

**ANNUITY APPLICATION**

Please Print, Use Dark Ink

1. a) **PROPOSED ANNUITANT**, name: \_\_\_\_\_  Male  
first - mi - last  Female

b) Date and Place of Birth: \_\_\_\_\_  
mo - day - yr state or country

c) Address: \_\_\_\_\_  
no. - street - city - state - zip

d) Social Security No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ / \_\_\_\_\_

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2. **PLAN**, description: \_\_\_\_\_  Non-qualified  
 Qualified

a) Maturity at age: \_\_\_\_\_ (Age 65 if no age shown.)

b) Life Annuity with Guaranteed Period:  None.  5 years.  10 Years.  15 Years.  20 Years. (10 years if no Guaranteed Period checked.)

c) Premium: \_\_\_\_\_ Amount paid with this application: \_\_\_\_\_

d) Send premium notices:  Yes.  No. If yes, send notice:  Annual.  Semi-Annual.  Quarterly.  Monthly.

e) Dividend Option:  Cash.  Add to Account Value.

f) If Qualified, plan: \_\_\_\_\_ Amount paid to be allocated for Tax Year: \_\_\_\_\_

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3. **BENEFICIARY**. (Show name, relationship and share.)

Primary: \_\_\_\_\_

Contingent: \_\_\_\_\_

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4. Will the annuity applied for replace or change any existing insurance or annuity?  No.  Yes; show name of insurer and contract number: \_\_\_\_\_

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5. Is the Proposed Annuitant a member of the Polish Women's Alliance of America?  Yes.  No. If no, apply for membership.

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6. Special Requests: \_\_\_\_\_

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The Proposed Annuitant shall be the owner of any contract issued.

**THE UNDERSIGNED:** (1) **REPRESENT** that the information shown in this application is complete and true, to the best of their knowledge and belief; (2) **AGREE** that this application shall be the basis for and a part of any contract issued; and (3) **UNDERSTAND** that: (a) **the contract applied for shall be effective on the later of the date the Polish Women's Alliance of America approves issue of the contract applied for or the date it receives the initial premium for the contract;** and (b) only the Officers of the Polish Women's Alliance of America may, in writing, make or change a contract or waive any of its rights or requirements.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

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

Adult or Member Applicant (if other than Proposed Annuitant): \_\_\_\_\_

Name, please print: \_\_\_\_\_

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

Witness (licensed agent where required by law): \_\_\_\_\_

Form AA-0900

**POLISH WOMEN'S ALLIANCE OF AMERICA (PWA)**  
6643 N. Northwest Highway, Chicago, IL 60631

**RECEIPT**

Received from: \_\_\_\_\_ the sum of: \_\_\_\_\_  
with an annuity application for: \_\_\_\_\_ Proposed Annuitant, bearing the same date as this Receipt and showing the amount acknowledged by this Receipt in item 2.c thereof.

This Receipt is not valid unless: (1) it is signed by our representative; and (2) the payment tendered is good and collectible.

**NOTE:** Please notify PWA if you do not receive your contract or a refund of the amount paid within 30 days from the date of this Receipt.

Received by: \_\_\_\_\_

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

**MAKE ALL REMITTANCES PAYABLE TO PWA. DO NOT MAKE PAYABLE TO THE REPRESENTATIVE OR LEAVE THE PAYEE BLANK.**

Form AA-0900

## **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.: \_\_\_\_\_