

Russian Brotherhood Organization of the U.S.A.

A FRATERNAL BENEFIT SOCIETY

301 Oxford Valley Road

Suite 1602B

Yardley, PA. 19067

(215) 563-2537

APPLICATION FOR ANNUITY

Please print clearly.

1. Name in Full of Proposed Annuitant _____ Male Female

2. Applicant (if other than Proposed Annuitant) _____

3. Address _____

City _____ State _____ Zip Code _____

4. Social Security # _____ 5. Phone (Day) _____ (Evening) _____

6. Date of Birth _____ 7. Age Last Birthday _____

8. Place of Birth: City _____ County _____ State _____

9. Is this an IRA? Yes No 10. If Yes, type of IRA? Roth Traditional

11. Dividend Option: Cash Add to Account Value

12. Would the Annuitant like to be reminded to make regular deposits? Yes No

13. If Yes: a. Amount to be shown on Reminder Notice \$ _____

b. Frequency of Reminder Notice: Annual Semi-Annual Quarterly Monthly

14. Is the Proposed Annuitant a member of the Society? Yes No If not, please apply for membership.

15. Beneficiaries (to name additional Primary and Contingent Beneficiaries, sign, date and list names on a separate sheet of paper):

<u>Primary Beneficiary</u>	<u>Relationship to Annuitant</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Share (%)</u>
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1. _____

2. _____

3. _____

<u>Contingent Beneficiary</u>	<u>Relationship to Annuitant</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Share (%)</u>
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1. _____

2. _____

16. Name and Address of optional Secondary Addressee: _____

17. List amounts of life insurance and annuities now in force on the Proposed Annuitant. List company Names and Amount. If there is additional insurance beyond those listed, please list on a separate sheet of paper.

18. Is the insurance being applied for intended to replace or change any existing life insurance or annuities in this or any other company? Yes No If Yes, give details and name of companies in REMARKS below.

REMARKS

FRAUD WARNING:

New Jersey and Ohio: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

PROPOSED ANNUITANT/APPLICANT STATEMENT

I declare that the statement and answers given in this application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that this application shall be the basis for and a part of any contract issued by the Russian Brotherhood Organization of the USA. **I understand that coverage will not be effective until the Initial Deposit has been paid and the contract has been delivered.**

Signature of Proposed Annuitant/Applicant

Date Signed by Proposed Annuitant/Applicant

AGENT'S STATEMENT

Was this insurance applied for to replace or change any existing insurance or annuity contract? Yes No

If Yes, provide required disclosure notices to the Proposed Annuitant.

Signature of Agent

Date Signed by Agent