



**GBU FINANCIAL LIFE**  
 www.gbu.org newbusiness@gbu.org  
 PO Box 645949, Pittsburgh, PA 15264-5257  
 412-884-5100 800-765-4428

## Annuity Application

<p>1. Name of Proposed Annuitant (Print):</p> <p>_____</p> <p>First                      Middle                      Last</p> <p>If Owner is different than the Proposed Annuitant, complete #12.</p>	<p>9. Is applicant a member of the GBU Financial Life?  <input type="checkbox"/> No <input type="checkbox"/> Yes If not, apply for membership.</p>
<p>2. Social Security Number:</p> <p>_____</p>	<p>10. Beneficiary for any death benefit. (Print full names, Social Security Numbers, relationship to Annuitant and percentage.)</p> <p>Primary Beneficiary(ies):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Contingent Beneficiary(ies):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. (a) Date of Birth: (Month-Day-Year)      Place of Birth:</p> <p>_____</p> <p>(b) What evidence of age is being submitted?        (Required for Immediate Annuity. See reverse side.)</p>	<p>11. Will the annuity now applied for replace or change any insurance or annuity?  <input type="checkbox"/> No <input type="checkbox"/> Yes        If yes, complete and submit a Replacement Form.</p>
<p>4. <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>12. To be completed only if the Owner is different than the Proposed Annuitant:</p> <p>_____</p> <p>First                      Middle                      Last</p> <p>Social Security Number:</p> <p>_____</p> <p>Residence: (Street, City, State, Zip Code)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>5. Residence: (Street, City, State, Zip Code)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>13. Special Requests:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Plan:</p> <p><input type="checkbox"/> <b>Flexible Premium Deferred Annuity</b>  <input type="radio"/> Preferred 8    <input type="radio"/> Preferred 5    <input type="radio"/> Classic</p> <p><input type="checkbox"/> <b>Interest Only Contract (IOC)</b>  <input type="radio"/> Preferred 5    <input type="radio"/> Classic</p> <p><input type="checkbox"/> <b>Single Premium Immediate Annuity (SPIA)</b>        Settlement Option desired:        _____</p>	<p>14. Home Office Amendments:</p>
<p>7. Type:</p> <p><input type="checkbox"/> <b>Qualified</b>  <input type="radio"/> IRA    <input type="radio"/> Roth    <input type="radio"/> Coverdell    <input type="radio"/> TSA    <input type="radio"/> SEP  <input type="radio"/> Other _____</p> <p><input type="checkbox"/> <b>Nonqualified</b></p> <p><input type="checkbox"/> <b>Interest Only Contract (IOC)</b></p>	<p>8. Amount paid with application: \$ _____</p> <p>or expected transfer amount: \$ _____</p> <p>Billing Form: <input type="checkbox"/> Do Not Bill    <input type="checkbox"/> <b>Check-O-Matic</b>  <input type="checkbox"/> Annually    <input type="checkbox"/> Other _____</p> <p>Amount of Modal Premium: \$ _____</p>

Having read the above statements and answers, I (we) represent that they are true and complete and agree that: (1) This application shall be the basis for and a part of any policy issued; and (2) No policy of GBU Financial Life can be made, modified, or discharged, nor may any of its rights or requirements be waived, except in writing signed by a National Officer; and (3) Upon acceptance of a policy other than as applied for, this application (including any amendments in 14) shall be for such modified policy, except that where required by statute or regulation, any change in plan or benefits shall be made only upon written agreement.

GBU Financial Life is licensed to do business in your state as a not-for-profit organization. Fraternal benefit societies are not included in any state's 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.

**Fraud Warning:** 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.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Proposed Annuitant: \_\_\_\_\_ Signature of Owner (if other than Proposed Annuitant): \_\_\_\_\_

Witness: \_\_\_\_\_ Licensed Resident Agent Adult or Member Applicant (other than Proposed Annuitant): \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Print State License Number: \_\_\_\_\_ (If required.)

