

## Annuity Application

1. Name of Proposed Annuitant (Print):

First Middle Last  
 If Owner is different than the Proposed Annuitant,  
 complete #12.

2. Social Security Number:

3. (a) Date of Birth: (Month-Day-Year) Place of Birth:

(b) What evidence of age is being submitted?  
 (Required for Immediate Annuity. See reverse side.)

 4. ☐ Male ☐ Female

5. Residence: (Street, City, State, Zip Code)

Phone:

E-mail:

6. Plan:

☐ **Flexible Premium Deferred Annuity**  
☐ Preferred 8 ☐ Preferred 5 ☐ Classic

☐ **Interest Only Contract (IOC)**  
☐ Preferred 5 ☐ Classic

☐ **Single Premium Immediate Annuity (SPIA)**  
 Settlement Option desired:

7. Type:

☐ **Qualified**  
☐ IRA ☐ Roth ☐ Coverdell ☐ TSA ☐ SEP  
☐ Other

☐ **Nonqualified**

☐ **Interest Only Contract (IOC)**

8. Amount paid with application: \$

or expected transfer amount: \$

 Billing Form: ☐ Do Not Bill ☐ **Check-O-Matic**
☐ Annually ☐ Other

Amount of Modal Premium: \$

9. Is applicant a member of the GBU Financial Life?

☐ No ☐ Yes If not, apply for membership.

10. Beneficiary for any death benefit. (Print full names, Social  
 Security Numbers, relationship to Annuitant and percentage.)  
 Primary Beneficiary(ies):

Contingent Beneficiary(ies):

11. Will the annuity now applied for replace or change any  
 insurance or annuity?

☐ No ☐ Yes

If yes, complete and submit a Replacement Form.

12. To be completed only if the Owner is different than the  
 Proposed Annuitant:

First Middle Last

Social Security Number:

Residence: (Street, City, State, Zip Code)

13. Special Requests:

14. Home Office Amendments:

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 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.

I (We) declare that the Proposed Insured is a citizen of the United States of America or has taken steps to become such, and desires to fraternally unite with GBU Financial Life members for financial security, volunteer service to America and the local community, as well as support the German-American culture and heritage and/or is a dependent, spouse, or affiliated with a GBU Financial Life member/policyholder.

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

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

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

Agent's Name: \_\_\_\_\_ State License Number: \_\_\_\_\_  
Print

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ ◆ ◆ Application for membership is hereby made in District Number \_\_\_\_\_ ◆ ◆ ◆

**Disclosure and Comparison of Annuity Contracts****Existing Annuity Contract****Proposed Annuity Contract**

Annuitant(s) \_\_\_\_\_

Annuitant(s) \_\_\_\_\_

Insurer \_\_\_\_\_

Insurer \_\_\_\_\_

Contract # \_\_\_\_\_

Application # \_\_\_\_\_

	<b>Existing Annuity Contract</b>	<b>Replacement Annuity</b>
Contract Issue Date	Mo      Day      Yr	Mo      Day      Yr
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		
Qualified Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Change Period in Years		
First-Year Surrender Charge Percentage Ride		
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Fee Withdrawal Percentage		

	Existing Annuity Contract	Replacement Annuity
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)		
Investment/Insurance components (Describe)		
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riders, Features/Cost (Describe)		
Loss of Benefits of Enhancements if existing contract exchanged? (Describe)		
Living Benefits (Describe)		
Minimum Guaranteed Interest Rate		
Limitations on interest returns (Describe)		
Interest Rate Cap/Term		
Participation Rate/Term		
Indexing Method/Term		
Other Fees (Describe)		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)		

Comments and continuation from above:

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date

## Explanation of Terms

**“Generic Contract Type”** is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

**“Marketing Name”** is the name adopted by the insurer to identify the contract form.

**“Qualified Contract”** means a product used to fund any type of pension plan approved by the Internal Revenue Service.

**“Annuity Maturity Date”** is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

**“Surrender Charge”** is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

**“Surrender Charge Period”** is the number of annuity contract years a surrender charge may be applicable.

**“Initial Surrender Charge Percentage Rate”** is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

**“Surrender Charge Percentage Schedule for Remaining Years”** the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

**“Minimum Guaranteed Interest Rate”** is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

**“Initial Bonus Percentage or Amount”** is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

**“Potential Loss of Bonus if Exchanged”** refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

**“Interest Rate Cap”** this is the maximum rate of interest the annuity will earn.

**“Participation Rate”** the participation rate decides how much of the increase in the index will be used to calculate index-linked interest.

