

**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	State of Birth
<input type="checkbox"/> Female		<input type="checkbox"/> Married	
Telephone Number	Best Time to Call	Social Security Number	

**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

**FRAUD NOTICE:** Any person who knowingly presents false statements in an application for insurance or an annuity may be guilty of a criminal offense and subject to penalties under state law.

**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 **X** \_\_\_\_\_

Signature of Owner (if other than Annuitant) **X** \_\_\_\_\_

Witness (Licensed Agent) \_\_\_\_\_

ICC13ANNAPP

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.

ICC13ANNAPP