SERB NATIONAL FEDERATION

Individual Annuity Application

PROPOSED Annuitant: Is the Proposed membership.	oosed Annui	tant a member of Serb	National Federa	tion?	s No. If not, applying for	
First Name	MI	Last Name	Gender Pho		ne Number	
Street Address	Street Address C		State	Zip Code	Email Address	
Conicl Conviet Number			Occupa		Nacidae Nama if Famala	
Social Security Number Owner: (if different than Proposed		ite of Birth Relationship to Annui	·		Maiden Name if Female	
First Name	 MI	Last Name	Gender	 Phone N	umber	
Street Address		City	State	Zip Code	Email Address	
Social Security Number	cial Security Number Date of Birth		Maiden Name if I	emale		
Plan:		Non-Qualifi	ed,	1		
Amount Paid with Application: \$		Rollover A	Amount: \$			
Premium Reminder Notice: No.						
Beneficiary, Contingent (If	additional s _l	pace is needed, use a sep	parate sheet, date	ed, and signed.	.)	
Name (first, Middle, Last)	Name (first, Middle, Last)		ial Security Number		Date of Birth	
Address, City, State, Zip			Relationship	Sha	re	
Beneficiary, Contingent						
Name (first, Middle, Last)		Social Se	ecurity Number		Date of Birth	
Address, City, State, Zip			Relationship	Sha	 re	
☐ Beneficiary, ☐ Contingent		_	<u>.</u>			
Name (first, Middle, Last)		Social Se	ecurity Number		Date of Birth	
Address, City, State, Zip			Relationship		 re	
☐ Beneficiary, ☐ Contingent			·			
Name (first, Middle, Last)		Social Se	ecurity Number		 Date of Birth	
Address, City, State, Zip			Relationship	Sha	re	

Replacement:					
a. Does the Proposed A	mpany? 🔲 Y	es, 🛭 No			
 b. Will the annuity now applied for replace or change any existing insurance or annuity? If yes, you must complete and submit a Replacement Form. 					es 🗖 No
		Fraud Warn	ing		
Any person who know subject to penalties un	ingly presents a false statem der state law.	ent in an applicatio	on for insurance may	be guilty of a crim	inal offense and
and belief of the respond UNDERSTAND that: (a) the CONTRACT OR DATE WE writing make or change a SERB NATIONAL FEDERA' STATE'S LIFE AND HEALT FRATERNAL BENEFIT SOCIETIES. BY LOF RESERVES, A CERTIFIC	PRESENT that the information dents; (2) AGREE that this agree CONTRACT APPLIED FOR A RECEIVE THE FIRST PREMIUM CONTRACT OF WAIVE ANY OF THE FIRST PREMIUM CONTRACT OF WAIVE ANY OF THE FIRST PREMIUM CONTRACT OF WAIVE ANY OF THE FIRST PREMIUM CONTRACT OF THE FIRST PREMIUM CONTRA	oplication will be the WILL BE EFFECTIVE M FOR THE CONTRATE Society's rights or SINESS AS A FRATE (OTHERWISE KNOWD FOR THE INSOLVISOCIETY IS RESPONTION	e basis for and part of ON THE LATER OF THACT; and (b) only the requirements. RNAL BENEFIT SOCIE VN AS THE GUARANT ENCY OF OTHER LIFE ISIBLE FOR ITS OWN	of any contract issing the DATE WE APPRISOCIETY'S President TY. AS SUCH, IT IS TY ASSOCIATION). INSURERS OR OTHEODICAL SOLVENCY. IF THE	ued; and (3) OVE ISSUE OF THE nt or Secretary may, in NOT INCLUDED IN AN THIS MEANS THAT HER FRATERNAL RE IS AN IMPAIRMENT
DESCRIBED IN THE CERTI	FICATE ISSUED BY THE SOCIE				
Signed at:	(City & State)	this day Date	of Month	, 20 Year	
Signature Proposed	Annuitant/Applicant		Witness Signature	e of Agent	Writing #
insurance or annuity?	the best of your knowledge No. Yes. "If Yes, prons must be complied with.			•	
Agent Signature	Writing #		Agent Name (print)		
HOME OFFICE USE:				Lodge #	
HOME OFFICE USE:				Lodge #	

