

WESTERN CATHOLIC UNION

QUINCY, ILLINOIS

APPLICATION FOR ANNUITY

Is the Applicant a member of the Western Catholic Union? Yes. No. If not, apply for membership.

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| 1. Proposed annuitant: (First) _____ (Middle) _____ (Last) _____ | 12a. Benefits to commence at: age _____; _____ open. b. One Life; Joint and survivor. c. Settlement Option: _____ |
| 2. Social Security Number: _____ - _____ - _____ 3. Branch No.: _____ | 13a. Will this annuity replace any insurance or annuity you now have? Yes. No. |
| 4. Date of Birth: Mo. _____ Day _____ Year _____ Age _____ State _____ Born _____ Sex _____ | 13b. Does the Proposed Annuitant have existing insurance or Annuity contracts? <input type="checkbox"/> Yes. <input type="checkbox"/> No. |
| 5. Present Residence: (Address) _____ _____ _____ (City) _____ (State) _____ (Zip Code) _____ | 13c. If Yes for 13a or 13b, list company. _____ _____ |
| E-MAIL ADDRESS Phone (Day): _____ Phone (Evening): _____ | 14. Mode: Annual Semi-Annual Quarterly Check-O-Matic Single Premium Amount Paid with Application: \$ _____ Total Annual Flexible Premium: \$ _____ |
| 6. Name of Employer: _____ Address: _____ City and State: _____ | 15. This question applies to Joint Payout Option only . If Joint and Survivor, complete the following: Full name of proposed co-annuitant: _____ (First) _____ (Middle) _____ (Last) _____ Date of Birth: Month: _____ Day: _____ Year: _____ Social Security No. _____ - _____ - _____ Sex _____ Age _____ If Female, Maiden Name: _____ Relationship _____ |
| 7. Occupation(s): _____ | 16a. Primary Beneficiary: (Print full name and relationship to proposed annuitant.) NAME RELATIONSHIP DOB _____ _____ _____ |
| 8. Applicant (if other than proposed Annuitant) and relationship. 9. Indicate who is to be owner of any contract issued on this application. Proposed Annuitant Other(entity other than a person only) | 16b. Contingent Beneficiary: (Print full name and relationship to proposed annuitant.) NAME RELATIONSHIP DOB _____ _____ _____ |
| 10a Name of owner if other than proposed Annuitant. Address: _____ City and State: _____ | 17. Is the Proposed Annuitant a Practicing Catholic? Yes. No. Does the Proposed Annuitant support the principles and objectives of the Western Catholic Union? Yes. No. |
| 10b FEIN Number: _____ - _____ | |
| 11. Type of annuity: Flexible Premium Deferred Single Premium Deferred Single Premium Immediate IRA IRA Rollover (Include Rollover From) Other _____ | |
| SURRENDER CHARGE PERIOD: NUMBER OF YRS. _____. Pay Interest Annually Semi Annually Quarterly Monthly Hold Interest | |

The Proposed Annuitant and the Applicant, if other than the Proposed Annuitant, hereby consent to the annuity in this application applied for, and declare that all of the answers and statements in this application are full, complete and true to the best of their knowledge and belief. It is understood and agreed: 1) the answers and statements in this application are offered to the Society in consideration for and will be a part of any contract issued on the basis of this application; 2) acceptance of any contract issued shall constitute a ratification of any endorsement with the Contract, except that no change in plan or type of annuity, amount, classification, or benefits shall be effective unless agreed to in writing by the Annuitant; 3) no agent has authority to waive any of the Society's rights or requirements or to make or alter any contract; 4) the contract applied for shall take effect on the later of: (a) the date requested by the Applicant; (b) the date this application is approved by the Society at its Home Office; or (c) the date the first stipulated payment is received in full, at the Home Office of the Society.

I understand that The WESTERN CATHOLIC UNION is a Fraternal Benefit Society. I agree that I will comply with the laws, rules, and regulations of the Western Catholic Union as they now are, or as hereafter enacted or amended. I further agree that the Western Catholic Union Articles of Incorporation, bylaws, this application signed by me and the Contract to be issued hereon, together with all amendments to each, shall constitute the agreement between me and The WESTERN CATHOLIC UNION.

FRAUD WARNING:

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.

Dated at: _____ Date: _____ Applicant: _____
(City and State) (Applicant)
Proposed Annuitant: _____
(if other than applicant) Proposed Co-Annuitants Signature (if any)

I hereby certify: each of the questions on this application was personally asked by me of the proposed annuitant, or applicant if other than the proposed annuitant. The answers have been accurately recorded in this application.

To the best of your knowledge and belief, does the Proposed Annuitant have existing insurance or annuity contracts? Yes. No.

To the best of your knowledge and belief, is the Proposed Annuitant replacing existing insurance or annuity contracts? Yes. No.

Authorized Representative: _____ No. _____

RECEIPT

Received from: _____ The sum of \$_____. For an Annuity applied for this date to The WESTERN CATHOLIC UNION, Quincy, Illinois 62301.

This is a premium receipt, and it is expressly understood, that The WESTERN CATHOLIC UNION, ASSUMES NO LIABILITY THEREUNDER until and unless the application is accepted by the society, under its rules, limits and standards, and any balance of first payment has been duly paid.

If the application for an Annuity applied for should not be acceptable to the Western Catholic Union, the Western Catholic Union will refund the payment in accordance herewith.

Authorized Representative _____ Date _____

Include on receipt page of application forms.