



NATIONAL SLOVAK SOCIETY OF THE UNITED STATES OF AMERICA

A Fraternal Benefit Society

Application for Individual 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. a. Does the applicant have existing life insurance or annuity contracts with any company?  No  Yes

b. Is the annuity applied for intended to replace or change any existing insurance or annuity?  No  Yes

If Yes you must complete and submit a Replacement Form.

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

**Fraud Warning:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NSS LIFE IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.

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

Agent Signature: \_\_\_\_\_ Agent # \_\_\_\_\_ Agent Name: \_\_\_\_\_

Home Office Use:

Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Ret'd: \_\_\_\_\_ Initial: \_\_\_\_\_ Approved: \_\_\_\_\_ Initial: \_\_\_\_\_

## QUALIFIED “BEST INTEREST” STATEMENT (PTE 84-24) – IL-OH

This PTE 84-24 form is being provided to you as required by law under what is known as the ERISA Prohibited Transaction Exemption 84-24 (PTE 84-24). This statement contains information that you should read and understand prior to using funds from an individual retirement or qualified plan retirement account to purchase an annuity.

Annuity Contract: National Slovak Society of the USA (NSS Life)  
Contract Form #ICC 20 – AA – IL-OH

IRA or Plan: \_\_\_\_\_

Agent: \_\_\_\_\_ Agent # \_\_\_\_\_

### Agent is Independent of Insurer and Able to Recommend Other Annuity Contracts:

Agent is independent of National Slovak Society of the USA (NSS Life). Agent is NOT contractually limited to recommending only annuity contracts of National Slovak Society of the USA (NSS Life).

### Commissions:

National Slovak Society of the USA (NSS Life) will pay a commission for each purchase payment made to National Slovak Society of the USA and/or NSS Life. The total commission to be received by the agent and/or an affiliate of the

agent is equal to \_\_\_\_\_ % of the purchase payment amount. Commissions are not subtracted from the purchase payments or from annuity contract values.

### Other Material Conflicts of Interest:

A material conflict of interest exists if the agent has a financial interest that a reasonable person would conclude could affect the exercise of the agent’s judgment in rendering advice as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contract Charges:

**Early Withdrawal Charge (Premature Use Charge):** An early withdrawal charge will be deducted from contract values if you took a withdrawal during the first \_\_\_\_\_ contract years. No further early withdrawal charges will apply to this contract.

### ACKNOWLEDGEMENT AND CONSENT

*(To be completed by the IRA owner or by the employer or other Fiduciary with respect to the employee benefit plan)*

I hereby acknowledge receipt of this Disclosure Statement prior to additional purchase payments to an existing National Slovak Society of the USA (NSS Life) annuity contract. As IRA owner or fiduciary of the employee benefit plan, I hereby approve additional purchase payments to such annuity contract.

\_\_\_\_\_  
IRA Owner or Plan Fiduciary Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title (if Plan Fiduciary)

\_\_\_\_\_  
Date

## NON-QUALIFIED ANNUITY SUITABILITY QUESTIONNAIRE

The National Slovak Society of the USA (NSS Life) is required by your state insurance department to ask information that will help determine whether an annuity contract 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 which you are applying. This information will not be used for any other purpose and will remain confidential.

**You have the legal right to decline to provide this information. If this is your wish, please read the following statement, sign, date, and return this form with your Application for Annuity.**

### Waiver of Non-Qualified Annuity Suitability Questionnaire

**No, I will not answer the questions on this Non-Qualified Annuity Suitability Questionnaire and I take full responsibility for determining whether the proposed annuity is suitable for me.**

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that the National Slovak Society of the USA (NSS Life) may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

**Proposed Annuitant:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Marital Status:**  Married  Single  Widowed  Divorced **Age:** \_\_\_\_\_

**Primary Financial Objectives:** *(Check all that Apply)*

- Preservation of Capital  Future Income  Wealth Accumulation  Inheritance  Charitable Giving  
 Education Planning  Tax Deferral  Immediate Income

**Time Frame for this Investment:** When will you need the money you are investing in this annuity? *(Check One)*

- 1 year or less  1-3 years  3-7 years  7-10 years  10 years  Never *(money for charity/inheritance)*

**Intended Use of Annuity:** \_\_\_\_\_

**Financial Information:** Annual Household Income: \$ \_\_\_\_\_ Liquid Net Worth: \$ \_\_\_\_\_

**Source of Income:** *(Check all that apply)*  Employment  Investments  Social Security  Retirement  Other

**Source of Funding:** \_\_\_\_\_

**Tax Bracket:** *(Check one)*  10%  15%  25%  28%  33%  35% **Proposed Annuity represents:** \_\_\_\_\_ % of Net Worth

**Do you have any funds available to you in case of emergency?**  Yes  No

**Other relevant information** *(financial constraints, health concerns, long-term care considerations, etc.):* \_\_\_\_\_

### Existing Accounts:

Are you considering using funds from existing life insurance policy(ies), contract(s), or certificate of deposit(s) to purchase this annuity?  Yes  No

How long has the policy(ies), contract(s), or certificate of deposit(s) been in force? \_\_\_\_\_ # of years

Are there any surrender charges associated with the above-mentioned existing policy(ies), contract(s), or certificate of deposit(s)?  Yes  No  Not Applicable

If yes, what are the current surrender charges? \_\_\_\_\_

Proposed Annuitant Signature \_\_\_\_\_ 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](http://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.	<b>1</b>	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.)
	<b>2</b>	Business name/disregarded entity name, if different from above.
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) _____ <b>Note:</b> 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) _____
	<b>4</b>	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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	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"/>
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. Requester's name and address (optional) <b>National Slovak Society of the USA</b>
	<b>6</b>	City, state, and ZIP code <b>1301 Ashwood Drive</b> <b>Canonsburg, PA 15317-4988</b>
<b>7</b>	List account number(s) here (optional)	

**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.

**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.

<b>Social security number</b>											
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<b>or</b>											
<b>Employer identification number</b>											
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**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.

<b>Sign Here</b>	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](http://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





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## ANNUITY RECEIPT

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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.*