SERB NATIONAL FEDERATION - A FRATERNAL BENEFIT SOCIETY

ANNUITY DISCLOSURE Interest Rate: Your annuity will earn an initial interest rate of % APY. Surrender Charges: Your annuity contract contains surrender charges for early withdrawal more than the free 10% annual penalty free provision after the first year. Withdrawals from annuities prior to age 59 ½ may be subject to IRS penalties Optimum Choice - 1 Year Surrender Charges: Year 1-6%, Year 2-5%, Year 3-4%, Year 4-3%, Year 5-2% The interest rate is guaranteed for the one (1) year. The minimum guaranteed interest rate is ______%. No surrender charge will be applied to any withdrawal made during the thirty (30) day window period. Optimum Choice - 2 Year Surrender Charges: Year 1-5%, Year 2-4% The interest rate is _____% is guaranteed for the two (2) years. Optimum Choice - 3 Year Surrender Charges: Year 1-5%, Year 2-3%, Year 3-1%, The interest rate is ______% is guaranteed for the three (3) years. Genesis - 5 Year Surrender Charges: Year 1-6%, Year 2-5%, Year 3-4%, Year 4-3%, Year 5-2% The interest rate is guaranteed for the one (1) year. The minimum guaranteed interest rate is ______% Genesis - 8 Year

Authorized Representatives are paid a commission by the Serb National Federation. Commissions are not deducted from your account value. All contributions received from you are fully credited to your account.

Surrender Charges: Year 1-8%, Year 2-7%, Year 3-6%, Year 4-5%, Year 5-4%, Year 6-3%, Year 7-2%,

The interest rate is guaranteed for the one (1) year. The minimum guaranteed interest rate is ______%.

___ / _____ / _____ Signature Applicant/Annuitant

Signature of Agent

Year 8-1%.

SERB NATIONAL FEDERATION - A FRATERNAL BENEFIT SOCIETY

ANNUITY SUITABILITY QUESTIONNAIRE

The Serb National Federation (SNF Life) is required by the state insurance department to ask information that will help determine whether an annuity contract that you are applying for is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the

features of the product for whice confidential.	ch you are applying. This i	information will not be u	used for any other pu	rpose and will remain
You have the legal right to dec sign, date, and return this form Waiver of Annuity Suitability (n with your Application fo	•	vish, please read the	following statement,
\square No, I will not answer the q	·	-	ire, and I take full re	sponsibility for
determining whether the	proposed annuity is suita	able for me.		
 Yes, I agree to answer the of an annuity contract. I under the being applied for based on 	inderstand that the Serb	National Federation m	ay elect not to issue	the annuity contract
Owner's Name:				
First Name		_ast Name	Phone Number	
Street Address			City	State Zip code
Social Security Number	 Date of Birth	Marital Status	Occ	cupation
Primary Financial Objectives	: (Check all that apply)			
	☐ Future Income ☐ Beneficiary Provisions	☐ Tax Deferral☐ Flexibility	□ Preservatio□ Inheritance	n of Principle
Financial Information: Ar	nnual Household Income:	:\$L	iquid Net Worth: \$	
How soon do you intend to tak ☐ < 1 year ☐ 1 - 6 y	years \Box 6 – 10 years	s □ 11+ years □	Never, (money for a	,
Tax Bracket: 10%	□ 15% □ 25% □	28% 🗆 33% 🗆	35% 🗆 39.6%	□%
Source of Income: Employn	nent 🗆 Investments	S ☐ Social Security	☐ Retirement	☐ Other
Do you have any funds availa Other relevant information (fir	•		No are considerations, e	tc.)
Existing Accounts: Are you co	nsidering using funds froi	m existing life insurance	e policy, contract, or	certificate of deposit
to purchase this annui	ity? □ Yes □ N	0		
How long has the policy, contra Are there any surrender charge	•			certificate of deposit?
□ Yes □ No				
<u>Signatures</u>				
Owner's Signature		Agent/Prod	ucer Signature	 Date