

RUSSIAN BROTHERHOOD ORGANIZATION OF THE USA
A Fraternal Benefit Society

ANNUITY APPLICATION

Please Print. Use Dark Ink

1. PROPOSED ANNUITANT:

[] Male
[] Female

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Telephone Number (____) _____
Address: _____

Member of the Russian Brotherhood Organization of the USA? [] Yes. [] No; if no, apply for membership.

2. PLAN TYPE:

[] Flexible Premium (FPDA) [] Other _____

Will the contract be an Individual Retirement Annuity (IRA)? [] Yes [] No

If yes, which type of IRA? [] Spousal [] Traditional [] Roth [] Other _____

If IRA, state the year for which the first payment will be made _____

3. PREMIUM:

Initial premium: \$ _____ Amount paid with this application: \$ _____

For FPDA: If applicant wishes to be reminded to make regular payments, please fill in the amount
desired: \$ _____ Mode: [] Annual [] Semi-Annual [] Quarterly [] Monthly

4. DIVIDENDS:

How will any dividends be credited? [] Cash (Not available for IRA's) [] Added to contract value

5. BENEFICIARY:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Proportion</u>
_____	_____	_____	_____%
_____	_____	_____	_____%

6. Will the annuity applied for replace or change any existing insurance or annuity? [] No. [] Yes; if yes, show name(s) of insurer(s) and contract number(s) in 7 below. Use the back of this application if additional space is needed.

7. REMARKS:

The Proposed Annuitant shall be the owner of any contract issued, except, when the Applicant-Owner is an entity other than a person, such entity shall be the owner.

I represent the information shown in this application is complete and true, to the best of my knowledge and belief. I agree this application shall be the basis for and a part of any contract issued. I understand: (1) only an officer of the Society may, in writing, make or modify contracts or waive any of the Society's rights or requirements; and (2) the contract applied for will be effective on its date of issue.

Signed at: _____ this _____ day of _____, 20 _____

Signature of Proposed Annuitant: _____

Signature of Applicant-Owner or Adult or Member Applicant: _____

Representative's statement: To the best of your knowledge and belief, will the annuity now applied for replace or change any existing insurance or annuity? [] No. [] Yes.

Signature of licensed representative: _____