

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		FL 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.
<u>LIFE</u> <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 Face Amount \$ _____ Single Premium \$ _____		
<u>ANNUITY</u> <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)		Owner's Signature (if other than above)	

X	X
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Agent's Report

Do you have knowledge or reason to believe that replacement of existing insurance/annuities is involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Agent (Please Print)	Do you have knowledge or reason to believe that replacement of existing insurance/annuities is involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of Agent X	Agent Number	Agent Florida License No.
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**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)	Date	Agent
X			

Date	Signature of Co-Depositor (as it appears on Bank Records)	Agent's Address
X		

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.

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) _____	
	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) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	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"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) National Slovak Society of the USA 1301 Ashwood Drive Canonsburg, PA 15317-4988
	6 City, state, and ZIP code	
7 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.

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