



NATIONAL SLOVAK SOCIETY OF THE UNITED STATES OF AMERICA

A Fraternal Benefit Society

Application for Individual Annuity

Assembly/Circle #: \_\_\_\_\_

Certificate #: \_\_\_\_\_

1. Proposed Annuitant: \_\_\_\_\_

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Plan: Flexible Premium Deferred Life Annuity:  Preferred 5  Preferred 8  Preferred Choice  \_\_\_\_\_

Maturity Age: \_\_\_\_\_  Life  Life & Period Certain, Years:  5  10  15  20

First Premium: \$ \_\_\_\_\_ Mode:  Annual  Semi Annual  Quarterly  Bank Draft

a. Send Premium Notices:  No  Yes: Amount: \$ \_\_\_\_\_  Annual  Semi-Annual  Quarterly

b.  Non Qualified  Qualified  Traditional IRA  Roth IRA  SEP  403(b)  Coverdell IRA

c. Amount Paid With Application: \$ \_\_\_\_\_ (Include Rollover Amount)  Rollover amount: \$ \_\_\_\_\_

5. "Owner. The Proposed Annuitant shall be the owner; except, when the Applicant signing this application is an entity other than a person, the Applicant shall be the owner."

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Beneficiary:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_

Contingent:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_

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

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

If Yes you must complete and submit a Replacement Form.

8. Is the Applicant a member of the National Slovak Society of the United States of America?  Yes  No If not, applying for membership.

The undersigned: (1) REPRESENT that the information shown in this application is complete and true, to the best of their knowledge and belief of the respondents; (2) AGREE that this application will be the basis for and a part of any contract issued; and (3) UNDERSTAND that: (a) THE CONTRACT APPLIED FOR WILL BE EFFECTIVE ON THE LATER OF THE DATE WE APPROVE ISSUE OF THE CONTRACT OR THE DATE WE RECEIVE THE FIRST PREMIUM FOR THE CONTRACT; and (b) only the Society's President or Secretary may, in writing, make or change a contract or waive any of the Society's rights or requirements.

Signed at: \_\_\_\_\_ (City & State) This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Proposed Annuitant: \_\_\_\_\_ Applicant: \_\_\_\_\_

Member/Adult Applicant Signature (If other than Proposed Annuitant): \_\_\_\_\_

Witness Signature (Agent, where required by law): \_\_\_\_\_

SEE FRAUD WARNING ON REVERSE SIDE

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

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

Agent's Statement: To the best of your knowledge and belief, will the insurance applied for replace or change any existing insurance or annuity?  No  Yes

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

Home Office Use:

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

## ANNUITY SUITABILITY QUESTIONNAIRE

The National Slovak Society of the USA (NSS Life) is required by your state insurance department to ask information that will help determine whether an annuity contract is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose and will remain confidential.

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

### Waiver of Annuity Suitability Questionnaire

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

### CLIENT/MEMBER INFORMATION:

Proposed Owner's Name (Must be completed): \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Divorced

Relationship to Annuitant: \_\_\_\_\_

### HOUSEHOLD FINANCIAL INFORMATION:

1) Why are you purchasing this Annuity? \_\_\_\_\_

2) Primary Financial Objectives for this purchase: (Check all that Apply)

Capital Preservation  Future Income  Tax Deferral  Wealth Accumulation  Inheritance  
 Charitable Giving  Education Planning  Immediate Income  Other (describe) \_\_\_\_\_

3) Annual Household Income: \$ \_\_\_\_\_ Total Net Worth: \$ \_\_\_\_\_ Liquid Net Worth: \$ \_\_\_\_\_

4) Tax Bracket: (Check one)  10%  12%  22%  24%  32%  35%  37%

5) Do you have funds set aside in case of an emergency?  Yes  No

If yes, type of funds (checking, savings, money market, etc.) \_\_\_\_\_

### EXISTING ACCOUNTS:

6) What are the source(s) of funds used to purchase this annuity: (Check all that apply)

Employment Income  Investments  Social Security  Pension  Retirement Funds (401K, 403b, IRA, Roth)  
 Other (describe) \_\_\_\_\_

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

If yes, provide source of funds \_\_\_\_\_

8) Are there any surrender charges associated with question #7?  Yes  No

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

9) If you answered yes to question #7, will the proposed annuity replace any life insurance or annuities?  Yes  No

If yes, please complete an External or Internal Replacement Form and attach.