### Requirements Regarding Evidence of Date of Birth

Satisfactory evidence of the date of birth is required in all cases before annuity payments may be made. It is preferable to have such evidence on Single Premium Immediate Annuities before issue. A certified copy of any record furnished is required. The best and most acceptable evidence is a copy of the **Applicant's birth certificate**. If this document cannot be obtained GBU Financial Life will consider accepting any **two of the following sources**. However, if any of these documents are submitted, a letter of explanation should accompany such evidence stating why it is being presented.

State Motor Vehicle Drivers License  
Certificate of Marriage

Naturalization Record  
Passport (at least five years old)

If none of the above is available, a detailed statement as to the effort made to secure such evidence should be submitted with the application and further instructions as to the evidence for consideration will be given.

### Producer's Report

- 1. To the best of your knowledge, is insurance or annuity replacement involved in this transaction?  
 No  Yes If yes, complete and submit a Replacement Form.
- 2. Did you ask each question as set forth in the application?  
 No  Yes

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

GBU Financial Life Producer Number \_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## MEMBERSHIP APPLICATION

GBU Financial Life is a not-for-profit society providing financial security to GBU members and their dependents through life insurance, annuities and fraternal benefits. GBU promotes and encourages charitable community involvement and appreciation of our members' culture and heritage.

### The Membership Statement

The proposed member desires to unite with other GBU members for financial security, fraternal benefits, charitable community involvement, sharing in the appreciation of our members' culture and heritage.

### Proposed Member (*Please print*)

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First Name	Middle	Last
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### Signature of the Proposed Member or Parent/Legal Guardian of Youth Applicant.

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Signature	Date
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Preferred GBU District (Number; City; State)



## Annuity Suitability Questionnaire

Thank you for your interest in a GBU annuity. GBU would like to ensure that the annuity you are purchasing is suitable for you with consideration to your financial status and investment objectives. Therefore, this form must be completed and submitted with the application before we can process your policy.

Contract Owner's Name (Print) \_\_\_\_\_

Contract Owner's Current Age \_\_\_\_\_

GBU Annuity Product Name \_\_\_\_\_

Initial Deposit Amount \_\_\_\_\_

### Owner Financial Status

Annual Income	Net Worth		Federal Tax Status	
<input type="checkbox"/> \$0-\$24,999	<input type="checkbox"/> \$0-\$49,999	<input type="checkbox"/> \$500,000-\$749,999	<input type="checkbox"/> 10%	<input type="checkbox"/> 33%
<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$750,000-\$999,999	<input type="checkbox"/> 15%	<input type="checkbox"/> 35%
<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$1,000,000+	<input type="checkbox"/> 25%	<input type="checkbox"/> Other _____
<input type="checkbox"/> \$100,000+	<input type="checkbox"/> \$250,000-\$499,999		<input type="checkbox"/> 28%	

### Investment Objectives

Your investment objectives in purchasing the above-named annuity are for (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Income Flow               | <input type="checkbox"/> Flexibility               |
| <input type="checkbox"/> Tax Deferral              | <input type="checkbox"/> Growth followed by income |
| <input type="checkbox"/> Growth, possible income   | <input type="checkbox"/> Pass on to Beneficiaries  |
| <input type="checkbox"/> Preservation of Principal | <input type="checkbox"/> Other _____               |

How do you expect to take money out of this annuity?  Regular income stream  Lump Sum  
 Required Minimum Distribution  N/A

When do you expect to take money out of this annuity?

- Under one year (*Please explain.* \_\_\_\_\_)
- Between one and five years  Ten or more years
- Between six and nine years  N/A

Do you now own, or have previously owned, the following financial products? (*Check all that apply.*)

- CDs  Fixed Annuities  Variable Annuities  Stocks/Bonds/Mutual Funds

What is your source for this annuity's premium? (*Check all that apply.*)

- Annuity  Life Insurance  CDs  Other Investments  Other: \_\_\_\_\_

Is this the result of a financial planning review?  Yes  No

Client refused to provide some or all of the information on this questionnaire.

