APPLICATION FOR INDIVIDUAL PRE NEED LIFE INSURANCE

National Slovak Society of the United States of America A Fraternal Benefit Society

1301 Ashwood Drive, Canonsburg, PA 15317 • 724-731-0094

Is the appl	Is the applicant a member? □ Yes □ No If no, apply for membership.								
1. PROPOSED INSURED (Please Print)			5. SECOND PROPOSED INSURED (Please Print)						
Name	Last	First	Middle Initial	Name	Last	t	First	Middle Initial	
Address			Address						
City		State	Zip Code	City			State	Zip Code	
Sex □ M □ F	Telephone Home ()		Sex □ N		Telephone Home ()			
Social Secu	rity Number	Date of Birth	Age Last Birthday	Social Se	ecurity	/ Number	Date of Birth	Age Last Birthday	
	4.6				/:5				
	Last	above – Please Prin First	Middle Initial	Name	Last		bove – Please Prir First	Middle Initial	
Address				Address					
City		State	Zip Code	City			State	Zip Code	
Relationsh Insured	ip to Proposed	Social Sec	curity Number	Relation Insured	iship t	o Proposed	Social Sec	urity Number 	
				l – ––					
	IARY (Please F	-	Dalaria aleia			RY (Please Pri		Dalaria alai	
Name	Last I	First MI	Relationship	Name	Las	st Fir	st MI	Relationship	
4. PRE-NEED PLANS									
LIFE ☐ Plan 1 ☐ □Plan 2									
Face Amount \$ Single Premium \$									
☐ Flexible	Annuity Pla	n	\$						
	roposed Insurent	ed have existing Life 'es	Insurance or	Is this insurance intended to replace existing Life Insurance or Annuities? ☐ Yes ☐ No					
,				(If "Yes", complete required replacement form(s) and attach.)					
I HEREBY DECLARE that I have read the foregoing questions and represent each answer to be true and complete to the best of my knowledge and belief. I UNDERSTAND that NSS will rely on my answers and that no insurance will take effect until the premium has been paid and a certificate has been issued while the Insured is living. 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.									
Signed at	C	ity		State		Date			
•	nsured's Signa	ture		Second X	Propo	sed Insured's	Signature		
Owner's Signature (if other than above)			Owner's Signature (if other than above)						
X					X				
				•					

Agent's Report

Do you have knowledge or reason to believe that replacement	Do you have knowledge or reason to believe that replacement				
of existing insurance/annuities is involved? ☐ Yes ☐ No	of existing insurance/annuities is involved? Yes No				
Agent (Please Print)					
Signature of Agent	Agent Number				
X					
AUTHORIZATION FOR BANK DRAFT PLAN	CONDITIONAL RECEIPT				
ATTACH VOID CHECK HERE AND SIGN					
	This acknowledges payment from in				
To: Name of Bank	the sum of \$ in connection with a LIFE				
Address of Bank	INSURANCE CONTRACT or ANNUITY applied for from NSS. If				
	NSS is satisfied that the Proposed Insured is eligible for				
	insurance and/or annuity under its rules, at the time of				
1. I authorize the payment of debits drawn on my account payable	application, then coverage shall be effective from the date				
to NSS, provided there are sufficient funds in said account.	of the application.				
2. This authority shall remain in effect until revoked by me in					
writing and until you actually receive such notice of revocation. I					
request the withdrawal of payment on the 5 th of each month.					
request the withdrawaror payment on the 3 of each month.					
INDEMNIFICATION AGREEMENT					
To: The Bank named above.					
*In consideration of your compliance with the authorization of the depositor named on the reverse side, we agree to indemnify you and hold you harmless from loss you may suffer as a consequence of your actions resulting from execution of any check, draft or order whether or not genuine, purporting to be drawn by NSS to its own order and received by you in the regular course of business and to defend at our own cost and expense any action which might be brought by any depositor or any other person because o your actions taken pursuant to the foregoing requests or in any manner arising by reason of your participation in the foregoing plan of premium collection. * Authorization by a resolution adopted by the Board of Directors of the National Slovak Society of the USA. (NSS) Date Signature of Depositor (as it appears on Bank Records)	S f				
Date Signature of Depositor (as it appears on Bank Records)	Date Agent				
X					
Date Signature of Co-Depositor (as it appears on Bank Records) Agent's Address				
X					
	White – NSS				
	Yellow-Applicant				

ICC20-NSS-PNAPP 02

Pink - Agent

IRREVOCABLE ASSIGNMENT OF INSURANCE DEATH BENEFIT AND OWNERSHIP

NATIONAL SLOVAK SOCIETY OF THE USA (NSS) Canonsburg, PA

	(* 101-1-2 - 0	of the Insured)	
IDDEVOCABLE	A COLONINGENIO	r or ownede	
		IRREVOCABLE ASSIGNMENT	IRREVOCABLE ASSIGNMENT OF OWNERS

I hereby irrevocably assign ownership of the NSS insurance certificate or annuity to the Funeral Firm named below. I understand that this Funeral Firm will immediately transfer ownership of the certificate/annuity to the Pre-Need Trust on my behalf. I also understand:

