

Address: 71 South Washington Street, Wilkes-Barre, PA 18701 Phone: 888-834-6614

APPLICATION FOR DEFERRED ANNUITY

1. Proposed Annuitant _____ (Print Name in Full) 2. Address _____ (Street) _____ (City) (State) (Zip)	10. Will the insurance being applied for replace or change any existing life insurance or annuities in this or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details and name of companies in REMARKS.
3. Telephone No. (____) _____ 4. E-mail _____	11. Dividend Option: <input type="checkbox"/> Add to Account Value <input type="checkbox"/> Cash
5. Social Security No. _____	12. Marital Status: <input type="checkbox"/> Single, Widowed or Divorced <input type="checkbox"/> Married
6. Date of Birth _____ Age _____ Place of Birth _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	13. Is the Proposed Annuitant a member of the Society? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please apply for membership.
7. Applicant (if other than Annuitant) _____ Relationship _____ Social Security No _____ Address _____ (Street) _____ (City) (State) (Zip)	14. Optional Secondary Addressee (for notification of a past due premium or possible lapse of coverage) Name _____ Address _____ (Street) _____ (City) (State) (Zip)
Mail Reminder Notice to: <input type="checkbox"/> Proposed Annuitant <input type="checkbox"/> Applicant	
8. Plan Type: _____ Maturity Date: _____ Initial Deposit: \$ _____	15. If Annuitant wishes to be reminded to make regular payments, indicate amount and frequency: Amount \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
9. Beneficiary (If more than one, then benefit paid equally to the survivors unless otherwise indicated. List additional beneficiaries in REMARKS) <u>Primary Beneficiary:</u> <u>Relationship to Annuitant</u> 1. _____ 2. _____ 3. _____ <u>Contingent Beneficiary:</u> <u>Relationship to Annuitant</u> 1. _____ 2. _____	16. REMARKS

NOTE: 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.

PROPOSED ANNUITANT/APPLICANT 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. **I understand that coverage will not be effective until the initial deposit has been paid and the contract has been delivered.**

Signature of Proposed Annuitant

Date Signed by Proposed Annuitant

Signature of Applicant (if other than
Proposed Annuitant)

Date Signed by Applicant

Signature of Member Applicant if Proposed
Annuitant is not a member of the Society

Date Signed by Member Applicant

RECOMMENDER'S STATEMENT

Was this insurance applied for to replace or change any existing life insurance or annuity contract? ☐ Yes ☐ No

If Yes, provide required disclosure notices to the Proposed Insured/Applicant.

Signature of Recommender

Date Signed by Recommender