

# 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 than 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 and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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/Applicant." Any replacement regulations must be complied with.

\_\_\_\_\_  
Agent Signature                      #                      Writing #                      Agent Name (print)                      Florida License ID No. \_\_\_\_\_

HOME OFFICE USE:                      Lodge # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_