



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 IL

Application continued on back



SONS OF NORWAY

App - FPA-200 IL

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

SONS OF NORWAY IS LICENSED TO DO BUSINESS IN THE STATE OF ILLINOIS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN THE ILLINOIS LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.

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

App - FPA-200 IL

Date _____ 20____

RECEIPT

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 IL

Make Checks Payable to Sons of Norway