



NATIONAL SLOVAK SOCIETY OF THE UNITED STATES OF AMERICA

A Fraternal Benefit Society

Application for Annuity

Assembly/Circle #: _____

Certificate #: _____

1. Proposed Annuitant: _____

2. Address: _____ City: _____ State: _____ Zip: _____

3. Date of Birth: _____ Sex: _____ Social Security #: _____ Phone: _____

4. Plan: Flexible Premium Deferred Life Annuity: Preferred 5 Preferred 8 Preferred Choice _____

Maturity Age: _____ Life Life & Period Certain, Years: 5 10 15 20

First Premium: \$ _____ Mode: Annual Semi Annual Quarterly Bank Draft

a. Send Premium Notices: No Yes: Amount: \$ _____ Annual Semi-Annual Quarterly

b. Non Qualified Qualified Traditional IRA Roth IRA SEP 403(b) Coverdell IRA

c. Amount Paid With Application: \$ _____ (Include Rollover Amount) Rollover amount: \$ _____

5. "Owner. The Proposed Annuitant shall be the owner; except, when the Applicant signing this application is an entity other than a person, the Applicant shall be the owner."

Full name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Phone: _____

6. Beneficiary:

Full Name: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Relationship: _____ Share: _____

Full Name: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Relationship: _____ Share: _____

Contingent:

Full Name: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Relationship: _____ Share: _____

7. Is the annuity applied for intended to replace or change any existing insurance or annuity? No Yes, Show name of insurer and policy number(s): _____

8. Is the Applicant a member of the National Slovak Society of the United States of America? Yes No If not, applying for membership.

The undersigned: (1) REPRESENT that the information shown in this application is complete and true, to the best of their knowledge and belief of the respondents; (2) AGREE that this application will be the basis for and a part of any contract issued; and (3) UNDERSTAND that: (a) THE CONTRACT APPLIED FOR WILL BE EFFECTIVE ON THE LATER OF THE DATE WE APPROVE ISSUE OF THE CONTRACT OR THE DATE WE RECEIVE THE FIRST PREMIUM FOR THE CONTRACT; and (b) only the Society's President or Secretary may, in writing, make or change a contract or waive any of the Society's rights or requirements.

Signed at: _____ (City & State) This _____ Day of _____, 20 _____

Proposed Annuitant: _____ Applicant: _____

Member/Adult Applicant Signature (If other than Proposed Annuitant): _____

Witness Signature (Agent, where required by law): _____

SEE FRAUD WARNING ON REVERSE SIDE

Florida Fraud Warning: 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.

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

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

Pennsylvania Fraud Warning: Any person who knowing 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.

Tennessee Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.

Agent's Statement: To the best of your knowledge and belief, will the insurance applied for replace or change any existing insurance or annuity? No Yes
(Florida Only) Florida License ID No. required: _____

Agent Signature: _____ # _____ Name (print): _____

Home Office Use:

Received: _____ Initials: _____ Ret'd: _____ Initial: _____ Approved: _____ Initial: _____



INSURANCE AGENT ANNUITY SALE DISCLOSURE – MN

Insurance Agent Information (“Me,” “I,” “My”)

First Name: _____ Last Name: _____ Date: _____

Business/Agency Name: _____

Website: _____

Business Mailing Address: _____

Business Telephone #: _____ Email Address: _____

Minnesota Producer #: _____ National Producer #: _____

Customer Information (“You,” “Your”)

First Name: _____ Last Name: _____

What types of products can I sell to You?

I am licensed and authorized to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. You will be informed of the various features of the annuity, including its potential surrender period and surrender charge; potential tax penalties; mortality and expense fees; investment advisory fees; annual fees; potential charges for and features of riders or other options of the annuity; limitations on interest returns; potential changes in nonguaranteed elements of the annuity; insurance and investment components; and market risk.

- I am licensed and authorized to offer the following products:

- Fixed or Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

- I need a separate license to provide advice about or to sell other financial products. I have checked below any non- insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificate of Deposits

Whose Annuities can I sell?

- I am authorized to sell:

- Annuities from only one (1) insurer: _____
- Annuities from two or more insurers: _____
- Annuities from two or more insurers although I primarily sell annuities from: _____

How I'm paid for My work:

It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer.

Depending on the particular annuity You buy, I will or may be paid cash compensation in the following way(s):

- Commission, which is usually paid by the insurance company or other sources. If other sources, describe: _____

- Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.
- Other (Describe): _____

If the amount of cash compensation I receive is a multiple-occurrence amount, the frequency and amount of the occurrence may be stated as a range of amounts or percentages. I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

You have the right to request additional information from Me about the compensation I will be paid for this transaction.

