



Polish Women's Alliance of America

6643 N. Northwest Highway, Chicago, IL 60631

888-522-1898 • www.pwaa.org

A Fraternal Benefit Society

ANNUITY APPLICATION

PROPOSED ANNUITANT Information

Name	Social Security Number	Date of Birth
Address	Home Phone Number	Daytime Phone Number
City/State/Zip	Sex (Male or Female)	E-mail Address

OWNER (if other than annuitant) Information

Name	Social Security Number	Date of Birth
Address	Home Phone Number	Daytime Phone Number
City/State/Zip	Sex (Male or Female)	E-mail Address

BENEFICIARY Information

<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary		
Name	Relationship	Name	Relationship
Social Security Number/Tax I.D. Number	Date of Birth	Social Security Number/Tax I.D. Number	Date of Birth
Address		Address	
City/State/Zip		City/State/Zip	
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary		
Name	Relationship	Name	Relationship
Social Security Number/Tax I.D. Number	Date of Birth	Social Security Number/Tax I.D. Number	Date of Birth
Address		Address	

PLAN Information

Non-Qualified Annuity
 Qualified Annuity:
 IRA ROTH IRA
 Other: _____

DEPOSIT Information

Non-Qualified Contribution: \$ _____
 Qualified Contribution:
 Contribution \$ _____ Tax Year _____
 Contribution \$ _____ Tax Year _____
 Regular Direct Transfer Rollover 1035 Exchange
 Roth Conversion Other: _____

OTHER Information

List below details of insurance or annuities in force on proposed annuitant (if none, write none). Attach a separate sheet if necessary.

Insurer	Life or Annuity Insurance	Year issued	Face amount	ADB amount	Replacing Yes/No

Will this annuity replace or change any of the above life insurance certificates or annuities?
 Yes No _____ (Annuitant/Owner signature)

Agent: To the best of my knowledge, will the annuity being applied for replace any existing life or annuity insurance on the insured?
 Yes No _____ (Agent/witness signature)

AA FPDA2013 FL

RECEIPT

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

Received from: _____ the sum of: _____

with an annuity application for: _____

This Receipt is not valid unless: (1) it is signed by our agent or witness; 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 POLISH WOMEN'S ALLIANCE OF AMERICA. DO NOT MAKE PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

AGREEMENT

If I am not already a PWA member, I hereby apply for membership in the Polish Women’s Alliance of America, a fraternal benefit Society. I agree to be governed by the bylaws of the Society.

Under penalties of perjury, I certify that the Social Security number and/or Employer Identification number listed on this form is my correct Taxpayer Identification number.

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.

Owner signed at _____, this _____ day of _____
City State (Month/Year)

X _____
Proposed Annuitant’s Signature

X _____
Signature of Witness or Authorized Agent

X _____
Signature of Owner (if other than proposed annuitant), Relationship

X _____
Witness or Authorized Agent’s Printed Name

Florida License I.D. #: _____

FOR HOME OFFICE USE ONLY

Contract No.: _____ Group No.: _____

FRAUD NOTICES. For your protection, certain states require that the following notices appear on this form.

California. For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

District of Columbia. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida. 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.

Indiana. A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Maryland. Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania. Any person who knowingly 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.

FOR ALL OTHER STATES EXCLUDING CONNECTICUT. A person may be committing insurance fraud, if he or she submits an application or claim containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) an insurance company.

