



financial life

A Fraternal Benefit Society

200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
847-342-4500
info@1891FinancialLife.com
www.1891FinancialLife.com

INDIVIDUAL ANNUITY APPLICATION

HOME OFFICE USE: Certificate _____ Effective Date _____ Court/Impact Team _____

PLAN INFORMATION – please print full legal names

1) ANNUITANT - please print

First Name Middle Name Last Name

Address / Apt. No. City State Zip

Primary Phone No. Alternate Phone No. E-Mail Address

SSN / TIN DOB MM/DD/YYYY Age Birth State Gender: M F

Driver's License State & No. Occupation Employer

Annual Income Net Worth Marital Status: Married Single Widowed
 Divorced Domestic Partnership

2) OWNER - if different from Annuitant (For Trust, use First Name line only and include Trust Date and Trustee Names)

First Name Middle Name Last Name

Address / Apt. No. City State Zip

Primary Phone No. Alternate Phone No. E-Mail Address

SSN / TIN DOB MM/DD/YYYY Age Birth State Gender: M F

Driver's License State & No. Occupation Employer

Annual Income Net Worth Relationship to Insured

BENEFICIARIES

Beneficiaries share equally unless otherwise indicated.

If a percentage is indicated, use whole number percentages and the allocation total must equal 100%.

PRIMARY CONTINGENT

(For a TRUST, check here and use First Name line only and include Trust Date and Trustee Names)

_____	_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> %
First Name	Last Name		Percentage
_____	_____	_____	_____
Address / Apt. No.	City	State	Zip
_____	_____	_____	_____
Primary Phone No.	Alternate Phone No.	E-Mail Address	
_____	_____/_____/_____	_____	
SSN / TIN	DOB (MM/DD/YYYY)	Relationship	

PRIMARY CONTINGENT

(For a TRUST, check here and use First Name line only and include Trust Date and Trustee Names)

_____	_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> %
First Name	Last Name		Percentage
_____	_____	_____	_____
Address / Apt. No.	City	State	Zip
_____	_____	_____	_____
Primary Phone No.	Alternate Phone No.	E-Mail Address	
_____	_____/_____/_____	_____	
SSN / TIN	DOB (MM/DD/YYYY)	Relationship	

PRIMARY CONTINGENT

(For a TRUST, check here and use First Name line only and include Trust Date and Trustee Names)

_____	_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> %
First Name	Last Name		Percentage
_____	_____	_____	_____
Address / Apt. No.	City	State	Zip
_____	_____	_____	_____
Primary Phone No.	Alternate Phone No.	E-Mail Address	
_____	_____/_____/_____	_____	
SSN / TIN	DOB (MM/DD/YYYY)	Relationship	

PRIMARY CONTINGENT

(For a TRUST, check here and use First Name line only and include Trust Date and Trustee Names)

_____	_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> %
First Name	Last Name		Percentage
_____	_____	_____	_____
Address / Apt. No.	City	State	Zip
_____	_____	_____	_____
Primary Phone No.	Alternate Phone No.	E-Mail Address	
_____	_____/_____/_____	_____	
SSN / TIN	DOB (MM/DD/YYYY)	Relationship	

ANNUITY DETAILS

1) **PREMIUM** \$ _____ and/or approximate amount of transfer \$ _____

(Flexible Only) Additional Contributions: \$ _____

Reminder Frequency Annual Monthly Quarterly Semi-annual

2) PRODUCT SELECTION

Single Premium:

5 year MYGA Premier Plus

Automatic Riders

Free Partial Withdrawal

Enhanced Death Benefit

Flexible Premium:

7 year Surrender Period

10 year Surrender Period

4) TAX STATUS - Choose one of the three options (a, b, or c)

a) Non-Qualified – check all that apply and submit all related forms

New Purchase

Transfer

Other _____

b) Traditional Individual Retirement Annuity (IRA) – check one and submit all related forms

New Purchase

Rollover

Transfer

Other _____

c) Roth Individual Retirement Annuity Five-year holding period start year: _____

– check one and submit all related forms

New Purchase

Rollover

Conversion

Transfer

Other _____

EXISTING PLANS AND REPLACEMENT INFORMATION

Does the applicant have any existing or pending life insurance, annuities, or long-term-care insurance with this company or any other company?

Yes (please list below) No

Name of Company	Date of Issue	Amount	Purpose (Business/Personal)	ADB Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is the insurance applied for intended to replace or change any life insurance, annuities, or long-term-care insurance in force with this company or any other company?

