



GREEK CATHOLIC UNION OF THE USA

(Herein called GCU)

5400 TUSCARAWAS ROAD, BEAVER, PENNSYLVANIA 15009-9513
1-800-722-4428

DEFERRED ANNUITY APPLICATION

(Please print)

Is the Proposed Annuitant a member of the GCU?

☐ Yes. ☐ No. If not, Proposed Annuitant must apply for membership Lodge Number _____

1. Full Name of Proposed Annuitant: _____

2. Address: _____

City, State: _____ **Zip:** _____

Phone: _____ **Email:** _____

3. Date of Birth: _____ **Age:** _____ **Sex:** _____ **Social Security No.:** _____

Maiden Name of Female: _____

4. Beneficiary: (Give: full name(s); address; phone; SSN; share; and relationship to Proposed Annuitant)

Primary: _____ **SS#:** _____

Contingent: _____

5a. Is the annuity applied for intended to replace or change existing insurance or annuity with any insurer?

☐ Yes. ☐ No

b. Other Annuities in force? _____ Yes _____ No. If Yes, total amount \$ _____

c. Will existing value from another policy or annuity (through loans, surrenders, or otherwise) be used to pay premiums for the policy applied for? _____ Yes _____ No.

If Yes to a or c, show name of insurer and contract numbers: _____

6. Type of Deferred Annuity:

Plan: _____

Billing Options: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly ☐ Do Not Bill

Amount paid with application: \$ _____

Benefits to commence on _____. (This date may be changed as provided in the contract.)

Unless otherwise elected, benefits will be paid: (1) Monthly for the lifetime of Proposed Annuitant; and (2) Will be guaranteed for a period of 10 years.

Qualified Annuity Plan. Check appropriate box.

☐ IRA ☐ SEP IRA ☐ TSA ☐ Keogh ☐ Roth ☐ Coverdell ☐ Other _____

Please note, the appropriate Disclosure Statements must be included with the application.

FRAUD WARNINGS

For your protection, various state laws, require the following statements to appear on this form

For Residents of Arizona, Pennsylvania, West Virginia: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

For Residents of Ohio: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Residents of Maryland: Any person who knowingly or willfully 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 crime and may be subject to fines and confinement in prison.

For Residents of Florida or Indiana: Any person who knowingly and with intent to defraud or deceive an insurer files a false statement of claim containing any false, incomplete or misleading information commits a felony.

For Residents of Virginia: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

For Residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of Connecticut: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

The Proposed Annuitant shall be the Owner of any contract issued except when the Applicant is an entity other than a person, the Applicant will be the owner. The contract will be effective on the latter of: (1) the effective date requested in this Application; or (2) the date the full first premium is received by the GCU at its Home Office.

I represent that the answers and statements in the Application are full, complete and true, to the best of my knowledge and belief. I agree that this Application shall be the basis for and a party of any contract issued. I understand that only an officer of GCU may, in writing: (1) make or modify contracts: or (2) waive any of GCU's rights or requirements.

Dated at: _____ this _____ Day of _____, _____

Agent Signature: _____

X

Agent Name (Print): _____

Proposed Annuitant's Signature
Parent or Guardian if Proposed Annuitant is
Under Age 16

License No.: _____

GCU Agent No.: _____

Agent's Report

1. To the best of your knowledge, is life insurance or annuity replacement involved in this transaction?
☐ Yes ☐ No.
2. Did you ask each question exactly as set forth in the application? ☐ Yes ☐ No.
3. To the best of your knowledge, is the annuity now applied for intended to replace or change any existing insurance with any company? If yes, have you complied with any regulatory requirements regarding replacement? ☐ Yes ☐ No.
4. I have verified the Proposed Insured's identity by viewing the individual's photograph on a driver's license, passport or other official document. ☐ Yes ☐ No.

