may not change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in section 529(e)(2) in accordance with the custodian's procedures.

Article VII

- 1. The depositor agrees to provide the custodian with all information necessary to prepare any reports required by section 530(h).
2. The custodian agrees to submit to the Internal Revenue Service (IRS) and responsible individual the reports prescribed by the IRS.

Article VIII

Notwithstanding any other articles which may be added or incorporated, the provisions of Articles I through III will be controlling. Any additional articles inconsistent with section 530 and the related regulations will be invalid.

Article IX

This agreement will be amended as necessary to comply with the provisions of the Code and the related regulations. Other amendments may be made with the consent of the depositor and the custodian whose signatures appear below.

Article X

Article X may be used for any additional provisions. If no other provisions will be added, draw a line through this space. If provisions are added, they must comply with applicable requirements of state law and the Internal Revenue Code.

Signature lines for Depositor's signature, Custodian's signature, and Witness' signature, each with a corresponding Date line. Includes a note: (Use only if signature of the depositor or the custodian is required to be witnessed.)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Military death gratuity. Families of soldiers who receive military death benefits may contribute, subject to certain limitations, up to 100 percent of such benefits into an educational savings account.

Purpose of Form

Form 5305-EA is a model custodial account agreement that meets the requirements of section 530(b)(1) and has been pre-approved by the IRS. A Coverdell education savings account (ESA) is established after the form is fully executed by both the depositor and the custodian.

If the model account is a trust account, see Form 5305-E, Coverdell Education Savings Trust Account.

Do not file Form 5305-EA with the IRS. Instead, the depositor must keep the completed form in its records.

Definitions

Custodian. The custodian must be a bank or savings and loan association, as defined in section 408(n), or any person who has the approval of the IRS to act as custodian.

Depositor. The depositor is the person who establishes the custodial account.

Designated beneficiary. The designated beneficiary is the individual on whose behalf the custodial account has been established.

Family member. Family members of the designated beneficiary include his or her spouse, child, grandchild, sibling, parent, niece or nephew, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law, and the spouse of any such individual.

Responsible individual. The responsible individual, generally, is a parent or guardian of the designated beneficiary. However, under certain circumstances, the responsible individual may be the designated beneficiary.

Identification Numbers

The depositor's and designated beneficiary's social security numbers will serve as their identification numbers. If the depositor is a nonresident alien and does not have an identification number, write "Foreign" on the

return for which is filed to report the depositor's information. The designated beneficiary's social security number is the identification number of his or her Coverdell ESA. If the designated beneficiary is a nonresident alien, the designated beneficiary's individual taxpayer identification number is the identification number of his or her Coverdell ESA.

Specific Instructions

Note: The age limitation restricting contributions, distributions, rollover contributions, and change of beneficiary are waived for a designated beneficiary with special needs.

Article X. Article X and any that follow may incorporate additional provisions that are agreed to by the depositor and custodian to complete the agreement. They may include, for example, provisions relating to: definitions, investment powers, voting rights, exculpatory provisions, amendment and termination, removal of the custodian, custodian's fees, state law requirements, treatment of excess contributions, and prohibited transactions with the depositor, designated beneficiary, or responsible individual, etc. Attach additional pages as necessary.

Optional provisions in Article V and Article VI. Form 5305-EA may be reproduced in a manner that provides only those optional provisions offered by the custodian.

ANNUITY SUITABILITY QUESTIONNAIRE

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

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

**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

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

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

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

**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

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

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: _____