

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 Email Address

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 Email Address

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

Replacement:

a. Does the Proposed Applicant 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 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.

SERB NATIONAL FEDERATION IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S 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

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

Signature Proposed Annuitant/Applicant

Witness Signature of Agent

Writing #

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)

HOME OFFICE USE:

Lodge # _____

ANNUITY DISCLOSURE

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE ANNUITY BEING CONSIDERED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY AN ANNUITY OR ACCEPTING YOUR CONTRACT.

THIS DISCLOSURE STATEMENT IS NOT INTENDED TO BE A COMPLETE EXPLANATION OF YOUR ANNUITY. ONLY YOUR ANNUITY CONTRACT CONTAINS COMPLETE DETAILS. PLEASE READ THIS DISCLOSURE.

Annuitant Name: _____

Applicant (if different than Annuitant): Name: _____

Descriptive Title of Coverage: Flexible Premium Deferred Annuity

Insurer: Serb National Federation - 920 Poplar Street Pittsburgh, PA 15220 Phone: 412-458-5227

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 1 Year** 1st Year Guarantee Rate _____%, Minimum Guarantee Rate _____%

Yearly Surrender Charges: 1st 6%, 2nd 5%, 3rd 4%, 4th 3%, 5th 2%, thereafter 0%

Interest Rate after each anniversary date, will earn the current declared rate for an additional year.

No surrender charge will be applied to any withdrawal made during the thirty (30) day window period.

☐ **Optimum 2 Year** 1st Year Guarantee Rate _____%, Minimum Guarantee Rate _____%

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

☐ **Optimum 3 Year** 1st Year Guarantee Rate _____%, Minimum Guarantee Rate _____%

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

☐ **Genesis – 5 Year** 1st Year Guarantee Rate _____%, Minimum Guarantee Rate _____%

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

☐ **Genesis – 8 Year** 1st Year Guarantee Rate _____%, Minimum Guarantee Rate _____%

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%.

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

_____/_____/_____
Date Received

Signature of Serb National Federation Acceptance

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)

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Immediate Income | <input type="checkbox"/> Future Income | <input type="checkbox"/> Tax Deferral | <input type="checkbox"/> Preservation of Principle |
| <input type="checkbox"/> Growth | <input type="checkbox"/> Beneficiary Provisions | <input type="checkbox"/> Flexibility | <input type="checkbox"/> 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