

**Fraud Warning**  
 Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of fraud.

**ANNUITY APPLICATION**

Annuity # \_\_\_\_\_

Council # \_\_\_\_\_

**Please Print, Use Ink Only**

1. Proposed Annuitant:

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

2. Type of Annuity: Flexible Premium \_\_\_\_\_ IRA \_\_\_\_\_ IRA Rollover \_\_\_\_\_ Roth \_\_\_\_\_

Other: \_\_\_\_\_ Tax Year Applied: \_\_\_\_\_

Pay Interest: Annually \_\_\_\_\_ Semi-annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_

*(\$50 minimum on all annual)*

Benefits to commence at age \_\_\_\_\_ Accumulate Interest \_\_\_\_\_

3. Beneficiary(s):

Primary: \_\_\_\_\_ Relationship \_\_\_\_\_

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Contingent: \_\_\_\_\_ Relationship \_\_\_\_\_

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4. Is this Annuity intended to replace or change any Insurance or Annuity(s) now in force?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, show name of Insurer \_\_\_\_\_ and policy number(s): \_\_\_\_\_ ***Be sure to include replacement and 1035 transfer forms.***

5. Mode: Annual \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Quarterly \_\_\_\_\_ Check-o-matic \_\_\_\_\_

Amount paid with application \$ \_\_\_\_\_ Total Annual Premium \$ \_\_\_\_\_

The Proposed Annuitant shall be the Owner of any contract issued. The contract shall be effective on the date of issue.

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 a part of any contract issued. I understand that only an officer of CLC in writing, may: (1) make or modify contracts; or (2) waive any of its rights or requirements.

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Annuitant: \_\_\_\_\_ Representative: \_\_\_\_\_

Form SF00-02

**Receipt**

Received of \_\_\_\_\_ the sum of \$ \_\_\_\_\_ in cash, for an Annuity applied for this date to Catholic Ladies of Columbia (CLC).

This is a premium receipt, and it is expressly understood, CLC ASSUMES NO LIABILITY THEREUNDER UNTIL AND UNLESS THE APPLICATION IS ACCEPTED BY THE SOCIETY, UNDER ITS RULES, LIMITS AND STANDARDS AND ANY BALANCE OF FIRST PAYMENT HAS BEEN DULY PAID. If the application for an Annuity applied for should not be acceptable to the Society, the Society will refund the payment in accordance herewith. Make all remittances payable to Catholic Ladies of Columbia.

Authorized Representative

Agent #

Phone #

Date