Yes (indicate below and complete Replacement Form) No

Name of Company	Date of Issue	Amount	Purpose (Business/Personal)	ADB Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AGREEMENT and ACKNOWLEDGEMENT

I, _____, Annuitant, agree to abide by the articles of incorporation, constitution and laws, rules and regulations of 1891 Financial Life which are now in force or may be adopted by 1891 Financial Life in the future.

I also acknowledge receipt of the Notice of Information Practices.

The Annuitant and Owner, if any, agree that:

they have read the application and all statements and answers as they pertain to them, and that these statements and answers are true and complete to the best of their knowledge and belief, and

the statements and answers in the application are the basis for any contract issued by 1891 Financial Life, and that no information about them will be considered to have been given to 1891 Financial Life unless it is stated in the application, and that they will notify 1891 Financial Life of any changes in the statements or answers given in the application between the time of the application and delivery of the contract, and

That 1891 Financial Life will have no liability until:

- (i) A contract is issued on this application and delivered to and accepted by the owner; and
- (ii) The first premium due is paid in full while each proposed owner and annuitant is alive.

No producer has authority to waive any question or otherwise modify this application, or to bind 1891 Financial Life in any way by making any promise or representation which is not set out in writing in this application.

1891 FINANCIAL LIFE IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY 1891 FINANCIAL LIFE.

The falsity of any statement in an application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

Signed at _____ on _____
CITY STATE DATE

X _____
SIGNATURE OF ANNUITANT
-if age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery

X _____
SIGNATURE OF OWNER – *If not the Annuitant*
-if the Owner is a Trust or other entity, give title of signee(s)

PRODUCER'S REPORT

Producer Checklist (Provide details in Additional Remarks Section below)

- a) Is replacement of existing insurance involved in this application? Yes No
If Yes, submit the appropriate replacement forms.
- b) Did you give the applicant all disclosure forms required by 1891 Financial Life and/or state regulation? Yes No
- c) Was this application taken in person? Yes No
- d) How long have you known the Proposed Annuitant? _____ Yrs
- e) Are you related to the Proposed Annuitant? Yes No
- f) Do you know anything not disclosed which might affect the underwriting of this risk? Yes No
- g) Is another application currently pending or being submitted to any other insurance company? .. Yes No
- h) Has any Proposed Annuitant applied elsewhere for any insurance coverage within the past 6 months? Yes No
- i) How did Proposed Annuitant learn of 1891 Financial Life? _____

If the proposed annuitant is age 0-16, please answer questions below:

- a) Number of brothers _____ and sisters _____.
Do they all have the same amount of insurance as the proposed annuitant? Yes No
If amount of insurance differs, explain in Addition Remarks section below.
- b) If less than 1 year of age, what was the birth weight? _____ lb. _____ oz.
- c) Did you see the child? Yes No
- d) Amount of life insurance in force and/or requested on
father: \$ _____ and mother \$ _____.

To the best of my knowledge and belief:

- 1) I asked all questions and recorded all answers as they were given to me by the Proposed Annuitant and/or applicant.
- 2) I provided the Applicant with the appropriate Buyer's Guide(s) for annuities.

I claim full credit for this application unless a 2nd Producer is listed below.

DATE

_____ NAME OF INSURANCE PRODUCER	_____ SIGNATURE	_____ WRITING NO.	_____ SPLIT
-------------------------------------	--------------------	----------------------	----------------

_____ NAME OF INSURANCE PRODUCER	_____ SIGNATURE	_____ WRITING NO.	_____ SPLIT %
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ADDITIONAL REMARKS

ANNUITY PURCHASE PAYMENT RECEIPT

Received from _____ the sum of \$ _____ to purchase a 1891 Financial Life annuity contract bearing the same date as this receipt.

1891 Financial Life shall be entitled to a period of 90 days from date hereof in which to act upon this application. In the event it is not approved, and a certificate issued within said period, this application shall be deemed to have been declined. The initial deposit and any additional deposits shall be refunded.

If this Application is an IRA, then the Annuitant hereby certifies that he/she has received, read and understands the IRA Disclosure Statement.

ALL PREMIUM CHECKS MUST BE PAYABLE TO 1891 FINANCIAL LIFE
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK

By _____
INSURANCE PRODUCER

_____ DATE

NOTICE OF INFORMATION PRACTICES – This Notice Must Be Given to Proposed Annuitant

FAIR CREDIT REPORTING ACT NOTICE

In making this application for insurance it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete accurate disclosure of additional information concerning the nature and scope of the investigation.



