



# 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. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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# SONS OF NORWAY

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## 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. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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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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

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**Make Checks Payable to Sons of Norway**

# RECEIPT