

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 (Street Address, City, State, Zip)

Phone No. Email Address Social Security Number

2 Joint Annuitant - Current Sons of Norway Member? Yes No (only for Non-Qualified Single Premium Immediate Annuity.)

First name Middle Initial Last name Sex Date of Birth (mm/dd/yy)

Home address (Street Address, City, State, Zip)

Phone No. Email Address Social Security Number

3 Owner - Current Sons of Norway member? Yes No (Use only if Annuitant is age 16 or under)

First name Middle Initial Last name Sex Date of Birth (mm/dd/yy)

Home address (Street Address, City, State, Zip)

Phone No. Email Address Social Security Number

4 Annuity Information

A. Annuity Product

- Flexible Premium Deferred Annuity
- Single Premium Deferred Annuity
- Bonus Flexible Premium Deferred Annuity
- MVA Single Premium Deferred Annuity Number of years _____
- Single Premium Immediate Annuity Settlement Option _____

B. Tax Status

- Non-Qualified
 - Qualified
 - IRA Roth IRA Other _____
- If qualified tax year premium applies _____

C. Premium submitted with Application _____

D. Planned Premiums (Flexible premium products only)

- Scheduled _____ Unscheduled
- Monthly AWP Quarterly Semi-Annual Annual

E. Will this annuity replace any existing insurance or annuities in this or any other company?

- Yes No

If "Yes", complete the replacement forms and give name of company _____

F. Is initial premium a 1035 Exchange, Rollover or Transfer? Yes No

If "Yes" complete applicable forms and give name of company _____

5 Beneficiary - (If multiple beneficiaries are named, shares will be divided equally or to the survivor(s) unless otherwise specified.)

Primary:	Name	Birth Date	SS#	Relationship
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Contingent:	Name	Birth Date	SS#	Relationship
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