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ENDORSEMENT

This Endorsement is made a part of the application to which it is attached and is effective at the time of application. This Endorsement hereby deletes the fraud warning in the application and replaces it with the following:

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

This Endorsement is subject to all the terms and conditions of the application. Except as expressly provided herein, the application remains the same.

For 1891 FINANCIAL LIFE:

Handwritten signature of Margaret Schmitt in cursive.

Margaret Schmitt
Board Chair

Handwritten signature of Lisa M. Bickus in cursive.

Lisa Bickus
CEO

FILE THIS ENDORSEMENT WITH YOUR INSURANCE CERTIFICATE



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CERTIFICATE PAYMENT OPTIONS

Certificate Number: _____ **Insured:** _____

Payor's Full Name: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Email: _____

Premium Amount: \$ _____ **Payment Type:** Electronic Funds Transfer **OR** Debit/Credit Card

Payment Frequency Monthly Quarterly Semi-Annual Annual Single Premium

Premium payments will be drafted within seven (7) days after application approval.

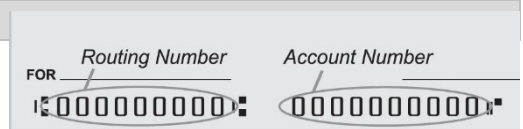
Dates NOT available for premium payment: 29th – 30th – 31st

The premium will be automatically drafted each billing cycle. No notice will be sent when drafted.

Electronic Funds Transfer (EFT)

Please Attach a Copy of a Voided Check to Verify Account Number Accuracy.

Account Type: Checking Savings



Financial Institution _____ Bank Routing Number _____ Account Number _____

Debit/Credit Card

Name on the Card _____ Account Number _____ Expiration Date _____ CVV/CSV _____

Authorization

I (we) request and authorize 1891 Financial Life ("the Organization") to obtain premium payment of amounts becoming due the Organization or amounts as scheduled and requested by the policyowner/payor by initiating charges to my (our) account in the form of checks, drafts, share drafts, or electronic debit entries, credit card and I (we) request and authorize the financial institution named above to accept and honor the same and charge the same to my (our) account. This Authorization will remain in effect until I (we) notify the Organization or financial institution in writing to terminate and the Organization or the financial institution has a reasonable time to act on the termination. This Authorization will become effective only upon acceptance by the Organization of approval of this life insurance policy. The Organization address 200 N. Martingale Rd., Ste. 405, Schaumburg, IL 60173. 1891 Financial Life reserves the right to discontinue this program at any time.

Payment Terms and Conditions

The Organization will have no liability under this application unless and until: (a) it has been received and approved by the Organization; (b) the Certificate has been issued and delivered to the Certificate Owner; (c) the first premium has been paid to and accepted by the Organization or authorization to draft first payment has been given and the financial institution has not notified the Organization that the draft will not be honored; and (d) at the time of delivery and payment, the facts concerning the insurability of the Proposed Insured are as stated in this application. The Proposed Insured, Owner, or Payor will not receive any premium notices.

ACCOUNT OWNER SIGNATURE _____ DATE _____



1891 FINANCIAL LIFE MEMBERSHIP

You are joining a unique member-owned organization. You are more than a customer, you become a member of our Organization. You have a set of member benefits that also includes the opportunity help build stronger communities by supporting service projects that reflect common shared values.

TO BE COMPLETED BY THE PROPOSED INSURED

I am age 16 or older and am applying for membership with 1891 Financial Life.

First Name	Middle Name	Last Name
Address / Apartment Number		City
		State
		Zip
Primary Phone	Alternate Phone	
Number	Number	Type
	Type	
Email Address	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F

PUBLICATIONS

Members receive a quarterly newsletter with messages from the CEO and Outreach, or they can view an e-magazine on our website with expanded outreach coverage like scholarship winners, member events and photos, and articles about life insurance and finance.

SURVEY

For survey purposes please select from one of the following:

- I am Catholic
- I am a spouse of a Catholic
- I am not Catholic

MISSION

1891 Financial Life is a community-based insurance organization that offers products and member benefits that assist individuals and their families in achieving financial security, while helping to build stronger communities by supporting service projects that reflect common shared values.

