Individual Annuity Application



1455 West Lake Street Minneapolis, MN 55408-2666 Toll-free: 800-945-8851 Phone: 612-827-3611

www.sonsofnorway.com

1 Annuitant	- Current Sons of Norway Member? ☐ Yes ☐ No				
First name	Middle Initial Last name	Sex	Date of Birth (mm/dd/yy)		
Home address (Stre	eet Address, City, State, Zip)				
Phone No.	Email Address	Social Securit	Social Security Number		
	nuitant - Current Sons of Norway Member? ☐ Yes Qualified Single Premium Immediate Annuity.)	□ No			
First name	Middle Initial Last name	Sex	Date of Birth (mm/dd/yy)		
Home address (Stre	eet Address, City, State, Zip)				
Phone No.	Email Address	Social Securit	Social Security Number		
	Current Sons of Norway member? Yes No nnuitant is age 16 or under)				
First name	Middle Initial Last name	Sex	Date of Birth (mm/dd/yy)		
Home address (Stre	et Address, City, State, Zip)				
Phone No.	Email Address	Social Security	y Number		

ICC17 GI17 App19

	Ailliai	ty Information						
,	☐ Sing ☐ Bor	Product ible Premium Deferred Annuity gle Premium Deferred Annuity us Flexible Premium Deferred Annuity A Single Premium Deferred Annuity gle Premium Immediate Annuity Se	y Number of years					
	B. Tax Status Non-Qualified Qualified IRA Roth IRA Other If qualified tax year premium applies							
	D. Plannec	n submitted with Application I Premiums (Flexible premium prod Scheduled □ Unsch Monthly AWP □ Quarterly □ Sen	ducts only) neduled					
	☐ Yes If "Yes" F. Is initial p	annuity replace any existing insura No C, complete the replacement form premium a 1035 Exchange, Rollove C complete applicable forms and a	s and give name of company er or Transfer?					
5	Benefic	ciary - (If multiple beneficiaries are	e named, shares will be divided equ	ually or to the survivor(s) unless other	wise specified.)			
					·			
Prim	nary:	Name	Birth Date	SS#	Relationship			
Prim	nary:	Name	Birth Date	SS#				
Prim	nary:	Name	Birth Date	SS#				
	nary: ntingent:	Name Name	Birth Date Birth Date	SS# SS#				
					Relationship			
					Relationship			

ICC17 GI17 App19 2

Authorization for Automati	c withdrawai (AWP)							
Section 1 - Transaction Requested Establish New AWP Account								
	e Sons of Norway to make an immediate electronic draw from the bank account listed below upon receipt of this form.							
☐ One time payment								
☐ Ongoing payment deducted monthly on the ☐ first or ☐ fifteenth								
☐ Add to Existing AWP	Add to Existing AWP							
Name of bank account owner:								
Address:	City:		State:	Zip:				
Full name of bank:		Routing number:						
Bank Account Number:		_ Checking of	or 🗆 Savings					
Section 2 - Agreements and Signat								
General Authorization								
I authorize Sons of Norway to:								
 Make electronic deposits, withdrawn 			mply with U.S. law.					
Act on this authorization until I revMake administrative changes to t			s or adding or rome	oving cortificator for				
automatic payment.	riis aumonzanon such as	date and amount change:	s, or adding or rem	Julia cerillicates for				
 Act upon electronic deposit, with 	ndrawal, and administrati	ve instructions I provide.						
Signature of bank account owner	•	Date						
7 Declarations & Signature I represent that all statements and knowledge and belief. It is agree		arts of this application are f	full, complete and t	rue to the best of my				
 All such statements and answers sh No representative can accept risks No insurance shall take effect unleareceived in Sons of Norway Heado 	s, make or change contra ss the proposed insured	acts, or waive Sons of Norw	ay's rights, or requir					
•								
Any person who knowingly presents a fato penalties under state law.	alse statement in an appli	cation for insurance may be	e guilty of a criminal	offense and subject				
X								
Signature of proposed insured		Date signed						
X								
Signature of applicant/owner (if other than p	proposed insured)	Date signed						
V								
X		ity and State where signed	Date signe					
1	ale e e e e e e e e e e e e e e e e e e	ta al amalma (1.1.0)		- Al 1				
I certify that I asked each question on the insurance application is not intend				n. Also, I certify that				
X	Agent number	Agent license number	Date signe	d				

ICC17 GI17 App19 3