

SERB NATIONAL FEDERATION

Individual Joint Annuity Application

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

First Name MI Last Name Gender Phone Number

Street Address City State Zip Code Maiden Name if Female

Social Security Number Date of Birth Email Address

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

First Name MI Last Name Gender Phone Number

Street Address City State Zip Code Maiden Name if Female

Social Security Number Date of Birth Email Address

Owner: *if different from Proposed Annuitant (s)* Relationship to Annuitant (s): _____

First Name MI Last Name Gender Phone Number

Street Address City State Zip Code

Social Security Number or EIN# Date of Birth Email Address

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 required, 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

Replacement:

a. Do the Proposed Applicants have existing life insurance or annuity contracts with any company? ☐ Yes ☐ No

b. Will the annuity now applied for replace or change any existing insurance or annuity? ☐ Yes ☐ No

If yes, you must complete and submit a Replacement Form.

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.

The undersigned: (1) REPRESENT that the information shown in this application is complete and true, to the best of their knowledge and belief of the respondents; (2) AGREE that this application will be the basis for and part of any contract issued; and (3) UNDERSTAND that: (a) the CONTRACT APPLIED FOR WILL BE EFFECTIVE ON THE LATER OF THE DATE WE APPROVE ISSUE OF THE CONTRACT OR THE DATE WE RECEIVE THE FIRST PREMIUM FOR THE CONTRACT; and (b) only the Society's President or Secretary may, in writing make or change a contract or waive any of the Society's rights or requirements.

The Serb National Federation is licensed to do business as a Fraternal Benefit Society. It is not included in any State's Life and Health Guaranty Association. This means that Fraternal Benefit Societies cannot be assessed for the solvency 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.

Signed at: _____ this _____ day of _____, 20_____
(City & State) Date Month Year

Signature Proposed Annuitant Signature Proposed Co-Annuitant Signature of Owner (Other than Annuitant)

Agent's Statement: To the best of your knowledge and belief, will the insurance applied for replace or change any existing insurance or annuity? ☐ No. ☐ Yes. "If Yes, provide required disclosure notices to the Proposed Annuitant (s)." Any replacement regulations must be complied with.

Agent Signature # _____
Writing # Agent Name (print)

HOME OFFICE USE: Lodge # _____