- If You would like to receive an estimate of the amount of cash compensation I will receive, and/or whether the cash compensation is a one time or multiple-occurrence amount, please check the box.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Customer: _____ Date: _____
Agent: _____ Date: _____

CONSUMER REFUSAL TO PROVIDE INFORMATION

DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THE INFORMATION IN THE FOLLOWING STATEMENT:

Why are You being given this Form? You are receiving this Form because You are purchasing an annuity.

To recommend an annuity that effectively meets Your needs, objectives, and situation, the agent, broker, or company needs information about Your financial situation, insurance needs, and financial objectives.

If You sign this below, it means You have not given the agent, broker, or company some or all the information needed to decide if the annuity being purchased effectively meets Your needs, objectives, and situation. You may lose certain statutory protections if You sign this form or provide inaccurate information.

Please check the appropriate box based on Your decision:

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

Customer: _____ Date: _____



ANNUITY PRODUCTS DISCLOSURE

Interest Rate: Your annuity will earn an initial rate of _____% APY

Surrender Charges: Your annuity contract contains surrender charges for early withdrawal in excess of the 10% penalty free provision. Withdrawals from annuities prior to age 59½ may be subject to IRS penalties.
(Please consult your tax advisor for specific advice.)

Optimum 3: – Surrender Charges: Year **1 2 3 4 5**
6% 5% 4% 3% 2%

– Interest rate is guaranteed for the Optimum 3 for a three (3) year contract period. No surrender charge will be applied to any withdrawal made during the thirty (30) day window at the end of the Third year.
– Minimum guaranteed interest rate of 2%.

Preferred 5: – Surrender Charges: Year **1 2 3 4 5** (no surrender charges after 5 years)
6% 5% 4% 3% 2%

– Minimum guaranteed interest rate of 2%.

Preferred 8: – Surrender Charges: Year **1 2 3 4 5 6 7 8** (no surrender charges after 8 years)
9% 8% 7% 6% 5% 4% 3% 2%

– Minimum guaranteed interest rate of 2%.

General Information: Representatives of NSS Life are paid a commission by NSS Life. Commissions are **not paid by members**. Commissions are **not** deducted from your account value. All contributions received from you are credited to your account at 100%.

Not a Deposit	Not Insured By Any Federal Government Agency	No Bank or Credit Union Guarantee	Not FDIC/NCUA Insured
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_____ Dated

_____ Signature Applicant/Annuitant

_____ Signature of Agent

_____ Date Received by NSS Life

_____ Signature of NSS Acceptance

NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES – EXTERNAL

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, can only be decided by you. It is in your best interest; however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and your existing insurance or annuity coverage.

You may want to contact your existing life insurance, or annuity company, or its agent for additional information, or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is a dividend paying plan; you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverage's are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could deny coverage for death caused by suicide may have expired, or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you, or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

After we have issued your policy, you will have 30 days from the date the new policy is received by you to notify us you are cancelling the policy issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate, or alter your existing life insurance, or annuity coverage until you have been issued the new policy, examined it and found it acceptable to you.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

- INSURABILITY:
- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
 - You may need a medical exam for a new policy.
 - Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
 - Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

- 1) Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? No Yes
- 2) Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? No Yes
- 3) If you answered Yes to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

			Replaced (R) or Financing (F)
Full Name of Insurance Company	Policy or Contract Number(s):	Insured Name(s):	
And Home Office Address:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4) The existing policy or contract is being replaced because: _____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant Signature	Date	
Agent Signature	Date	Agent Number

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	Exempt payee code (if any) _____
	Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
5 Address (number, street, and apt. or suite no.). See instructions.		
6 City, state, and ZIP code		
7 List account number(s) here (optional)		
Requester's name and address (optional) National Slovak Society of the USA 1301 Ashwood Drive Canonsburg, PA 15317-4988		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
-	-
or	
Employer identification number	
-	-

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



ANNUITY RECEIPT

Received from _____ the sum of \$ _____ with an
Annuity Application, bearing the same date as this receipt, for _____, Proposed Annuitant.

This receipt is not valid unless:

1. Any check, draft or money order tendered as payment is good and collectable; and
2. It is signed by our Agent receiving the payment

Agent: _____ Date: _____

MAKE ALL PAYMENTS TO THE NATIONAL SLOVAK SOCIETY (NSS LIFE).

DO NOT MAKE PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Please contact the Society if, within 30 days after the date of this Annuity Receipt, you have not received the Annuity Contract applied for or a refund of the amount paid. Please include the Amount paid, the Date of the payment and the Name of the Agent receiving the payment.