



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: _____



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Investigation

ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last _____ First _____ Middle _____
 Date of Birth ____ / ____ / ____ Age ____ Sex _____
 Entity: _____
 Tax Status _____ Relationship to Annuitant(s): _____
 Form of Ownership: _____
 Supporting documents (list): _____

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
 Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
 Other: _____

Owner's Signature

Date Signed

Describe your risk tolerance: (Check all that apply)

- Conservative Moderately conservative Moderate Moderately aggressive
 Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product?

Yes No

If yes, will you pay a penalty or other charge to obtain these funds?

Yes No

If yes, the amount of the charge or penalty

\$ _____

Additional Information:

Owner's Signature

Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner’s Signature

Date Signed

QUALIFIED “BEST INTEREST” STATEMENT (PTE 84-24) – CA-FL

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 # AA -05

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



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.)
- Death Benefit:** Surrender Charges are waived up death. The death benefit is equal to the account value.
- Income Options:** Upon maturity of the contract, you may choose from various income options, including life income or life income with a 10-year period certain.

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



Florida Office of Insurance Regulation

**NOTICE TO APPLICANT REGARDING
REPLACEMENT OF LIFE INSURANCE**

(Name, Address and Telephone Number of The Insurance Company)

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish to receive a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

YES NO

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE

DATE

AGENT'S NAME

AGENT'S COMPANY

AGENT'S ADDRESS

Information on Policies which may be replaced:

Company Name

Policy Number

Name of Insured



Florida Office of Insurance Regulation

COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

(Proposed Insurer)

(Insurer's Address)

(Replacing Agent's Name)

Applicant Information

Policy Information

Name _____

Policy Generic Name _____

Address _____

Policy Number _____

Date of Issue ___ Issue Age

Telephone (___) _____ - _____

Contestable Period Expires _____

Date of Birth ___ Age _____ Suicide Period Expires _____

Policy Loan Rate _____

Policy / Rider Description

<u>Policy Rider Name</u>	<u>Initial/ Continuing Benefit</u>	<u>(Age) Benefit From To</u>	<u>Initial/ Renewable Annual Premium</u>	<u>(Age) Payable From To</u>
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Total Initial Annual Premium \$ _____ Mode of Payment Amount \$ _____

Total Renewal Annual Premium \$ _____ Amount \$ _____

COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE (Continued)

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year Age	Guarantees				Projections *				
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Value	Cash Benef.	Death Benef.	Premium
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
55									
60									
65									
75									
85									
95									

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

- 1 . Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, an alternative identification form such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
- 5 . Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
- 7 . The dividend option elected-by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.

AGREEMENT FOR THE EXCHANGE OF POLICIES UNDER SECTION 1035 OF THE INTERNAL REVENUE CODE

I, _____, the undersigned, own the following: Life Insurance Policy Annuity Contract, Described as policy/contract #: _____ (Old Policy), Issued by: _____ On the life of: _____

Company Address: _____

which I hereby agree to exchange pursuant to Section 1035 of the Internal Revenue Code for a Life Insurance Policy Annuity Contract on the life of the same insured named in the Old Policy if the National Slovak Society of the United States of America (NSS Life) approves my

application/contract number, _____ (New Policy), Dated _____ Social Security #: _____

In consideration of NSS furnishing this form and assisting me with the exchange of policies under Section 1035 of the Internal Revenue Code, I hereby further represent and agree as follows:

1. Ownership of Old Policy.

I am the sole owner of the Old Policy. No other person (including fiduciaries whether or not court appointed), firm, corporation, or governmental unit has any legal or equitable claim or interest in or against the Old Policy, except: _____ (collateral assignees, irrevocable beneficiaries, etc. must sign below).

2. Surrender of Old Policy.

I understand and agree: Upon approval of my application for the New Policy at standard rates, NSS will request the cash surrender value of my Old Policy from the company issuing it.

I know that it may take up to six (6) months for NSS to receive the cash surrender value of my Old Policy. During this time, I assume full responsibility for paying any premium payments which are now due or may become due while the surrender request is pending. NSS shall not make any premium payments or elect the automatic premium loan provision of my Old Policy. I hold NSS harmless from any claim under the Old Policy if it lapses because the premiums have not been paid.

NSS will apply the cash surrender value it receives from the Old Policy, as an Additional Premium for the New Policy issued by NSS. If the cash surrender value of the Old Policy exceeds the amount which can be accepted as an Additional Premium under the New Policy, NSS will pay me the excess amount.

