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 Security Number
Joint Ann (only for Non-C	Qualified Single Premium Immediate Annuity)	□ No
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 Number
	Current Sons of Norway member? Yes No ant is age 16 or under)	
First Name	Middle Initial Last name	Sex Date of Birth (mm/dd/yy)
Home address (Stree	et Address, City, State, Zip)	
Phone No.	Email Address	Social Security Number

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4	A	nnuity information			
A	A. An	nnuity Product			
		Flexible Deferred Annuity			
		Bonus Single Premium Deferred A	nnuity		
		Single Deferred Annuity			
		Multi-Year Single Premium Deferre	d Annuity		
		Number of years			
		Single Premium Immediate Annuity			
		Settlement Option			
Е	3. Ta:	x Status			
		Non-Qualified			
		Qualified			
		☐ IRA ☐ Roth IRA ☐ Other			
		If qualified, tax year premium appli	es		
	C. Pr	remium submitted with application _			
	D. Pla	anned Premiums (flexible premium p	products only)		
		☐ Amount			
		☐ Monthly AWP ☐ Quarterly ☐ Se	emi-Annual 🛮 Annu	al	
E	. Wil	Il this annuity replace any existing in	surance or annuities	in this or any other compar	ny? □ Yes □ No
		If "Yes," name of current company			_
		Complete the replacement forms			
F	. Is i	nitial premium a 1035 Exchange, Roll	lover or Transfer?	I Yes □ No	
		If "Yes," name of current company			
		Complete applicable forms			
5	Ar	nnuity and Life Insurance in Fo	orce -		
		pes the annuitant in this application h		annuities in force?	
	(If	yes, give details below)		🗆 Ye	es 🗆 No
	ا ما				ith this are any other as a second of
		the certificate applied for to replace yes, indicate which policy in chart be		•	, , ,
	(11	yes, indicate which policy in char be	eiow and complete a	iii required state forms./	d les d No
		Company	Policy Number	Replace or Change	Coverage Amount
6	Ве	eneficiary - (If multiple beneficiaries	s are named, shares wil	l be divided equally or to the	survivor(s) unless otherwise specified).
Prim	ary:	Name	Date of Birth	SS#	Relationship
	,				· ·
Can	tinge	ont: Namo	Date of Birth	SS#	Relationship
CON	ilige	ent: Name	Date Of Diffil	33#	Relationship

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	Authorization for Automatic Withdrawai (AW	(P)							
S	Section 1 - Transaction Requested								
	☐ Establish New AWP Account								
I	I authorize 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 								
[
١	Name of bank account owner:								
A	Address: City:			State: Zip:					
F	-ull name of bank:	Routing	number:						
E	Bank Account Number:	□	Checking or □ Sa	vings					
S	Section 2 - Agreements and Signature								
	General Authorization								
١	authorize Sons of Norway to:	a ta mu bank aaa	ount that comply with	11.5 Janu					
	Make electronic deposits, withdrawals and corrections Act on this authorization until I revoke it by contacting		outil mai comply will	U.S. law.					
•	Make administrative changes to this authorization such	,	ount changes, or addi	ng or removing certificates for					
	automatic payment.								
•	Act upon electronic deposit, withdrawal and administra	ative instructions	I provide.						
	Signature of bank account owner	Date							
_	Dealers I'm a College I are								
8	Declarations & Signature I represent that all statements and answers made in all knowledge and belief. It is agreed that:	parts of this app	lication are full, comp	elete and true to the best of my					
	All I I I I I I I I I I I I I I I I I I								
	All such statements and answers will be the basis for and No representative can accept risks, make or change con			s or requirements.					
	No insurance will take effect unless the proposed insure		, 0	•					
re	ceived at Sons of Norway headquarters.								
	oerson who knowingly presents a false statement in an ap enalties under state law.	oplication for insu	rance may be guilty of	a criminal offense and subject					
X									
Si	ignature of proposed insured		Date signed						
Y									
^ _	ignature of applicant/owner (if other than proposed insured)		Date signed						
Loc	ertify that I asked each question on the application as pr	rinted and record	lad the answers exact	thy as given, and witness the					
sigi	ning of the application. Also, I certify that the insurance applicated above.								
X	· 								
	/intessed by agent	Agent number		Agent license number					
_ C	Dity and state signed	Date si	gned	_					

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