Individual Annuity Application



1455 West Lake Street Minneapolis, MN 55408-2666 Toll-free: 800-945-8851 Phone: 612-827-3611 www.sonsofnorway.com

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. **Fmail 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

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4	A	nnuity information					
A	A. Ar	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	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 i	nitial premium a 1035 Exchange, Roll	lover or Transfer?	I 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)						
	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.)						
	(11	yes, indicate which policy in char be	eiow and complete a	iii required state forms./	la les la 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	inge	ent: Name	Date Of Diffil	33#	Relationship		

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Authorization for Automatic Withdray	vai (AWP)					
Section 1 - Transaction Requested						
☐ Establish New AWP Account	Establish New AWP Account authorize Sons of Norway to make an immediate electronic draw from the bank account listed below upon receipt of this form.					
· ·	electronic draw from the bank account listed below upon rec	eipt of this form.				
☐ One time payment						
 Ongoing payment deducted monthly of 	on the \square 1st \square 8th \square 15th \square 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 certifica 						
automatic payment.	administrativa instructiona Lavovida					
 Act upon electronic deposit, withdrawal and administrative instructions I provide. 						
Signature of bank account owner	 Date					
Declarations & Signature I represent that all statements and answers m knowledge and belief. It is agreed that:	ade in all parts of this application are full, complete and true t	to the best of my				
 All such statements and answers will be the base. No representative can accept risks, make or ch 	ange contracts, or waive Sons of Norway's rights or requireme	nts.				
3. No insurance will take effect unless the propos	ed insured is alive when the certificate is delivered and the full					
received at Sons of Norway headquarters.						
Any person who knowingly presents a false statemer to penalties under state law.	t in an application for insurance may be guilty of a criminal offe	ense and subject				
X						
Signature of proposed insured	Date signed					
Y						
Signature of applicant/owner (if other than proposed insure	d) Date signed					
		ad with one tha				
	rion as printed and recorded the answers exactly as given, an surance application is not intended to replace or change any					
X						
Wintessed by agent	Agent number Agent license nu	ımber				
City and state signed	Date signed					
any and state signed	Date signed					

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