**Your signature below verifies you are aware that early penalties may apply and withdrawals taken from this annuity may result in a taxable event.**

Contract Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_

Date \_\_\_\_\_

#### For Home Office Use Only

Date Reviewed \_\_\_\_\_

Reviewed By \_\_\_\_\_

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## Make a Difference: One Member at a Time

*GBU believes strongly in the concept of making a difference in the lives of others by recognizing all new members who join the GBU family with a \$25 donation to a nationally recognized charity. GBU encourages all new members to participate in this worthwhile program by asking you to select one of the charities listed. By doing this, GBU and you will be joining hands in making a difference for others.*

- American Cancer Society** (Health) [www.cancer.org](http://www.cancer.org)  
**Mission Statement:** To eliminate cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.
- American Liver Foundation** (Health) [www.liverfoundation.org](http://www.liverfoundation.org)  
**Mission Statement:** To facilitate, advocate and promote education, support and research for the prevention, treatment and cure of liver disease.
- American Red Cross** (Human Services/Disaster Relief) [www.redcross.org](http://www.redcross.org)  
**Mission Statement:** Prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.
- Feeding America** (Human Services/Disaster Relief) [www.feedingamerica.org](http://www.feedingamerica.org)  
**Mission Statement:** To feed America's hungry through a nationwide network of member food banks and engage our country in the fight to end hunger.
- Guiding Eyes for the Blind** (Human Services) [www.guidingeyes.org](http://www.guidingeyes.org)  
**Mission Statement:** Guiding Eyes for the Blind is dedicated to enriching the lives of blind and visually impaired men and women by providing them with the freedom to travel safely, thereby assuring greater independence, dignity and new horizons of opportunity.
- Marine Toys for Tots Foundation** (Children/Family Services) [www.toysfortots.org](http://www.toysfortots.org)  
**Mission Statement:** To collect new, unwrapped toys during October, November and December each year and distribute those toys as Christmas gifts to less fortunate children in the community in which the campaign is conducted.
- National Center for Learning Disabilities** (Education) [www.ncld.org](http://www.ncld.org)  
**Mission Statement:** To improve the lives of the one in five children and adults nationwide with learning and attention issues—by empowering parents and young adults, transforming schools and advocating for equal rights and opportunities.
- National Parks Conservation Association** (Environment) [www.npca.org](http://www.npca.org)  
**Mission Statement:** To protect and enhance America's National Parks for present and future generations.
- Operation Troop Appreciation** (Military/Veterans) [www.operationtroopappreciation.org](http://www.operationtroopappreciation.org)  
**Mission Statement:** To build and sustain the morale and well-being of the military community, past and present, with the assurance that the American public supports and appreciates their selfless service and daily sacrifices.
- Humane Society of the United States** (Animal Rights and Care) [www.humanesociety.org](http://www.humanesociety.org)  
**Mission Statement:** Together with millions of supporters, we take on puppy mills, factory farms, the fur trade, trophy hunting, animal cosmetics testing and other cruel industries. We rescue and care for thousands of animals every year through our Animal Rescue Team's work and other hands-on animal care services. We fight all forms of animal cruelty to achieve the vision behind our name: A humane society.

*Please visit GBU at [www.gbu.org](http://www.gbu.org) to learn more about GBU, member benefits and our desire to help others.*

Member's Signature \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

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## Insurance Agent (Producer) Disclosure for Annuities

*Do Not Sign Unless You Have Read and Understand the Information in this Form.*

### Insurance Agent (Producer) Information ("Me," "I," "My")

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

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

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

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

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

### Customer Information ("You," "Your")

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

### What Types 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?

I am authorized to sell:

Annuities from only one (1) insurer  Annuities from two (2) or more insurers  Annuities from two (2) 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): \_\_\_\_\_

### Charges

Your annuity contract includes certain charges imposed by the Insurance Company as the issuer of the contract. These may include surrender charges, bonus recapture provisions, market value adjustments, or fees for optional annuity contract features available through a rider to the contract. The specific charges, fees and provisions applicable to **Your specific annuity contract(s) is/are described in detail in the Annuity Disclosure Statement that has been provided to and signed by You in connection with Your annuity application.** It is important that You understand the charges that may be imposed under the annuity contract You are purchasing, so if You have any questions, please ask the Agent for more information.