I know that the payment of the cash surrender value ends all legal obligations of the Company issuing my Old Policy. Thus, if the insured under the Old Policy dies after the cash surrender value has been sent to NSS, I know that NO DEATH BENEFITS will be paid under the Old Policy.

When the cash surrender value of my Old Policy has been sent to NSS, if I choose not to accept the New Policy, NSS's only obligation shall be to pay me the full cash surrender value NSS received for my Old Policy. I know that the Company issuing the Old Policy may not permit me to reinstate it after it has been surrendered.

Life Insurance Annuity Full Partial \$/% _____ The Original Contract is: Enclosed Lost or Destroyed

3. Acknowledgement of Responsibility for Tax Obligations.

I understand and agree that NSS is furnishing this form and participating in this transaction at my specific request. Accordingly, I am not relying on NSS, its agents or employees for any tax advice whatsoever with respect to this transaction. I understand that any tax obligations resulting from this transaction are mine.

4. No Insurance Created by this Agreement.

I understand that This Agreement creates No Insurance.

5. Absolute Assignment of Old Policy.

For the purposes and with the agreements set forth above, I hereby assign, irrevocably transfer, and deliver the Old Policy described above to National Slovak Society, Canonsburg, PA, together with all right, title and interest therein and thereto. My copy of this form, when signed by the agent as witness, is my receipt for the Old Policy.

Signed at: _____ On: _____

Witness: _____ Owner/Applicant: _____

Irrevocable Beneficiary: _____ Collateral Assignee: _____

ACCEPTANCE: This is to certify that the above individual has established:

NSS Certificate # _____

Inherited Annuity Non-Qualified Annuity Life Insurance

The authorized signature below certifies acceptance of the transfer as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer and send a check with a copy of this form to:

ISSUER: National Slovak Society of the USA (NSS Life),
1301 Ashwood Drive, Canonsburg, PA 15317-4988

BY: _____
National Officer

NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES – INTERNAL

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity policy. As a result, we are required to send you this notice. 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 coverages 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 45 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.

EXISTING INSURANCE WHICH MAY BE REPLACED OR CHANGED:

Full Name of Insurance Company And Home Office Address:	Policy or Contract Number(s):	Insured Name(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____ Applicant Signature	_____ Date	
_____ Agent Signature	_____ Date	_____ Agent Number

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.)



AUTHORIZATION TO TRANSFER FUNDS

To: **National Slovak Society of the USA (NSS Life), 1301 Ashwood Drive, Canonsburg, PA 15317-4988**

From: _____
Financial Institution/Insurance Company

Address _____

City _____ State _____ Zip _____

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ Account/Certificate # _____ Non-Qualified Tax Qualified _____

The Original Contract is: Enclosed Lost or Destroyed (i.e. IRA, IRA/SEP, TSA, ROTH, Pension Plan)

This transaction should be treated as a Tax Qualified: Direct Rollover Indirect Rollover Direct Transfer

Must select one option below if individual is required to withdraw a Required Minimum Distribution (RMD) in the current year:

- RMD has already been taken for the current year
- Distribute RMD before transferring funds to NSS Life
- RMD will be taken from NSS Life after funds are transferred (IRA Minimum Distribution Withdrawal form **MUST** be completed.)

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified above.

- LIQUIDATE CERTIFICATES OF DEPOSIT:
 - On the maturity of: _____
 - Upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.
- LIQUIDATE MUTUAL FUND/MONEY MARKET ACCOUNT: (Attach copy of recent statement) FULL PARTIAL \$ _____
- ANNUITY: FULL PARTIAL \$ _____ (Replacement form enclosed)
- OTHER: _____

I am aware of any surrender/withdrawal penalties which may apply to this transaction, and I authorize the transfer of funds described. Please make check payable to "National Slovak Society FBO".

