

POLISH NATIONAL UNION of AMERICA
referred to as the PNU - A Fraternal Benefit Society
1002 Pittston Avenue Scranton, PA 18505
800-724-6352 or 570-344-1513

Please print clearly

ANNUITY APPLICATION

Please print clearly

1. Is Proposed Annuitant a member of the PNU? Yes No If No please apply for membership.
2. Full Name of Proposed Annuitant _____
3. Address _____
City _____ State _____ Zip Code _____
4. Optional Secondary Addressee: Full Name _____
Address _____
City _____ State _____ Zip Code _____
5. Gender Male Female Social Security # _____ Date of Birth _____
6. E-mail Address _____
7. Plan: Flexible Premium Annuity Initial Deposit \$ _____
- 8a. At what date will income from the proceeds of this contract begin? ____/____/____
If an income date is not selected, income will begin on the Proposed Annuitant's [90th] birthday.
- 8b. Under which option will it be paid? Option 1: Fixed Period for ____ years. Option 2: Life with ____ years certain
If an option is not selected, income will be paid under Option 2 with 10 years certain.
- 8c. At what frequency will the income be paid? Annually Semi-annually Quarterly Monthly
9. How will any dividends be credited? Cash Added to Account Value
10. Beneficiaries (to name additional Primary and Contingent Beneficiaries, sign, date and list names on separate sheet of paper)

| | Primary Beneficiary | Relationship to Insured | Social Security # | Share % |
|----|------------------------|-------------------------|-------------------|---------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| | Contingent Beneficiary | Relationship to Insured | Social Security # | Share % |
| 1. | | | | |
| 2. | | | | |

11. List amounts of life insurance and annuities now in force on the Proposed Annuitant.
List company Names and Amount. If there is additional insurance beyond those listed, please list on a separate sheet.

| <u>Company</u> | <u>Amount</u> |
|----------------|---------------|
| _____ | _____ |
| _____ | _____ |

12. Is the insurance being applied for intended to replace or change any existing life insurance or annuities in this or any other company? Yes No
- If Yes, give details and name of companies in **REMARKS** below. If additional space is needed, please list on a separate sheet of paper.

REMARKS

FRAUD WARNING:

Massachusetts, New Jersey and Ohio: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Pennsylvania: 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 such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: 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.

PROPOSED ANNUITANT STATEMENT

I declare that the statements and answers given in this application are true, complete and correctly recorded 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 by the PNU.

I understand that the PNU's Constitution and By-Laws are a part of any contract issued to me.

I understand that coverage will not be effective until the Initial Deposit has been paid and the contract has been delivered.

THE POLISH NATIONAL UNION OF AMERICA IS LICENSED TO DO BUSINESS IN THE STATE OF ILLINOIS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN THE ILLINOIS 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.

Signature of Proposed Annuitant

Date Signed by Proposed Annuitant

ORGANIZER'S INFORMATION

Organizer's Name _____ Signature _____

Address _____

DECLARATION OF BRANCH SECRETARY/AGENT

Is this insurance being applied for intended to replace or change any existing life insurance or annuity contract? Yes No

If Yes, provide required disclosure notices to the Proposed Annuitant.

Signature of Branch Secretary or Agent

Date Signed by Branch Secretary or Agent

Branch Secretary or Agent License #

Branch Number or Agent Contract #

HOME OFFICE USE ONLY

| | | | | |
|--------------------|---------------|--------------------------|----------------|--|
| | | | | |
| Certificate Number | Date Admitted | Date Received | Date Processed | |
| | | Approved for Issue _____ | Date _____ | |
| Branch Number | | | | |

Please Note

Anyone of age 65 or older
who is applying for a PNU Annuity
must also complete the next page



Polish National Union of America

Always forward, never back.



1002 Pittston Avenue, Scranton, PA 18505

570-344-1513 • 1-800-724-6352

www.pnu.org

ANNUITY SUITABILITY QUESTIONNAIRE

Applicable Only To Annuitants 65 Years of Age and Older.

Thank you for your interest in a PNU annuity. PNU would like to ensure that the annuity you are purchasing is suitable for you with consideration to your financial status and investment objectives. Therefore, this form must be completed and submitted with the application before we can process your policy.

Contract Owner's Name (Print)

Contract Owner's Current Age

PNU Annuity Product Name

Initial Deposit Amount

Owner Financial Status

Table with 3 columns: Annual Income, Net Worth, Federal Tax Status. Includes checkboxes for various income ranges, net worth levels, and tax rates.

Investment Objectives

Your investment objectives in purchasing the above-named annuity are for (check all that apply):

- Checkboxes for: Income Flow, Tax Deferral, Growth, possible income, Preservation of Principal, Flexibility, Growth followed by income, Pass on to Beneficiaries, Other.

With the exception of any withdrawals (i.e. required minimum distributions, penalty-free withdrawals, interest, withdrawals, and partial surrenders):

How do you expect to take money out of this annuity? [] Regular income stream [] Lump Sum [] N/A

When do you expect to take money out of this annuity?

- Checkboxes for: Under one year, Between one and five years, Between six and nine years, Ten or more years, N/A.

Do you now own, or have previously owned, the following financial products? (Check all that apply.)

- Checkboxes for: CDs, Fixed Annuities, Variable Annuities, Stocks/Bonds/Mutual Funds.

What is your source for this annuity's premium? (Check all that apply.)

- Checkboxes for: Annuity, Life Insurance, CDs, Other Investments, Other.

[] Client refused to provide some or all of the information on this questionnaire.

Contract Owner's Signature

Date

Producer's Signature

Date

For Home Office Use Only
Date Reviewed
Reviewed By