



## **REPRESENTATIVE'S REPORT**

1. Did you ask each question exactly as stated in this application and record the answer exactly as given?     Yes.     No.;  
details: \_\_\_\_\_
  
2. To the best of your knowledge and belief, will the annuity applied for replace or change any existing insurance or annuity?  
 No.     Yes.
  
3. If the Proposed Annuitant is female and married, state maiden name: \_\_\_\_\_
  
4. Proposed Annuitant's Group Number: \_\_\_\_\_
  
5. Remarks: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Representative's signature: \_\_\_\_\_

### **FOR HOME OFFICE USE ONLY**

Contract No.: \_\_\_\_\_

Group No.: \_\_\_\_\_

**POLISH WOMEN'S ALLIANCE OF AMERICA**  
A Fraternal Benefit Society

**APPLICATION SUPPLEMENT**

**FRAUD WARNING.** Fraud Warning notices for specific States are listed below. When an application for a life insurance certificate or for an annuity contract is completed in one of the listed States, the notice for that State must be detached and retained by the applicant for the life insurance certificate or annuity contract.

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**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.

Form FW -L/Ann-00