

Individual Annuity Application



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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 (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 Deferred Annuity
- Bonus Single Premium Deferred Annuity
- Single Deferred Annuity
- Multi-Year 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)

- Amount _____
- 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," name of current company _____

Complete the replacement forms

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

If "Yes," name of current company _____

Complete applicable forms

5 Annuity and Life Insurance in Force -

Does the annuitant in this application have life insurance or annuities in force?

(If yes, give details below)..... Yes No

Is the certificate applied for to replace or change any existing insurance or annuities with this or any other company?

(If yes, indicate which policy in chart below and complete all required state forms.)..... Yes No

Company	Policy Number	Replace or Change	Coverage Amount

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

Primary:	Name	Date of Birth	SS#	Relationship

Contingent:	Name	Date of Birth	SS#	Relationship

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Secondary Addressee For the purpose of notification of a past due premium payment and possible lapse in coverage.
I choose to: Not name a secondary addressee Name a secondary addressee

print name of secondary addressee (first, middle initial, last)

address city state zip (country if not usa)

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Authorization for Automatic Withdrawal (AWP)

Section 1 - Transaction Requested

Establish New AWP Account

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 1st 8th 15th 22nd

Add to Existing AWP

Name of bank account owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Full name of bank: _____ Routing number: _____

Bank Account Number: _____ Checking or Savings

Section 2 - Agreements and Signature

General Authorization

I authorize Sons of Norway to:

- Make electronic deposits, withdrawals and corrections to my bank account that comply with U.S. law.
- Act on this authorization until I revoke it by contacting Sons of Norway.
- Make administrative changes to this authorization such as date and amount changes, or adding or removing certificates for automatic payment.
- Act upon electronic deposit, withdrawal and administrative instructions I provide.

Signature of bank account owner

Date

9 Declarations & Signature

I represent that all statements and answers made in all parts of this application are full, complete and true to the best of my knowledge and belief. It is agreed that:

1. All such statements and answers will be the basis for and a part of any certificate issued.
2. No representative can accept risks, make or change contracts, or waive Sons of Norway's rights or requirements.
3. No insurance will take effect unless the proposed insured is alive when the certificate is delivered and the full premium is received at Sons of Norway headquarters.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete, or missing information is guilty of a felony of the third degree.

X _____

Signature of proposed insured

_____ Date signed

X _____

Signature of applicant/owner (if other than proposed insured)

_____ Date signed

I certify that I asked each question on the application as printed and recorded the answers exactly as given, and witness the signing of the application. Also, I certify that the insurance application is not intended to replace or change any insurance except as indicated above.

X _____

Witnessed by Agent (signature)

_____ Agent number

_____ City and state where signed

_____ Agent's name (please print)

_____ Agent's Florida license #