

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 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	First	Middle Initial
Address				Address			
City		State	Zip Code	City		State	Zip Code
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Telephone Home ()			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Telephone Home ()		
Social Security Number 	Date of Birth	Age Last Birthday		Social Security Number 	Date of Birth	Age Last Birthday	

2. OWNER (if other than above – Please Print)				6. OWNER (if other than above – Please Print)			
Name	Last	First	Middle Initial	Name	Last	First	Middle Initial
Address				Address			
City		State	Zip Code	City		State	Zip Code
Relationship to Proposed Insured	Social Security Number 			Relationship to Proposed Insured	Social Security Number 		

3. BENEFICIARY (Please Print)					7. BENEFICIARY (Please Print)				
Name	Last	First	MI	Relationship	Name	Last	First	MI	Relationship

4. PRE-NEED PLANS	
<p align="center"><u>LIFE</u></p> <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 Face Amount \$ _____ Single Premium \$ _____	
<p align="center"><u>ANNUITY</u></p> <input type="checkbox"/> Flexible Annuity Plan _____ \$ _____	
Does the Proposed Insured have existing Life Insurance or Annuity Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this insurance intended to replace existing Life Insurance or Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> 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	City	State	Date
Proposed Insured's Signature X		Second Proposed Insured's Signature X	
Owner's Signature (if other than above) X		Owner's Signature (if other than above) X	

Agent's Report

Do you have knowledge or reason to believe that replacement of existing insurance/annuities is involved? Yes No

Do you have knowledge or reason to believe that replacement of existing insurance/annuities is involved? Yes No

Agent (Please Print)

Signature of Agent

X

Agent Number

**AUTHORIZATION FOR BANK DRAFT PLAN
ATTACH VOID CHECK HERE AND SIGN**

To: Name of Bank _____

Address of Bank _____

1. I authorize the payment of debits drawn on my account payable to NSS, provided there are sufficient funds in said account.

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 5th 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 of 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)

CONDITIONAL RECEIPT

This acknowledges payment from _____ in the sum of \$_____ in connection with a LIFE 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 application, then coverage shall be effective from the date of the application.

Date Signature of Depositor (as it appears on Bank Records)

X

Date

Agent

Date Signature of Co-Depositor (as it appears on Bank Records)

X

Agent's Address

White – NSS
Yellow-Applicant
Pink - Agent

IRREVOCABLE ASSIGNMENT OF INSURANCE DEATH BENEFIT AND OWNERSHIP

NATIONAL SLOVAK SOCIETY OF THE USA (NSS)

Canonsburg, PA

The owner has purchased a life insurance certificate or annuity certificate along with this assignment to fund a pre-arranged funeral plan for _____.
(Name of the Insured)

Section I: IRREVOCABLE ASSIGNMENT OF OWNERSHIP TO FUNERAL FIRM

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.

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 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.

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.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ___ YES ___ NO

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ YES ___ NO

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:

INSURER NAME – CONTRACT OR POLICY – INSURED OR ANNUITANT – REPLACED (R) OR FINANCING (F)

- 1. _____.
- 2. _____.
- 3. _____.

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.

The existing policy or contract is being replaced because: _____.

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

Applicant’s Signature and Printed Name Date

Producer’s Signature and Printed Name Date Date

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.

