



Czech Catholic Union

5349 Dolloff Road - Cleveland, OH 44127 - 216-341-0444 - 216-341-0711 Fax

APPLICATION FOR ANNUITY

Society: _____ Annuity: _____

1. ANNUITANT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Age: _____ Sex: M F Birth Place: _____ Phone No.: _____

Soc. Sec. No.: _____ Driver's License No.: _____ Email: _____

Marital Status: Single Married Widowed Divorced Separated

Is the Annuitant a member of the Czech Catholic Union? Yes No

2. ANNUITY DETAILS

Withdrawal/Surrender Schedule: None 2 year 4 year 7 year _____ year

Initial Premium Amount: _____ Maturity Date: _____ Benefits commence at age: _____

Settlement Option: _____

Note: On settlement Monthly Benefit Period Certain of Ten Years and Life thereafter is assumed unless otherwise specified.

Is this Annuity intended to replace or change any Insurance or Annuity now in force? Yes No

If yes, provide name of company and policy/contract numbers: _____

Will this Annuity be a tax qualified plan (i.e. IRA)? Yes No

If yes, check basis Trad. IRA IRA Rollover or Transfer Other _____ Tax year applied: _____

Primary Beneficiary(ies) (If more than one indicate share (%) each is to receive) Attach additional page if necessary.

Name: _____ Relationship: _____ Soc. Sec. No.: _____ Share (%) _____

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

Name: _____ Relationship: _____ Soc. Sec. No.: _____ Share (%) _____

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

Contingent Beneficiary(ies) (If more than one indicate share (%) each is to receive) Attach additional page if necessary.

Name: _____ Relationship: _____ Soc. Sec. No.: _____ Share (%) _____

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

Name: _____ Relationship: _____ Soc. Sec. No.: _____ Share (%) _____

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

3. OWNER

The Annuitant shall be the Owner of any contract issued, except when the Annuitant is a minor; the person signing this Application on behalf of the minor shall be the Owner and shall control this contract until the Annuitant's 21st birthday. Ownership will then transfer to the Annuitant. The contract shall be effective on its date of issue.

THE CZECH 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.

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 Czech Catholic Union, in writing, may 1) make or modify contracts; or 2) waive any of its rights or requirements.

Signed at _____, _____, _____ X _____
City State Date SIGNATURE ANNUITANT (IF AGE 18 OR OVER)
OR PARENT OR GUARDIAN (IF ANNUITANT UNDER 18)

X _____
SIGNATURE OF HOME OFFICE REPRESENTATIVE OR PRODUCER

A person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an insurance application may be guilty of a crime subject to fines.