I support the purposes of 1891 Financial Life as described in the Articles of Incorporation as well as its Mission and will comply with the Bylaws of 1891 Financial Life. I also verify that the information I provided is true and correct.



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ANNUITY SUITABILITY QUESTIONNAIRE

Thank you for your interest in 1891 Financial Life Annuity products. We are required by various states to ask for information that will help determine whether an annuity contract is suitable for your financial goals and situation. This information will not be used for any other purpose and will remain confidential.

Using the information provided, 1891 Financial Life may elect not to issue an annuity contract based on a reasonable determination that the product may not be suitable for you.

You have the legal right to not complete this questionnaire. Should you choose not to answer the questions, 1891 Financial Life will not be in a position to review the suitability of the transaction.

Questionnaire:

TO **WAIVE** QUESTIONNAIRE, COMPLETE SECTION 1, THEN GO TO SECTION 5 – OTHERWISE PLEASE CONTINUE

1) Proposed Annuitant Information

FULL LEGAL NAME OF INDIVIDUAL

ADDRESS / APT. NO.

CITY

STATE ZIP

PRIMARY PHONE NO.

ALTERNATE PHONE NO.

EMAIL ADDRESS

SSN / TIN

DOB MM/DD/YYYY

AGE

Sex: M F

Marital Status: Married Widowed Divorced Single

OCCUPATION

2) Existing Accounts

What is the source for this annuity's premium?

Annuity Life Insurance CDs Savings Other: _____

Are there surrender charges associated with the above-mentioned existing policy(ies), contract(s) or CDs?

Yes No Not Applicable

If yes, what is/are the current surrender charge(s)? _____

How long have the policy(ies), contract(s) or CDs been in force? _____ # of years

What other financial products do you currently own?

Stocks Bonds Mutual Funds Treasury Bills Annuity CDs
 Real Estate Options Derivatives Foreign Currency Precious Metals

How would you rate your Investment Experience?

None Little Experience Moderate Significant Expert

How would you describe your risk tolerance?

Low Conservative Average High Very Aggressive

3) Financial Objectives

Which of the following best describes your long-term objective(s) for this annuity?

- Tax Deferral Future Income Inheritance Immediate Income
 Other: _____

How do you anticipate withdrawing your money from this product?

- Annuitize in the future Lump Sum Free/Systematic Withdrawals RMD
 Other: _____ I don't anticipate taking any distributions

How long do you plan to keep this annuity?

- Less than 1 year 1-3 years 4-7 years 8-10 years More than 10 years

4) Financial Information

Annual Household Income \$ _____ Annual Household Living Expenses \$ _____

Net Worth (excluding home and automobile) \$ _____ My tax bracket is _____%

Source of Income: Employment Investments Social Security Retirement Plans
 Other: _____

Do you have sufficient liquid assets available to you (not including this annuity), in case of an emergency?

- Yes No

5) Annuity Suitability Questionnaire: Confirm or Waive

CONFIRM. I confirm the information given in the questionnaire above is accurate and I believe a 1891 Financial Life annuity certificate is suitable for my financial situation.

WAIVE. I will *not* answer the questions above; I believe a 1891 Financial Life annuity certificate is suitable for my financial situation.

I understand that the annuity certificate being applied for has surrender charges for early termination.

By signing below, I confirm that I understand that if I take money out of this annuity in excess of the penalty-free withdrawal amount, I will incur a surrender charge.

I acknowledge that I reviewed the plan with my insurance producer and that I understand the costs and features of the annuity I am purchasing. I have adequate income or available liquid assets to meet my financial obligations and emergency expenses without using the money I am investing in this annuity.

I also understand that 1891 Financial Life encourages me to discuss this proposed purchase with my personal financial advisors.

PROPOSED ANNUITANT'S PRINTED NAME

PROPOSED ANNUITANT'S SIGNATURE

DATE

Insurance Producer:

By signing below, I acknowledge that based on the information the Annuitant provided and based on all circumstances known to me at the time the recommendation was made, the annuity being applied for is suitable for the financial needs/objectives of the Annuitant. In addition, I have verified the identity of the Annuitant and believe the information the Annuitant provided to me regarding his or her identity is true and accurate.

