

SERB NATIONAL FEDERATION

Individual Annuity Application

PROPOSED Annuitant: Is the Proposed Annuitant a member of Serb National Federation? Yes No. If not, applying for membership.

_____	_____	_____	_____	_____
First Name	MI	Last Name	Gender	Phone Number
_____		_____	_____	_____
Street Address		City	State	Zip Code
_____		_____	_____	_____
Social Security Number		Date of Birth	Occupation	Maiden Name if Female

Owner: (if different than Proposed Annuitant) Relationship to Annuitant: _____

_____	_____	_____	_____	_____
First Name	MI	Last Name	Gender	Phone Number
_____		_____	_____	_____
Street Address		City	State	Zip Code
_____		_____	_____	_____
Social Security Number		Date of Birth	Maiden Name if Female	

Plan: _____ Non-Qualified, Qualified _____

Amount Paid with Application: \$ _____ Rollover Amount: \$ _____

Premium Reminder Notice: No. Yes: Amount: \$ _____ Annual Semi-Annual Quarterly Monthly ACH

Beneficiary, **Contingent** (If additional space is needed, use a separate sheet, dated, and signed.)

_____	_____	_____
Name (first, Middle, Last)	Social Security Number	Date of Birth
_____		_____
Address, City, State, Zip		Relationship
_____		Share

Beneficiary, **Contingent**

_____	_____	_____
Name (first, Middle, Last)	Social Security Number	Date of Birth
_____		_____
Address, City, State, Zip		Relationship
_____		Share

Beneficiary, **Contingent**

_____	_____	_____
Name (first, Middle, Last)	Social Security Number	Date of Birth
_____		_____
Address, City, State, Zip		Relationship
_____		Share

Beneficiary, **Contingent**

_____	_____	_____
Name (first, Middle, Last)	Social Security Number	Date of Birth
_____		_____
Address, City, State, Zip		Relationship
_____		Share

ANNUITY DISCLOSURE

Interest Rate: Your annuity will earn an initial interest rate of _____% APY.

Surrender Charges: Your annuity contract contains surrender charges for early withdrawal more than the free 10% annual penalty free provision after the first year. Withdrawals from annuities prior to age 59 ½ may be subject to IRS penalties

Optimum Choice – 1 Year

Surrender Charges: Year 1-6%, Year 2-5%, Year 3-4%, Year 4-3%, Year 5-2%

*The interest rate is guaranteed for the one (1) year. The minimum guaranteed interest rate is _____%.
No surrender charge will be applied to any withdrawal made during the thirty (30) day window period.*

Optimum Choice – 2 Year

Surrender Charges: Year 1-5%, Year 2-4%

The interest rate is _____% is guaranteed for the two (2) years.

Optimum Choice – 3 Year

Surrender Charges: Year 1-6%, Year 2-5%, Year 3-4%,

The interest rate is _____% is guaranteed for the three (3) years.

Genesis – 5 Year

Surrender Charges: Year 1-6%, Year 2-5%, Year 3-4%, Year 4-3%, Year 5-2%

The interest rate is guaranteed for the one (1) year. The minimum guaranteed interest rate is _____%

Genesis – 8 Year

*Surrender Charges: Year 1-8%, Year 2-7%, Year 3-6%, Year 4-5%, Year 5-4%, Year 6-3%, Year 7-2%,
Year 8-1%.*

The interest rate is guaranteed for the one (1) year. The minimum guaranteed interest rate is _____%.

Authorized Representatives are paid a commission by the Serb National Federation. Commissions are not deducted from your account value. All contributions received from you are fully credited to your account.

_____/_____/_____
Dated

Signature Applicant/Annuitant

Signature of Agent

ANNUITY SUITABILITY QUESTIONNAIRE

The Serb National Federation (SNF Life) is required by the state insurance department to ask information that will help determine whether an annuity contract that you are applying for 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, please read the following statement, sign, date, and return this form with your Application for Annuity.

Waiver of Annuity Suitability Questionnaire

- No, I will not answer the questions on this Annuity Suitability Questionnaire, and I take full responsibility for determining whether the proposed annuity is suitable for me.**
- Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that the Serb National Federation may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

Owner's Name:

_____ - _____ - _____
 First Name MI Last Name Phone Number

_____ , _____
 Street Address City State Zip code

_____ - _____ - _____
 Social Security Number Date of Birth Marital Status Occupation

Primary Financial Objectives: (Check all that apply)

- Immediate Income Future Income Tax Deferral Preservation of Principle
- Growth Beneficiary Provisions Flexibility Inheritance

Financial Information: Annual Household Income: \$ _____ Liquid Net Worth: \$ _____

How soon do you intend to take income and/or distributions from the annuity?

- < 1 year 1 - 6 years 6 - 10 years 11+ years Never, (money for charity/Inheritance)

Tax Bracket: 10% 15% 25% 28% 33% 35% 39.6% _____%

Source of Income: Employment Investments Social Security Retirement Other

Do you have any funds available to you in case of emergency? Yes No

Other relevant information (financial constraints, health concerns, long-term care considerations, etc.) _____

Existing Accounts: Are you considering using funds from existing life insurance policy, contract, or certificate of deposit to purchase this annuity? Yes No

How long has the policy, contract, or certificate of deposit been in force? _____ # of years

Are there any surrender charges associated with the above-mentioned existing policy, contract, or certificate of deposit?

Yes No

Signatures

_____ - _____ - _____
 Owner's Signature Date Agent/Producer Signature Date