- 1. The Pre-Need Trust will authorize NSS to make payment to the Funeral Firm, or any subsequently named Funeral Firm, for the provision of funeral services and merchandise.
- 2. I am personally responsible for paying any and all premiums due for this certificate/annuity.
- 3. I waive my right to surrender this certificate/annuity for cash or to obtain a policy loan. I do not give these rights to anyone else.
- 4. This assignment is permanent. I relinquish my power to control the certificate/annuity except as stated below.
- 5. I retain the right to change the named Funeral Firm or designate a different beneficiary.
- 6. I authorize NSS to hold the certificate/annuity until such time as the funeral services and merchandise are provided. The Pre-Need Trust will authorize NSS to release the proceeds of the certificate/annuity to the Funeral Firm only at that time. If the at-need retail price is less than the death benefit, the excess will be paid to the beneficiary.

than the death benefit, the excess will be paid to the beneficiary.		
Signature of Owner	Date	-

Section II: TRANSFER OF OWNERSHIP TO THE PRE-NEED TRUST

I accept as an authorized representative of the Funeral Firm, this assignment and transfer ownership of the certificate/annuity to the Pre-Need Trust and promise to deliver funeral services and merchandise. I understand that payment of the proceeds of the certificate/annuity is subject to the delivery of funeral services and merchandise.

Name of Funeral Firm	
Signature of Authorized Representative	Date

WHITE -Company Copy YELLOW - Funeral Firm Copy PINK - Family Copy



APPLICATION FOR NEW MEMBERS

New Member's Full Name:(Please Print Clearly)							
☐ Male ☐ Female	,,						
Address:							
Email Address:							
Social Security #:	-						
Date of Birth:	-						
Home Phone #:	-						
Work Phone #:	-						
Dated at:	On:						
Applicant's Signature:							
Home O	Office Use						
National President	Certificate Number						
National Secretary-Treasurer	Assembly / Circle Number						
Date Accepted							

National Slovak Society/NSS Life

Replacement of Life Insurance & Annuities

Does the proposed insured or annuitant have existing life or annuity contracts?							
	Yes	No					
Applicant		Proposer					

If yes, the following notice must be read out loud:

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

Applicant	's	initials:	

APPENDIX A

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

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.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

Producer's Signature and Printed Name Date	Date
Applicant's Signature and Printed Name	Date
I certify that the responses herein are, to the best of my knowledge, accur-	rate:
The existing policy or contract is being replaced because:	
Make sure you know the facts. Contact your existing company or its ago policy or contract. If you request one, an in force illustration, policy s documents must be sent to you by the existing insurer. Ask for and retargent in the sales presentation. Be sure that you are making an informed of	summary or available disclosure ain all sales material used by the
3	
2	
1	
INSURER NAME – CONTRACT OR POLICY – INSURED OR ANN FINANCING (F)	UITANT – REPLACED (R) OR
If you answered "yes" to either of the above questions, list each exist contemplating replacing (include the name of the insurer, the insured contract number if available) and whether each policy or contract will be financing:	or annuitant, and the policy or
2. Are you considering using funds from your existing policies or contract new policy or contract? YES NO	acts to pay premiums due on the
1. Are you considering discontinuing making premium payments, surrethe insurer, or otherwise terminating your existing policy or contract?	

We want you to understand the effects of replacements before you make your purchase decision and ask

that you answer the following questions and consider the questions on the back of this form.

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?

NSS LIFE 1301 Ashwood Drive Canonsburg, PA 15317

IMPORTANT NOTICE REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

You have the right to return the contract within 30 days of the delivery of the contract and receive an unconditional full refund of all premiums or considerations paid on it, including any policy fees or charges.

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed policy or contract's benefits.

Make sure you understand the facts. You should ask the insurer or agent that sold you your existing policy or contract to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.



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.

Befor	е у	ou begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.									
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	wner'	s name on line	1, and e	nter the	busine	ss/disi	regarded		
	2	2 Business name/disregarded entity name, if different from above.									
n page 3.	38	Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
Print or type. Specific Instructions on page	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							gn Acc	count Tax		
rint o Instr		box for the tax classification of its owner. Other (see instructions)			Compliance Act (FATCA) reporting code (if any)						
P Specific	3k	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership this box if you have any foreign partners, owners, or beneficiaries. See instructions	(Applies to accounts maintained outside the United States.)								
See	5	Address (number, street, and apt. or suite no.). See instructions.	and address (optional) ak Society of the USA								
	6	6 City, state, and ZIP code 1301 Ashwood Canonsburg, P									
	7	List account number(s) here (optional)									
Par	t I	Taxpayer Identification Number (TIN)									
Enter	ν ΟΙ	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social se	curity no	umber					
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 (FIN). If you do not have a number see How to get a]-[_				
TIN, la	iter			Or Employer	er identification number						
Note:	lf t	ne account is in more than one name, see the instructions for line 1. See also What Name	and								
Numb	er '	To Give the Requester for guidelines on whose number to enter.			-						
Par	П	Certification									
Unde	ре	nalties of perjury, I certify that:									
2. I ar Ser	n ne vic	mber shown on this form is my correct taxpayer identification number (or I am waiting for ot subject to backup withholding because (a) I am exempt from backup withholding, or (b) (a) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of ger subject to backup withholding; and	I hav	e not been n	otified b	by the Ir	nterna				
3. I ar	ı a	U.S. citizen or other U.S. person (defined below); and									
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ıg is c	correct.							
Certif	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.

General Instructions

Signature of

U.S. person

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

Sign

Here

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

Date