INSURANCE PRODUCER'S PRINTED NAME

INSURANCE PRODUCER'S SIGNATURE

DATE



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ANTI-MONEY LAUNDERING (AML) PROGRAM USA PATRIOT Act- Section 326 CUSTOMER IDENTIFICATION PROCEDURES

Insured/Annuitant's Name – *please print*

First Name: _____ Middle Name: _____ Last Name: _____

The following is to be read by the Insured/Annuitant, or read to the Insured/Annuitant by the Insurance Producer, at time of application:

Important Information about Purchases of Covered Products: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all fraternal benefit societies to obtain, verify and record information that identifies each person who purchases a covered product.

What this means to you: When you apply for any form of life insurance, a fixed deferred or immediate annuity, or any other form of insurance that has cash value, we will ask for your name, address, date of birth and other information that will allow us to identify you. You will be required to show a driver's license or other requested form(s) of identification.

To be completed by the Insurance Producer at time of application:

1) **Did you personally verify the identity of the Insured/Annuitant?** Yes No

Insurance Producer's Signature: _____

2) **Please check below all forms of verification documentation(s) viewed.**

Acceptable forms of identification to be verified by 1891 Financial Life Insurance Producer.

a) The following must have a photo on the identification card:

- Valid Driver's License
- Valid U.S. Passport
- Valid "Green Card"
- Government Employer Identification Card
- State Issued Identification Card
- Armed Forces Identification Card

b) If no photo identification is available, three (3) different forms from the following secondary documentation list must be verified. Two (2) of the three (3) must include an address:

- Birth Certificate
- Original Social Security Card issued by the Social Security Administration
- TVDL Card
- Voter's Registration Card
- Utility or Telephone Bill (must be in the applicant's name)
- Checking or Savings Account Statement
- State Issued Vehicle Registration Card or Title
- County Property Tax Bill or Receipt (not more than 12 months old)
- Check with Imprinted Name and Address
- First Class Mail form any U.S. Government Agency
- Paycheck/Stub with Imprinted Name and Address
- IRS W-2 Form (not more than 12 months old)
- Signed Federal/State Income Tax Return (not more than 12 months old)
- *Verification by field representative of an immediate family member who identifies applicant

* NOTE: For verification purposes, immediate family member is defined as a spouse, child, parent, sister, brother, grandparent or grandchild related to the applicant. Any other family member is considered a non-immediate family member.



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ANTI-MONEY LAUNDERING (AML) PROGRAM USA PATRIOT Act- Section 326 CUSTOMER IDENTIFICATION PROCEDURES

Owner's Name – *please print*

First Name: _____ Middle Name: _____ Last Name: _____

Complete only if Owner and Insured/Applicant are not the same person.

The following is to be read by the Owner, or read to the Owner by the Insurance Producer, at time of application:

Important Information about Purchases of Covered Products: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all fraternal benefit societies to obtain, verify and record information that identifies each person who purchases a covered product.

What this means to you: When you apply for any form of life insurance, a fixed deferred or immediate annuity, or any other form of insurance that has cash value, we will ask for your name, address, date of birth and other information that will allow us to identify you. You will be required to show a driver's license or other requested form(s) of identification.

To be completed by the Insurance Producer at time of application:

1) **Did you personally verify the identity of the Owner?** Yes No

Insurance Producer's Signature: _____

2) **Please check below all forms of verification documentation(s) viewed.**

Acceptable forms of identification to be verified by 1891 Financial Life Insurance Producer.

a) The following must have a photo on the identification card:

- Valid Driver's License
- Valid U.S. Passport
- Valid "Green Card"
- Government Employer Identification Card
- State Issued Identification Card
- Armed Forces Identification Card

b) If no photo identification is available, three (3) different forms from the following secondary documentation list must be verified. Two (2) of the three (3) must include an address:

- Birth Certificate
- Original Social Security Card issued by the Social Security Administration
- TVDL Card
- Voter's Registration Card
- Utility or Telephone Bill (must be in the applicant's name)
- Checking or Savings Account Statement
- State Issued Vehicle Registration Card or Title
- County Property Tax Bill or Receipt (not more than 12 months old)
- Check with Imprinted Name and Address
- First Class Mail form any U.S. Government Agency
- Paycheck/Stub with Imprinted Name and Address
- IRS W-2 Form (not more than 12 months old)
- Signed Federal/State Income Tax Return (not more than 12 months old)
- *Verification by field representative of an immediate family member who identifies applicant

* NOTE: For verification purposes, immediate family member is defined as a spouse, child, parent, sister, brother, grandparent or grandchild related to the applicant. Any other family member is considered a non-immediate family member.



