

SERB NATIONAL FEDERATION — Српски Народни Савез

Application for Annuity *(please check appropriate boxes)*

Is the proposed Annuitant a member of the SNF? Yes No If No, Annuitant must apply for membership. _____
Lodge # _____

Flexible Deferred Annuity - Six-year, Two-year, Other _____ - **Initial Premium \$** _____

Premium Mode - Monthly (*ACH only*), Quarterly, Semi-Annual, Annual, Single Premium, Do Not Bill

Type - Non-Qualified or Qualified IRA (*Rollover/Transfer*), SIMPLE, Roth, Other _____

Primary Annuitant:

First Name _____ MI _____ Last Name _____ Sex _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip code _____ E-Mail Address _____
 Social Security Number _____ Date of Birth _____ City & State of Birth _____ Maiden name if Annuitant is Female _____

*** Owner (if different than Annuitant):**

Relationship to Annuitant _____

First Name _____ MI _____ Last Name _____ Sex _____ Phone Number _____
 Street Address _____ City _____ State _____ Zip code _____ E-Mail Address _____
 Social Security Number _____ Date of Birth _____ City & State of Birth _____ Maiden name if Owner is Female _____

Beneficiary(ies) - PRIMARY

Name (First, Middle, Last) _____	Relationship to Annuitant _____	Date of Birth _____	Social Security Number _____	Benefit Share _____ %
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> Contingent				
Name (First, Middle, Last) _____	Relationship to Annuitant _____	Date of Birth _____	Social Security Number _____	Benefit Share _____ %
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> Contingent				
Name (First, Middle, Last) _____	Relationship to Annuitant _____	Date of Birth _____	Social Security Number _____	Benefit Share _____ %

**** If Additional Beneficiaries are desired, please attach an additional sheet to this application ****

1. Is the annuity applied for intended to replace or change an existing insurance and/or annuity with any company? YES or NO
2. Other Life Insurance and/or annuities in force? YES or NO If yes, total amount in force:

<u>Company/Contract #</u>	<u>Annuity (OR) Life</u>	<u>Value (OR) Death Benefit</u>
1) _____	_____	_____
2) _____	_____	_____
3. Will existing value from another policy or annuity (though loans, surrenders, or otherwise) be used to pay premiums for the policy applied for? YES or NO
If yes to 1 and/or 3, name insurer and contract number. _____

***Owner:** *the Proposed Annuitant shall be the Owner of any deferred annuity contract issued, except: (1) when the Applicant is an entity other than a person (an addendum is required); or (2) the Proposed Annuitant is a minor; then the Applicant shall be the Owner. The contract shall be effective on its date of issue. If Annuitant is a minor; upon the death of the original Owner, or if the original Owner is deemed incapacitated the Owner Designee shall be:*

Name _____ Street Address _____ City _____ State _____ Zip code _____
 Phone Number _____ Date of Birth _____ E-Mail Address _____

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Fraud Warnings

For your protection, various state laws, require the following statements to appear on this form.

For Residents of PA & WV— Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

For Residents of OH— Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Residents of IN - Any person who knowingly and with intent to defraud or deceive an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

I hereby represent that the statements and answers included herein are full, complete, and true, to the best of my knowledge and belief. I agree that this application shall be the basis for and a part of any contract issued. I understand that only the President or the Secretary of the Federation—in writing—may: (1) make or modify contracts; or (2) waive any of its rights or requirements.

Signed at: _____, _____ on this _____ day of _____, _____.

City State Date Month Year

PRINTED name of Proposed Annuitant/Applicant/Parent/Guardian

PRINTED name of Signature of Recruiter/Agent

Lodge #

Signature of Proposed Annuitant/Applicant (Parent/Guardian must sign if annuitant is under age 18)

Signature of Recruiter/Agent

Lic. #

Requirements Regarding Evidence of Date of Birth

Satisfactory evidence of the Date of Birth is required in all cases before annuity payments may be made. It is preferable to have such evidence on installment premium retirement annuities before issue. A certified copy of the Applicant's Birth Certificate is preferred. If this cannot be produced, the SNF will consider two (2) of the following documents along with a letter of explanation stating why they are being presented:

- State Issued Motor Vehicle Driver License
- Certificate of Marriage
- Naturalization Record
- Passport (as long as it is at least five (5) years after old).

If none of the above is available, a detailed statement as to the effort made to secure such evidence should be submitted with the application and further instructions as to the evidence for consideration will be given.

Recruiter's/Agent's Report

1. Does the applicant have existing life insurance policies or annuity contracts? YES or NO If yes, have you completed any regulatory requirements pertaining to replacement? YES or NO
2. Did you ask each question exactly as set forth in the application, and record the answers exactly as made? YES or NO
3. To the best of your knowledge, is this application for insurance/annuity intended to replace or change any existing insurance/annuity contract with any company? YES or NO

- If YES, the appropriate State Replacement Form/Notice must be submitted with this application. •

Agent/Recruiter Initials

Date

Home Office Use/Comments

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Conditional Receipt

Received from: _____ the sum of \$ _____ in connection with an annuity application bearing the same date as this receipt; for _____ (Proposed Annuitant). This receipt is not valid unless:

1. The check or money order tendered as payment is good and collectable.
2. It is signed by the person receiving the payment.

Signature of Recruiter/Agent

Date

Please notify the SNF if within thirty (30) days after this Receipt, you have not received:

1. The Contract applied for, or
2. A refund of the payment

When communicating to the SNF Home Office, please include:

1. The amount paid
2. The date of the payment
3. The name of the person to whom payment was made

All remittances should be sent to the SNF, 615 Iron city Dr., Suite 302, Pittsburgh, PA 15205