



# 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 21<sup>st</sup> 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 OHIO. AS A TAX-EXEMPT ORGANIZATION 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.**

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.**