**“Indexing Method”** means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated.

**“Market Value Adjustment”** is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

**“Administrative Fees or Margins”** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

**“Asset Fees”** are the fees the insurer charges that are a percentage of the value of the annuity contract.

**“Death Benefit Amount”** is the net amount that would be paid to the annuitant's designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

**“Free Withdrawals”** are the withdrawals that may be taken from an annuity's values that are not subject to surrender or other charges and are a provision of the annuity contract.

**“Annual Free Withdrawal Percentage Rate”** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

**“Change of Annuitant upon Death”** is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

**“Waiver of Surrender Charge Benefit or Similar Benefit or Provision”** is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.



## Annuity Suitability Questionnaire

The Insurer identified above will be referred to herein as the "Company"

Name of Owner (Last/First/Middle)

Date of Birth

Age

Sex

Entity

Tax Status

Relationship to Annuitant (s)

Form of Ownership

Supporting documents (list)

Annual Income

Source of Income

Annual Household Income

Existing Assets

Existing Liquid Net Worth

Do you currently own any annuities? Please List:

☐ Yes ☐ No

Do you currently own life insurance? Please List:

☐ Yes ☐ No

Does your income cover all your living expenses including medical?

☐ Yes ☐ No

Do you expect changes in your living expenses?

☐ Yes ☐ No

Do you anticipate changes in your out-of-pocket medical expenses?

☐ Yes ☐ No

Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?

☐ Yes ☐ No

Do you have an emergency fund for unexpected expenses?

☐ Yes ☐ No

Owner's Signature

Date Signed

**GBU FINANCIAL LIFE**  
**WWW.GBU.ORG NEWBUSINESS@GBU.ORG**  
PO BOX 645949, PITTSBURGH, PA 15264-5257  
412-884-5100 800-765-4428

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Why are you purchasing this annuity?

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What are your financial objectives for this purchase? (Check all that apply)

- ☐ Income ☐ Growth (long term) ☐ Safety of Principal and Income  
☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death  
☐ Other \_\_\_\_\_

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Describe your risk tolerance:

- ☐ Conservative ☐ Moderately Conservative ☐ Moderate  
☐ Moderately Aggressive ☐ Aggressive ☐ Other \_\_\_\_\_

Comments:

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Describe your investment experience by type and length of time

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What is the source of the funds for the purchase of the proposed annuity?

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How many years from today will you need access to your funds without a penalty? \_\_\_\_\_

Will the proposed annuity replace any product? ☐ Yes ☐ No

If yes, will you pay a penalty or other charge to obtain these funds? ☐ Yes ☐ No

If yes, the amount of charge or penalty \$ \_\_\_\_\_

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Additional Information

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Owner's Signature

Date Signed

**Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of “None” or “N/A”.**

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**Advantages of purchasing the proposed annuity**

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**Disadvantages of purchasing the proposed annuity**

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**The basis for my recommendation to purchase the proposed annuity or to replace or to exchange your annuity(ies)**

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Agent's Signature

Date Signed

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**Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.**

### **Acknowledgements and Signatures**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- ☐ I **REFUSE** to provide this information at this time.
- ☐ I have chosen to provide **LIMITED** information at this time.
- ☐ My annuity purchase **IS NOT BASED** on the recommendation of this agent or insurer.
- ☐ My annuity purchase **IS BASED** on the recommendation of this agent or insurer.

### **APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

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Owner's Signature

Date Signed



## EXPLANATION OF TERMS

**“Age”** is the natural person’s attained age on the day the form is completed.

**“Tax Status”** is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

**“Form of Ownership”** is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

**“Supporting documents”** are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

**“Annual income”** is income received during a calendar year, whether earned or unearned.

**“Source of annual income”** is the income-generating source, such as pension income, dividends, or earned income etc.

**“Annual household income”** is the combined annual income received by all household members each calendar year.

**“Existing Assets”** are financial assets including life insurance and annuities.

**“Existing Liquid Net Worth”** is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

**“Financial Objectives”** are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

**“Risk Tolerance”** means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

**“Source of the funds”** to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

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Owner’s Signature

Date Signed



## 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.

**GBU FINANCIAL LIFE**

**WWW.GBU.ORG NEWBUSINESS@GBU.ORG**

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412-884-5100 800-765-4428

**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.**

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Customer Signature

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Date

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Agent (Producer) Signature

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Date



## 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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