

CATHOLIC FRATERNAL LIFE

2021 Mascoutah Ave., PO Box 327, Belleville, IL 62222 1-800-240-2554

APPLICATION FOR INDIVIDUAL MEMBERSHIP AND ANNUITY CERTIFICATE

PLEASE PRINT .

SECTION 1 - PROPOSED ANNUITANT

Legal Name	First	M.I.	Last	
Address	Number and Street or P.O. Box	City	State	Zip Code
<input type="checkbox"/> Male	Birthdate	<input type="checkbox"/> Single <input type="checkbox"/> Married	State of Birth	
<input type="checkbox"/> Female			Social Security Number	
Telephone Number	Best Time to Call			

SECTION 2 - MEMBERSHIP

Are you a member of the Society? Yes No If "Yes", which Council do you currently belong to? _____
I apply for membership in Council _____ City _____

SECTION 3 - OWNER IF OTHER THAN PROPOSED ANNUITANT

Legal Name	First	M.I.	Last	
Address	Number and Street or P.O. Box	City	State	Zip Code
Relationship	Social Security Number			

SECTION 4 - BENEFICIARY INFORMATION

Primary – First M.I. Last	Relationship	Social Security Number
Contingent – First M.I. Last	Relationship	Social Security Number

SECTION 5 - PLAN OF ANNUITY

PLEASE CHOOSE **ONE** OF THE FOLLOWING: Flexible Premium Annuity Single Premium Annuity
 3 Year Single Premium 5 Year Single Premium Other (Please specify) _____

SECTION 6 - PURPOSE OF ANNUITY

PLEASE CHOOSE **ONE** OF THE FOLLOWING: Non-Qualified Annuity Traditional IRA
 IRA Rollover – Rollover Funds are from: _____
 ROTH Other _____

RECEIPT

RECEIVED FROM _____ THIS _____ DAY OF _____, 20 _____ THE SUM OF \$ _____
in connection with an application for an annuity to Catholic Fraternal Life, Belleville, Illinois. This receipt is subject to the terms and conditions set forth on the reverse side.

Signature of Authorized Agent

SECTION 7 - MODE OF PAYMENT

Single Premium Deferred Annuity:

Amount of Single Premium _____ Maturity Date of Annuity: _____

Flexible Premium Annuity:

Initial Premium _____ Maturity Date of Annuity: _____

Mode of Future Payments (check one)

____ Annual ____ Semiannually ____ Quarterly ____ Monthly ____ ABC

Premium Amount to be billed \$ _____

SECTION 8 - REPLACEMENT

Please specify if an existing Life Insurance or Annuity contract will be replaced by this Annuity.

____ Yes ____ No If Yes, please print the name of the existing company below:

Existing Company _____

Existing Life Insurance or Annuity Contract Number _____

SECTION 9 - ADDITIONAL INFORMATION

Secondary Addressee: (for notification of past due premium payment and possible lapse in coverage)

Street _____ City _____ State _____ Zip _____

FRAUD NOTICE: 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.

TAX NOTICE: Neither Catholic Fraternal Life nor its agents can make any warranties or guarantees of the present or future tax treatment afforded this certificate. Consequently, you should consult your own tax advisor concerning the tax consequences, if any resulting from the purchase of this certificate.

IT IS AGREED: 1) All statements in this application are, to the best of my knowledge and belief, complete and true. This application and any amendments to it shall be the basis of any annuity issued. 2) No Agent is authorized to modify, alter, waiver or enlarge the terms of this application of the annuity contract issued. 3) The certificate, the application, a copy of which shall be attached to the Certificate, the Articles of Incorporation, the Constitution and By-Laws of the Society, with all amendments to each, will constitute the entire contract and will be binding upon the Annuitant and Beneficiaries.

AMOUNT PAID WITH APPLICATION: I have paid \$ _____ with this application.

Signed at: _____ this _____ day of _____, 20 _____

Signature of Annuitant _____

Signature of Owner (if other than Annuitant) _____

Witness (Licensed Agent) _____
Signature _____ Print _____ License ID Number _____

Agent's statement: To the best of my knowledge this insurance applied for _____ will _____ will not replace any existing life insurance or annuity. I further certify that any information recorded by me on the application is true and accurate to the best of my knowledge.

ANNAPP-2015-FL

TERMS AND CONDITIONS REFERRED TO ON FACE

- 1. The Certificate applied for shall be deemed to be in effect from the date the proceeds are received at the Belleville Office of the Society.
- 2. If your check or draft is not honored when first presented for payment, this receipt will not be valid.

This receipt will be valid for other than the initial payment on the proposed annuity. It will not be valid if any erasures or additions have been made in the printed form.

This receipt is non-negotiable and cannot be assigned or transferred.

ANNAPP-2015-FL