First **Catholic** Slovak Ladies **Association** of the United States of America

ANNUITY APPLICATION

Please Print - Use Black Ink Only

A Fraternal Benefit Society 24950 Chagrin Boulevard, Beachwood, OH 44122 1-800-464-4642

	Branch a				Certificate #:	
roposed Annuitant	Middle	Last	Suffix			
Name:	, moure	2001	Guille	Telephone #	: ()	
Address:				Date of Birth	://	Sex: _
				Place of Birt	n:	
Maiden Name if Female:			Social Secur	ity Number:		
Is the Proposed Insure	la member of F	irst Cathol	lic Slovak Ladi	es Association? Yo	es No (If not, apply fo	or membershi
ype of Annuity	34 2 4 4 2 2 2					
a) Flexible Premium D	eferred:		(Forn	n#) Initial P	remium Amount: \$	
Benefits to Commen	e at Age					
			nualQu	arterlyMonthly	None	
b) Single Premium Im	mediate			Single P	remium Amount: \$	
Settlement Option El					emam Amount.	
Octaement Option Li	ected			•		
Will this Annuity be a	tax qualified pla	an? Y	esNo Is	it a Rollover or Tran	sfer? Yes No	
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