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IMPORTANT NOTICE REGARDING REPLACEMENT

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

APPLICANT SIGNATURE

AGENT SIGNATURE

DATE



ANNUITY REPLACEMENT POLICY COMPARISON

	EXISTING POLICY A	EXISTING POLICY B	PROPOSED CERTIFICATE
Company Name			1891 Financial Life
Product Name			
Type of Product			
Policy Number			n/a
Issue Date			n/a
Account Value (AV)			
Cash Surrender Value (CSV)			n/a
Surrender Charge (=AV – CSV)			n/a
Remaining Surrender Charge Period (in years)			
Percent of Surrender Charge for remaining years			
Will Replacement result in a Loan against existing policy?			n/a
Will Replacement result in a Partial Surrender?			n/a
Will Replacement result in a Full Surrender?			n/a
Gain, if any			
Is this Replacement taxable to the Owner?			n/a

Insurance Producer’s Certification. I certify that I have reviewed the advantages and disadvantages of the replacement(s) with the owner, and that I have determined the replacement is appropriate for the owner.

Insurance Producer’s Signature

Insurance Producer’s Printed Name

Date

Owner’s Acknowledgement. I have reviewed and understand the potential advantages and disadvantages of replacing my existing policy(ies) with the Insurance Producer and wish to proceed with the replacement.

I understand the following:

- 1) A loan or partial surrender will result in a reduction of value in my existing policy.
- 2) For a Life Insurance policy, a loan or partial surrender will reduce the available death benefit, may result in additional premium payments being required to keep my existing policy in force, and may incur interest charges.

Owner’s Signature

Owner’s Printed Name

Date

Date of Birth



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AUTHORIZATION TO TRANSFER FUNDS

Original paperwork will need to be mailed to 1891 Financial Life as many financial institutions will require originals.

1) Financial Institution Holding Assets

Company Name: _____
Contract/Policy/Account Number – *One Per Transfer Form*: _____
Company Address – *No PO Box*: _____
City: _____ State: _____ ZIP: _____ Phone No.: _____

2) Existing Owner Information at Financial Institution - shown in section 1

OWNER

First Name: _____ Middle Name: _____ Last Name: _____
Address / Apt. No: _____
City: _____ State: _____ ZIP: _____
Email: _____ SSN / TIN: _____

JOINT OWNER – if applicable

First Name: _____ Middle Name: _____ Last Name: _____
Email: _____ SSN / TIN: _____

INSURED/ANNUITANT(S) – if other than owner

Name(s): _____
Email(s): _____
SSN / TIN No(s): _____

SPOUSE – Only in CA, WA, WI (If you reside in one of the listed community property states.)

First Name: _____ Middle Name: _____ Last Name: _____
Email: _____

The undersigned requests and directs the following action be taken to transfer the contract, policy, or account funds identified below.

3) Type Of Investment Held At Financial Institution - described in section 1 and 2

THIS SECTION MUST BE FULLY COMPLETED

If the assets being transferred are currently or were held in an annuity contract or life insurance policy within the last 12 months, state replacement forms may be required in order to be compliant with your state's replacement regulations.

- Variable Annuity
- Fixed Annuity/Fixed Indexed Annuity
- Life Policy
- Brokerage Account¹
- Mutual Fund(s)¹
- Money Market(s)
- Certificate of Deposit - see section 6 for maturity date instructions

1 - Contact financial institution to liquidate the account prior to submitting transfer paperwork for securities.

4) Existing Plan Tax Qualification - described in section 1 and 2

- Qualified _____ retirement plan - specify type: 401, Pension, PSP, 403(b)^{1,2}
- Beneficial _____ IRA - specify type: Traditional, Roth, SIMPLE¹
- Non-Qualified or After Tax Traditional IRA Roth IRA
- SEP IRA SIMPLE IRA¹ Governmental 457(b)
- Qualified Plan Beneficiary Life Other _____

1 - SIMPLE IRAs are not available for variable annuities at 1891 Financial Life. 403(b) contracts are not available at 1891 Financial Life for fixed or variable business. However, 403(b) assets can be rolled over to an IRA at 1891 Financial Life if the assets are eligible for rollover.
 2 - Qualified plans (401(k)/pension plans) generally require their own withdrawal paperwork. Clients should contact their former employer to initiate the transfer. If a tax plan is not specified above, and an IRA is being established at 1891 Financial Life, the transaction will be reported in the Rollover contributions box of IRS Form 5498.