Dated at: _____ On: _____

(Medallion Guarantee Here, If Required)

Signature: _____

Witness: _____

ACCEPTANCE: This is to certify that the above individual has established:

NSS Certificate # _____ Tax Qualified Annuity _____ Inherited Annuity Non-Qualified Annuity
(i.e. IRA, IRA/SEP, TSA, ROTH, Pension Plan)

The authorized signature below certifies acceptance of the transfer as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer and send a check with a copy of this form to:

ISSUER: National Slovak Society of the USA (NSS Life), 1301 Ashwood Drive, Canonsburg, PA 15317-4988 BY: _____ National Officer

Complete this section only if Notary Required:

State/Commonwealth of: _____

County of: _____

Before me, a Notary Public, on this day personally appeared _____, known to me, or satisfactorily proven to be the person whose name is subscribed to be the foregoing instrument and acknowledged that he/she executed the same for the purpose therein expressed.

Given under my hand and seal this _____ day of _____, 20_____.

Notary's Signature

My Commission Expires: _____

<p>W-9 Form (Rev. March 2024) Department of the Treasury Internal Revenue Service</p>	<p>Request for Taxpayer Identification Number and Certification</p> <p>Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	<p>Give form to the requester. Do not send to the IRS.</p>
<p>Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i>, below.</p>		
<p>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.)</p>		
<p>2 Business name/disregarded entity name, if different from above.</p>		
<p>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.</p> <p><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</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p>(Applies to accounts maintained outside the United States.)</p>	<p>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"/></p>
<p>5 Address (number, street, and apt. or suite no.). See instructions.</p>	<p>Requester's name and address (optional)</p> <p>National Slovak Society 1301 Ashwood Drive Canonsburg, PA 15317</p>	
<p>6 City, state, and ZIP code</p>		
<p>7 List account number(s) here (optional)</p>		

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.

Social security number										
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	-		-							
or										
Employer identification number										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table>										

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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Please Note: NSS Life recommends that any Required Minimum Distribution (RMD) be distributed prior to any rollover or transfer to NSS Life. We assume no responsibility or liability for any IRS penalties or any other tax consequences resulting from an inaccurate RMD calculation or lack of RMD distribution for the tax year due to rollovers or transfers received during the current year.

- **Direct Rollover:**

- A direct rollover is a distribution of eligible rollover assets from one trustee directly to another trustee from one of the following to a Traditional IRA plan:
 - Employee sponsored retirement plan such as a traditional 401(k), profit sharing, ESOP, or defined benefit plan
 - Tax sheltered annuity such as a traditional 403(b) plan
 - Governmental 457 plan
- Direct rollover funds are made payable directly to National Slovak Society FBO.
- A direct rollover is reportable but not taxable. There is no limit on the amount of direct rollovers that can be done in a year.

- **Indirect Rollover:**

- An indirect rollover is a distribution of eligible rollover assets paid directly to the individual from one of the following and then deposited into a Traditional IRA plan:
 - Employee sponsored retirement plan such as a traditional 401(k), profit sharing, ESOP, or defined benefit plan
 - Tax sheltered annuity such as a traditional 403(b) plan
 - Governmental 457 plan
 - Traditional IRA
- Indirect rollover funds are made payable directly to the individual.
- An indirect rollover is reportable but not taxable only if:
 - The funds you withdraw are re-deposited into the same or another IRA no later than 60 days after the date of the initial withdrawal,
AND
 - You do a tax free rollover only once a year. The one year wait period begins on the date of the initial withdrawal.
- Note:** You must provide proof of the withdrawal date and the type of plan the money was withdrawn from, such as a copy of a statement or a copy of the original check.

- **Direct Transfer:**

- A direct transfer is a distribution of IRA assets from one trustee directly to another trustee for one of the following types of transactions:
 - Traditional IRA to Traditional IRA
 - Roth IRA to Roth IRA
 - Inherited Traditional IRA to Inherited Traditional IRA
 - Inherited Roth IRA to Inherited Roth IRA
 - SEP IRA to Traditional IRA
 - SIMPLE IRA to Traditional IRA (Only if two years have passed since the initial contribution to the SIMPLE IRA)
- Direct transfer funds are made payable directly to National Slovak Society FBO.
- A direct transfer is not reportable. There is no limit on the amount of direct transfers that can be done in a year.

IMPORTANT: The payment option selected could have both financial and tax implications of concern to the recipient. It is not the role of NSS Life to provide members with either financial or tax advice. They are urged to contact their personal financial advisor to determine the best payment option that is suitable for their situation and they should confer with their tax advisor with respect to the tax implications of any payment options being considered.

**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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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) _____	Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	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)
	6 City, state, and ZIP code	National Slovak Society of the USA 1301 Ashwood Drive Canonsburg, PA 15317-4988
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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.