

A Fraternal Benefit Society
 P.O. Box 249, Lombard, Illinois 60148

Individual Flexible Premium Non-Variable Deferred Annuity Application

This Annuity does contain a death benefit.

1. PROPOSED ANNUITANT

 Name (Last) (First) (MI)

Address : _____ Gender M F
 (Street) (City) (State) (Zip)

Phone : () _____ Date of Birth ____ - ____ - ____ Social Security # _____

2. OWNER (If other than Annuitant)

 Name (Last) (First) (MI)

Address : _____ Gender M F
 (Street) (City) (State) (Zip)

Phone : () _____ Date of Birth ____ - ____ - ____ Social Security # _____

Relationship to Annuitant _____

3. PAYOR NAME (If other than Annuitant)

 Address: _____

Telephone Number: _____ Date of Birth ____ - ____ - ____ SS# _____ Gender M

Relationship to Annuitant _____

4. TYPE OF PLAN

Non - Qualified Plan

Qualified Plan—(Specify below)

IRA Contribution for tax year 20____

IRA Rollover

Roth IRA Contribution for tax year 20____

Roth IRA Rollover

SEP Contribution for tax year 20____

SEP Rollover

5. PREMIUM PAYMENT

§ 1035 Exchange (Non-Qualified)

Rollover/Transfer (Qualified)

Check Attached

FPDA Deposit Amount: \$ _____

Registration fee: **\$ 25.00**

Total Amount Enclosed: \$ _____

6. MATURITY STARTING DATE

____ / ____ / ____ The Maturity is the date on which annuity payment begin. You may select any date after the 10th Annuity Anniversary and not later than the anniversary on which the Annuitant attains age 90. If no date is selected the Maturity Date will be the later of the 10th Annuity Anniversary or the anniversary on which the Annuitant attains age 70.

7. REPLACEMENT

1. Do you have existing life insurance policies or annuity contracts in force? Yes No

2. Is the annuity applied for intended to replace any insurance policy or annuity in force? Yes No

(If yes, furnish insurance company's name and address with the policy number to be replaced.)

Company Name _____ Contract # _____

Company Address _____

8. MEMBERSHIP

Is the Proposed Annuitant a CSA member?

Yes, Lodge # _____ No, apply to Lodge # _____ Find nearest Lodge

9. NOTES

10. BENEFICIARY INFORMATION

(Benefits will be divided equally among multiple beneficiaries unless otherwise specified)

Primary

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ SS# _____ Relationship to Owner _____

Primary/Contingent (CIRCLE ONE)

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ SS# _____ Relationship to Owner _____

Primary/Contingent (CIRCLE ONE)

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ SS# _____ Relationship to Owner _____

Primary/Contingent (CIRCLE ONE)

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ SS# _____ Relationship to Owner _____

11. AGENT REPORT

To the best of your knowledge and belief:

- 1. Do you have existing life insurance policies or annuity contracts in force? Yes No
- 2. Is the annuity applied for intended to replace any insurance policy or annuity in force? Yes No

The Proposed Annuitant shall be the owner of any contract issued; except when otherwise specified.

I (We) represent that the information in this application is, to the best of my (our) knowledge and belief, full, complete and true.

I (We) agree that this application shall be the bases for and a part of any contract issued.

I (We) understand that only an Officer of the Society may, in writing, make or modify any contracts or waive any of the Society rights or requirements.

Signed at: _____
(City, State) Date

Proposed Annuitant Signature Joint and Survivor Co-Annuitant Signature

Witness (Licensed Representative/Agent) Printed Name Witness (Licensed Representative/Agent) Signature

Agent # Date

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 criminal offense and subject to penalties under state law.

Annuity Receipt

(Make a check or money order payable to CSA Fraternal Life)

Received From: _____

Amount Received: \$ _____

For: _____
(Proposed Annuitant)

Date: _____

Licensed Representative/Agent's Signature

Agent#

This receipt is not valid unless signed by CSA Fraternal Life Licensed Representative/Agent who received the payment, and any check, draft of money order tendered as payment is good and collectible.

NOTE: Please notify CSA Fraternal Life if you have not received the annuity contract applied for or a refund of your payment within 30 days from the date of this receipt. Please be certain to include the amount paid, the date of the payment and the name of Sales Representative to whom the payment was made.

CSA Fraternal Life
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Lombard IL 60148
1-800-543-3272
www.csalife.com