5) Transaction Type - see page 3 for disclosures on the transaction being requested

Non-Qualified Exchange – as indicated in section 4

- 1035 Exchange (registration of owner must be “like to like” with the same ownership)
 COST BASIS REQUESTED: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, furnish a statement to the Assignee and to the former contract, policy or account holder of the cost basis in the contract, policy or account if available.
- Non-1035 Exchange/ other non-qualified assets

Qualified Exchange – as indicated in section 4

- Direct Rollover (e.g., 401 (k) to IRA) Direct Transfer (e.g., IRA to IRA)
- Roth IRA Conversion (IRA to Roth IRA) - see disclosure on acceptance letter provided by 1891 Financial Life

6) Transfer Instructions for Assets - described in section 1 and 2

THIS SECTION MUST BE FULLY COMPLETED

This is to request liquidation and/or transfer from the contract/policy/account listed in section 1:

- Full Liquidation – (estimated \$ amount) \$ _____
- Partial Liquidation² – (\$ amount) \$ _____

2 - Partial 1035 exchange(s) is (are) not permitted on life policies. In order to be considered a 1035 exchange by the IRS, the amount being requested must be transferred and retained in the receiving contract/policy/account.

Transfer and/or liquidation effective:

- Immediately – I am aware of penalties that may occur from an early withdrawal
- On maturity/liquidation date³ ____ / ____ / ____

3 - Submit all transfer paperwork at least 10 business days prior to maturity date. Do not submit transfer paperwork requesting to hold for a maturity date any later than 15 business days. If outside of the time frame, requested processing cannot be guaranteed. (Does not apply for life policies being established at 1891 Financial Life)

If neither box is checked, transfer/liquidation will occur immediately.

- Please waive any conservation period that may apply and process transfer request.

Optional at the request of writing producer/registered representative:

Overnight funds to 1891 Financial Life – address on acceptance letter provided by 1891 Financial Life

Overnight Carrier (e.g., UPS, FedEx): _____ Overnight Account Number: _____

7) Funds To Be Applied To 1891 Financial Life

- Annuity** New 1891 Financial Life contract/policy number: _____
- Existing 1891 Financial Life contract/policy number: _____

- Life Policy** New 1891 Financial Life contract/policy number: _____

8) Lost Contract Statement

- Contract is attached**
- Certificate of lost contract** – I/We certify that the above referenced contract has been lost or destroyed; and to the best of my/our knowledge and belief is not in anyone’s possession.

9) Disclosures

I am aware of any surrender/withdrawal penalties which may apply, and I authorize the transaction described above. This transfer request also authorizes 1891 Financial Life to receive information on the status of this transfer or exchange by phone or in writing.

The undersigned represents and agrees that 1891 Financial Life is participating in this transfer at the undersigned's specific request. It is further agreed that 1891 Financial Life has made no representations and that it has neither responsibility nor liability concerning the tax treatment of this transaction under the Internal Revenue Code.

Transaction Disclosure Information

Tax Qualified Transactions:

Transfers: This Certificate of Deposit, brokerage account, mutual fund, money market, and/or annuity contract is held in the IRA type marked above and is to be transferred to the same type of IRA.

Direct Rollover: This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.

Required Minimum Distributions:

Important note to existing financial institution: If I must receive a required minimum distribution (RMD) for any reason (I am age 70-1/2 or older, this is a beneficial IRA, etc.), do not transfer or roll over my current year's RMD calculated for this account.

Important note to owner: The existing financial institution has the most accurate information to ensure that you receive the correct RMD from this account. If you do not receive the full amount of your RMD, you may be subject to an IRS penalty of up to 50% of the underpayment. If necessary, instruct your existing financial institution before affecting this transfer to either: (1) pay your RMD to you now, or (2) retain that amount for distribution to you later.

Non-Qualified Transactions

Annuity/Life 1035: Surrender a non-qualified annuity contract(s) or life insurance policy for the purchase of another non-qualified annuity contract under Sec 1035 of the Internal Revenue Code. Annuities only: For partial 1035 exchanges, any surrender or withdrawal from the existing or new annuity contract within 180 days of the exchange may subject you to adverse tax consequences unless you receive amounts as an annuity for the period of 10 or more years (or+ over your life expectancy). Please see your tax professional for further details.

Surrender (Annuity/Life): The undersigned, as owner of this contract or policy specified in this transaction, elects to surrender the assets for its net cash value and directs the transferring company to make payment(s) to the name Assignee. This does not qualify as a 1035 exchange.

