



SONS OF NORWAY

1455 West Lake Street
Minneapolis, MN 55408
(612) 827-3611 or (800) 945-8851
Fax (612) 827-0658 • www.sonsofnorway.com

ANNUITY

APPLICATION

1 Annuitant

Please Print

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Country (if not U.S.A) _____

Birthdate ____/____/____ Sex Male Female Social Security No. _____ - _____ - _____

Email Address _____

Sons of Norway Member? Yes Membership No. _____ No (complete member application)

2 Joint Annuitant

(only for Non-Qualified Single Premium Immediate Annuity. Must be Spouse of Annuitant)

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Country (if not U.S.A) _____

Birthdate ____/____/____ Sex Male Female Social Security No. _____ - _____ - _____

Email Address _____

Sons of Norway Member? Yes Membership No. _____ No (complete member application)

3 Owner

(use only if Annuitant is age 16 or under)

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Country (if not U.S.A) _____

Birthdate ____/____/____ Sex Male Female Social Security No. _____ - _____ - _____

Email Address _____

Sons of Norway Member? Yes Membership No. _____ No (complete member application)

4 Beneficiary Information

Primary Beneficiary:

First Name _____ Middle Initial _____ Last Name _____

Relationship to Annuitant _____ Social Security No. _____ - _____ - _____

Secondary Beneficiary:

First Name _____ Middle Initial _____ Last Name _____

Relationship to Annuitant _____ Social Security No. _____ - _____ - _____

App - FPA-200 (AZ)

Application continued on back

Factual Information Request

On written request, Sons of Norway will provide factual information regarding the benefits and provisions of the contract applied for with this application. If for any reason you are not satisfied with the annuity contract, the contract can be returned within thirty days after the contract is delivered and a full refund of all premiums paid will be made.



SONS OF NORWAY

App - FPA-200 (AZ)

5 Annuity Information

- A. Annuity Type: Deferred Immediate Settlement Option (Immediate Annuity only) _____
- B. Premium submitted with application: \$ _____
- C. Planned Premiums: Scheduled \$ _____ Unscheduled Mode
 Monthly AWP Quarterly Semi-Annual Annual
- D. Tax Status: Non-Qualified Tax-Qualified If Tax-Qualified: IRA Roth IRA Other
If qualified Tax Year Premiums apply _____
- E. Do you have 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 _____
Anticipated Amount \$ _____

6 Authorization for Automatic Withdrawal

Name of Depositor as it appears on Banking Institution Records	Account or Code Number
Name of Banking Institution	Branch
Address of Banking Institution or Branch where Account is maintained	

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of Sons of Norway. I agree that your treatment of each check, share draft or debit, and your rights with respect to it will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft, or debit is dishonored for any reason you will not be under any liability even though dishonor results in forfeiture of insurance. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.

Signature of Depositor	Additional Signature (If joint account)
Date _____	Staple Voided "Sample" Check to the Authorization

7 Signature

I have read the completed application. To the best of my knowledge and belief, the statements above are true and complete. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at: _____	_____
City	State
Signature of Annuitant/Owner	Date
Signature of Joint Annuitant	Date

Agent's Statement: Do you have reason to believe that replacement of any existing insurance other than stated above may be involved? Yes No
If "Yes", please give details: _____

Printed Agent Name	St. License No.	Agent Signature
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App - FPA-200 (AZ)

RECEIPT

Date _____ 20____
Received of _____ the sum of \$ _____ and an application for an annuity to the Sons of Norway. If for any reason the application is declined, this payment is to be refunded. No liability is created or assumed by the Society, except for refund of this payment, until the policy applied for has been issued.

Authorized Signature

If you do not receive your policy within 60 days from this date of your application, please write to:
Sons of Norway, 1455 West Lake Street, Minneapolis MN 55408

App - FPA-200 (AZ)

Make Checks Payable to Sons of Norway