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**Conflicts of Interest**

**The Agent may be affected by potential conflicts of interest in connection with the purchase of, additional payments to, or distributions from the annuity contract.** A conflict of interest exists when a reasonable person would conclude that a financial interest affects the Agent’s best judgment when recommending the purchase of an annuity contract.

The Agent will receive a commission from the Insurance Company when You purchase or make subsequent payments to the annuity contract. The amount of Agent’s commission(s) will vary depending on the type of annuity that You purchase and the amount of premium payment(s) You allocate to the annuity contract. In addition, Agent is only able to offer a limited universe of products to You, either because Agent is limited by the scope of his or her licensure or because Agent is contracted with a limited number of issuing insurance companies. If You have any questions about the products and services the Agent can offer, You should ask the Agent for more information.

The Insurance Company, any applicable insurance agency of Agent, and Agent may receive services from third parties related to the marketing, training, administration, wholesaling, supervision, issuance and servicing of the annuity contract. For those services, such third parties may also receive commissions from the Insurance Company and may allocate a portion of its commissions to the Agent.

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

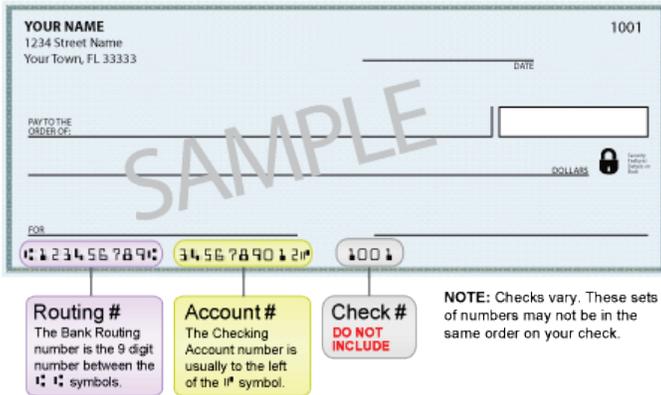
Date



## Bank Draft Authorization Form

I hereby authorize GBU Financial Life (hereinafter called GBU) to initiate debit entries for premiums due on the insurance policies referred to in item number five (5) to my (our) account at the financial institution indicated.

<b>Bank Information</b>	Bank Name	
	Bank Address	
	Bank Branch, if any	
	Bank Phone	
<b>Account Information</b>	<input type="checkbox"/> Checking	
	Routing Number (9-digits)	
	Account Number	
	<input type="checkbox"/> Savings	
	Routing Number (9-digits)	
	Account Number	
Withdraw funds on the <input type="checkbox"/> <b>6th</b> or <input type="checkbox"/> <b>20th</b> day of the month. <i>(Please choose one.)</i>		



It is agreed that:

- 1) Notice of debit amounts will not be mailed. Premiums paid to GBU will appear on the bank statement.
- 2) This plan shall not be construed as a modification of any of the provisions of the certificates, as long as this plan is in effect.
- 3) The plan will remain in effect unless terminated by me or GBU upon thirty (30) days written notice.
- 4) If this premium method is discontinued for any reason, premiums for such insurance shall thereafter be payable annually, semi-annually, quarterly or monthly at GBU's rate in effect on the date of issue of such insurance.
- 5) This authorization shall apply to the following:

<b>Reference/ Policy Number(s)</b>	Reference/Policy Number	Comments
	A.	
	B.	
<b>Signature</b>	Legal Name (First, Middle Initial, Last)	Phone
	Address (Street, City, State, Zip)	
	Signature	Date
	Legal Name (First, Middle Initial, Last)	
<b>Signature (If joint account)</b>	Signature	Date

**Home Office Use Only**  
Effective Date \_\_\_\_\_

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