Absolute Assignment for 1035 Exchanges of Life or Annuity Contracts

The owner of the above contract(s) hereby assigns ownership and beneficial rights under the contract(s) to the following assignee, 1891 Financial Life, Assignee ID Number: #36-1981330.

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s) as to the partial or total amounts shown above, are revoked. The sole beneficiary and payee of the partial or total amounts shown above, shall be the named assignee.

IRA Rollover

Please note that, effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA. Please consult your tax advisor with any questions.

10) Transaction Authorization

SIGN AND DATE HERE

Owner/Plan Administrator Date

Joint Owner – *If Applicable* Date

Insured/Annuitant – *Life Policy Different Than Owner* Date

Spouse¹ – *Only In CA, WA, WI* Date

Medallion Stamp Guarantee
For requesting securities at the transferring company, if required.

Trust: _____ as Trustee of the: _____
TRUSTEE'S SIGNATURE TRUSTEE NAME – *printed* DATE

Trust Email: _____

1- If you reside in one of the above listed community property states, the spouse must also sign.

If you have additional questions, please call 1891 Financial Life at 800-344-6273.



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A Fraternal Benefit Society

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CALIFORNIA SENIOR SALES PRESENTATION California Disclosure Notice Checklist

- ✓ *Required when the proposed owner is a California resident who is age 65 and over.*
- ✓ *Use this checklist to ensure clients have received all notices required under California law.*
- ✓ *ALWAYS retain copies of all documents in your files.*

Confirm the required Form was provided to Owner(s) age 65 and over:

_____ Provided all clients age 65 and over with the “Disclosure to Individuals Age 65 or Older”
Form 12NO-SSP-CA.

_____ When setting up an appointment to be conducted in the home of a CA resident age 65 or over, provided “Senior Notice: Your Rights Regarding In-home Meetings” at least 24 hours in advance.
Form 12FM-SSP-CA.

_____ Provided all clients age 65 and over considering purchasing this investment based on its treatment under Medi-Cal with the “Notice Regarding Standards for Medi-Cal Eligibility and Recovery”. This form must be signed and returned with the application.
Form 12NO-SSP-Medi-Cal.



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CALIFORNIA SENIOR SALES PRESENTATION Disclosure to Individuals Age 65 or Older

Required under Section 789.8b of the California Insurance Code

You should be aware that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of an annuity may have tax consequences, early withdrawal penalties, or other costs or penalties, as a result of the sale or liquidation.

You or someone on your behalf may wish to consult independent legal, tax, or financial advice before selling or liquidating any assets and prior to the purchase of any life insurance or annuity products being solicited or offered for sale.



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CALIFORNIA SENIOR SALES PRESENTATION **Notice Regarding Standards for Medi-Cal Eligibility and Recovery**

IF YOU OR YOUR SPOUSE ARE CONSIDERING PURCHASING A FINANCIAL PRODUCT BASED ON ITS TREATMENT UNDER THE MEDI-CAL PROGRAM, READ THIS IMPORTANT MESSAGE!

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

RECOVERY

An annuity purchased on or after September 1, 2004, shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004, may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

UNMARRIED RESIDENT

An unmarried resident may be eligible for Medi-Cal benefits if he/she has less than \$130,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his/her monthly income a personal allowance of \$35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

MARRIED RESIDENT

Community Spouse Resource Allowance: If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than \$267,400 in countable resources.

Minimum Monthly Maintenance Needs Allowance: If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or \$3,435 in monthly income, whichever is greater.

FAIR HEARINGS AND COURT ORDERS

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than \$267,400 in countable resources. The order also may allow the at-home spouse to retain more than \$3,435 in monthly income.

REAL AND PERSONAL PROPERTY EXEMPTIONS

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

REAL PROPERTY EXEMPTIONS

- *One principal residence.* One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.

The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.

Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.

- *Real property used in a business or trade.* Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

PERSONAL PROPERTY AND OTHER EXEMPT ASSETS

- *IRAs, KEOGHs, and other work-related pension plans.* These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- *Personal property used in a trade or business.*
- *One motor vehicle.*
- *Irrevocable burial trusts or irrevocable prepaid burial contracts.*

There may be other assets that may be exempt.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

PLEASE NOTE: If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Care Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Care Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement. To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local county welfare department.

I have read the above notice and have received a copy.

PROPOSED OWNER SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

LEGAL REPRESENTATIVE SIGNATURE, IF ANY

DATE