10) How many years from today will you need access to your funds without a penalty? \_\_\_\_\_

11) Timeframe: When will you need the money from this annuity?

- 1 year or less  1-3 years  3-7 years  7-10 years  10 years or longer

**EXISTING ACCOUNTS:**

12) What is your investment experience, by type and length of time?

- Mutual Funds  Stocks  Bonds  Indexed Products  Money Markets  CDs
- \_\_\_\_ Months/Years    \_\_\_\_ Months/Years    \_\_\_\_ Months/Years    \_\_\_\_ Months/Years    \_\_\_\_ Months/Years    \_\_\_\_ Months/Years

13) What is Your Risk Tolerance?  Conservative (low risk – safeguard capital)

- Moderate (some risk – balanced risk with reward)  Aggressive (tolerate volatility for higher gains)

14) Additional Information: \_\_\_\_\_

**OWNER ACKNOWLEDGEMENT:**

Owner Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**AGENT REPORT AND ACKNOWLEDGEMENT:**

Select one:

The basis of my recommendation to purchase the proposed annuity or replace/exchange the existing annuity is: \_\_\_\_\_

Client selected the “Waiver” of Annuity Suitability.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

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

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

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

### Commissions:

National Slovak Society of the USA (NSS Life) will pay a commission for each purchase payment made to National Slovak Society of the USA and/or NSS Life. The total commission to be received by the agent and/or an affiliate of the agent is equal to \_\_\_\_\_ % of the purchase payment amount. Commissions are not subtracted from the purchase payments or from annuity contract values.

### Other Material Conflicts of Interest:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contract Charges:

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

### ACKNOWLEDGEMENT AND CONSENT

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

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

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

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

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

\_\_\_\_\_  
Date



## 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

# 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



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## NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES – EXTERNAL

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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><b>W-9</b> Form (Rev. March 2024) Department of the Treasury Internal Revenue Service</p>	<p><b>Request for Taxpayer Identification Number and Certification</b></p> <p>Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.</p>	<p>Give form to the requester. Do not send to the IRS.</p>	
<p><b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i>, below.</p>			
<p>Print or type. See Specific Instructions on page 3.</p>	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>		
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>		
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</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><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>		
	<p><b>4</b> 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><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/></p>		
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p>	<p>Requester's name and address (optional)</p> <p><b>National Slovak Society</b> 1301 Ashwood Drive Canonsburg, PA 15317</p>	
	<p><b>6</b> City, state, and ZIP code</p>		
<p><b>7</b> 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.

<b>Social security number</b>				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or				
<b>Employer identification number</b>				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></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.

<b>Sign Here</b>	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.



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## ANNUITY RECEIPT

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Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ with an  
Annuity Application, bearing the same date as this receipt, for \_\_\_\_\_, Proposed Annuitant.

This receipt is not valid unless:

1. Any check, draft or money order tendered as payment is good and collectable; and
2. It is signed by our Agent receiving the payment

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**MAKE ALL PAYMENTS TO THE NATIONAL SLOVAK SOCIETY (NSS LIFE).**

**DO NOT MAKE PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

*Please contact the Society if, within 30 days after the date of this Annuity Receipt, you have not received the Annuity Contract applied for or a refund of the amount paid. Please include the Amount paid, the Date of the payment and the Name of the Agent receiving the payment.*



## INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES

Do Not Sign Unless You Have Read and Understand the Information in This Form

### INSURANCE AGENT (PRODUCER) INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business/Agency Name: \_\_\_\_\_ Website: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Producer Number in [state]: \_\_\_\_\_

### CUSTOMER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### What Type of Products Can I Sell You?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

- Fixed or Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell:

- Mutual Funds
- Stocks/Bonds
- Certificates of Deposit



**Whose Annuities Can I Sell You?**

- Annuities from Only One (1) Insurer
- Annuities from Two or More Insurers
- Annuities from Two or More Insurers although I primarily sell Annuities from: \_\_\_\_\_

**How I'm Paid for My Work?**

It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

- Commission, which is usually paid by the insurance company or other sources. If other sources, describe: \_\_\_\_\_
- Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.
- Other (Describe): \_\_\_\_\_

***If you have questions about the above compensation I will be paid for this transaction, please ask me.***

I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Producer) Signature

\_\_\_\_\_  
Date