

Individual Annuity Application



1455 West Lake Street
Minneapolis, MN 55408-2666
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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 (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

