



RUSSIAN BROTHERHOOD ORGANIZATION
OF THE U.S.A.

A FRATERNAL BENEFIT SOCIETY

HOME OFFICE: 301 Oxford Valley Road, Suite 1602B
Yardley, PA 19130
215-563-2537

FLEXIBLE PREMIUM DEFERRED ANNUITY SUITABILITY QUESTIONNAIRE

A. Owner Information

1. Name in Full (First, Middle, Last) _____ Age _____
2. Are you actively employed Yes No Occupation _____
3. Marital Status Married Single Widowed Divorced

B. Household Financial Information

1. The money funding this Annuity comes from: (check all that apply)
- | | | | | |
|--|---|--|--------------------------------|--------|
| <input type="checkbox"/> Other Annuities | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Stocks/Bonds/Mutual Funds | <input type="checkbox"/> Money | Market |
| <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Savings/Checking | <input type="checkbox"/> IRA or Retirement Plan | <input type="checkbox"/> Loan | |
2. Household Annual Gross Income: \$ _____ 3. Estimated Net Worth (total): \$ _____
4. Liquid Net Worth: \$ _____
Liquid assets should include: • Savings/Checking/CDs • Stocks/Bonds/Mutual Funds • Life Insurance
• Retirement Plan Funds • Cash Value of Annuities
5. After the purchase of this annuity, will you have sufficient income to meet your expenses? Yes No.
If No, please explain. _____
6. Will you incur a withdrawal or surrender charge on the money used to fund this purchase? Yes No
7. What is your federal income tax bracket? 0 to 10% Greater than 10%
8. Do you currently reside in a nursing home or assisted living facility? Yes No

C. Financial Objectives

1. Why are you considering purchasing this annuity?
- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Immediate Income | <input type="checkbox"/> Future Income | <input type="checkbox"/> Tax Deferral | <input type="checkbox"/> Liquidity |
| <input type="checkbox"/> Assets for Beneficiaries | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Retirement | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Preservation of Capital | <input type="checkbox"/> Other _____ | | |
2. Do you expect the contract to be in force for at least 6 years? Yes No
If No, why: _____
3. When do you expect to start needing income from this annuity?
- | | | |
|---|--|--|
| <input type="checkbox"/> Less than 1 Year | <input type="checkbox"/> 2-6 Years | <input type="checkbox"/> Never (money for charity/inheritance) |
| <input type="checkbox"/> 1 Year | <input type="checkbox"/> More than 6 Years | <input type="checkbox"/> If needed for other reason (e.g., long term care) |
4. Which of the following best describes your financial experience?
- | | | |
|---|--|---|
| <input type="checkbox"/> Very experienced | <input type="checkbox"/> Moderate experience | <input type="checkbox"/> Limited experience |
|---|--|---|
5. Describe your risk tolerance: Low (Conservative) Moderate High (aggressive)

D. General Information

- 1. The purpose of this questionnaire is to help the Society determine if the annuity product you are purchasing is suitable based on your financial situation and goals. You must complete this profile in its entirety and submit it with your application for the Society to proceed with your purchase
- 2. Representatives of the Society may be paid a commission. Commissions are not paid by members. Commissions are not deducted from your account value. All contributions received from you are credited to your account at 100%.

E. INSURANCE AGENT DECLARATIONS AND ACKNOWLEDGMENT

I acknowledge that I have obtained the above information from the Owner concerning the Owner’s financial status, tax status, investment objectives, and other information considered reasonable. It is my belief that, based on the information provided by the Owner and based on the circumstances known to me at the time the recommendation was made, the annuity being applied for, based on my recommendation, is suitable for the Owner’s insurance needs and/or financial objectives.

Agent/Society’s Representative Signature: _____ Date: _____

Agent’s State License Number: _____ State Licensed In: _____

F. OWNER DECLARATIONS AND ACKNOWLEDGMENT

I hereby acknowledge:

- Yes No I represent that all statements and information provided herein are true and complete to the best of my knowledge and belief.
- Yes No I understand that should I provide incomplete or inaccurate information, I will limit protection afforded to me by law regarding the suitability of this purchase.
- Yes No I understand that if I withdraw any amount from this annuity during the surrender period, I will incur a surrender charge
- Yes No I understand that I may incur a 10% federal tax penalty for withdrawals before age 59½.
- Yes No I have reviewed the annuity disclosures and I understand the costs and features of the annuity I am purchasing.
- Yes No I acknowledge that the Society and its representative do not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity.
- Yes No I believe that the purchase of this annuity is appropriate to my legal, financial, tax, investment and estate-planning goals and other insurance needs.

Owner Signature: _____

Date: _____

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> |
|----------------------------|----------------------------------|----------------------|--------------------------|------------------|
|----------------------------|----------------------------------|----------------------|--------------------------|------------------|

1. _____

2. _____

3. _____

| <u>Contingent Beneficiary</u> | <u>Relationship to Annuitant</u> | <u>Date of Birth</u> | <u>Social Security #</u> | <u>Share (%)</u> |
|-------------------------------|----------------------------------|----------------------|--------------------------|------------------|
|-------------------------------|----------------------------------|----------------------|--------------------------|------------------|

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