Date: _____ Authorized Agent: _____



5400 Tuscarawas Rd, Beaver PA, 15009
P 1.800.722.4428 F 724-495-3421 E info@GCUusa.com

ANNUITY DISCLOSURE
TRIPLE ADVANTAGE PLUS ANNUITY
(ISSUED AGES 0 TO 95)

INTEREST RATE: Your annuity will earn interest at _____%APY for the entire 3 certificate years. This annuity can be continued after 3 years at the Regular Flexible Annuity declared rate of interest.

SURRENDER CHARGES: This annuity contains surrender charges for early withdrawals or surrender. The maximum surrender charge is 5%.

Year 1 2 3
3 Yr. Adv. 5% 3% 1% (No Surrender Charge after 3 Years)

FEATURES: **PENALTY FREE WITHDRAWALS**—The annuitant will be permitted to withdraw up to 10% of the certificate value on the prior anniversary without surrender charges in the 2nd and 3rd certificate years.

DEATH BENEFIT WAIVER—No Surrender charges will be imposed on death benefits paid under this annuity certificate.

ANNUITIZATION WAIVER—The GCU will waive surrender charges if this annuity is converted to a settled annuity for a period of 5 years or longer.

Date

Signature Applicant/Annuitant

Signature of Agent

Date received by GCU

Signature of GCU Acceptance

Date copy returned to member

**GCU**

5400 Tuscarawas Rd, Beaver PA, 15009

P 1.800.722.4428 F 724.495.3421 E info@GCUusa.com

Suitability Evaluation Worksheet for Fixed Annuities

The GCU is committed to selling our members the appropriate products to meet their financial needs. These questions are designed to help determine if purchasing a fixed annuity product is suitable for your needs. All questions must be completed and your signature is required on this form.

Owner/Applicant: _____	Spouse's Name: _____
Address: _____	Date of Birth: _____
City, State, Zip: _____	Occupation: _____
Phone: _____ Date of Birth: _____	Occupation Status: _____
Occupation: _____	Are you a US Citizen? ___Yes ___No Is spouse? ___Yes ___No
Occupation Status: _____	When do you plan to retire? _____
Marital Status: _____ No. of Dependents: _____	When will your spouse retire? _____

Residence Information: Owner: <input type="checkbox"/> At Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Nursing Home Spouse: <input type="checkbox"/> At Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Nursing Home	Have you ever owned a: (Check all that apply) <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life Ins <input type="checkbox"/> Money Market Acct <input type="checkbox"/> Savings Account <input type="checkbox"/> Certificate of Dep <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Stock <input type="checkbox"/> Bond
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What percentage of your liquid assets would you feel comfortable allocating to the risk categories listed below? _____ Low Risk _____ Moderate Risk _____ High Risk = 100% of Total liquid Assets	Financial/investment Objectives: (Check all that apply) <input type="checkbox"/> Options for lifetime Income <input type="checkbox"/> Increase Return on Assets <input type="checkbox"/> Preservation of Principal <input type="checkbox"/> Pass Assets to Heirs <input type="checkbox"/> Reduce the Effects of Inflation <input type="checkbox"/> Increase Current Income <input type="checkbox"/> Income Tax Deferral <input type="checkbox"/> Other _____
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Current Insurance and Annuities					
Applicant	Premium	Face Amount	Cash Value	Death Benefit	Circle One
_____ Life Insurance	\$ _____	\$ _____	\$ _____	\$ _____	Non Qualified Qualified
_____ Life Insurance	\$ _____	\$ _____	\$ _____	\$ _____	Non Qualified Qualified
_____ Life Insurance	\$ _____	\$ _____	\$ _____	\$ _____	Non Qualified Qualified
_____ Annuity	\$ _____	\$ _____	\$ _____	\$ _____	Non Qualified Qualified
_____ Annuity	\$ _____	\$ _____	\$ _____	\$ _____	Non Qualified Qualified
_____ Annuity	\$ _____	\$ _____	\$ _____	\$ _____	Non Qualified Qualified

Approximate Annual Income <input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000 and over	Federal Income Tax Bracket <input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35% <input type="checkbox"/> Other _____
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Approximate Net Worth (Fixed & Liquid Assets) <input type="checkbox"/> \$0-\$49,999 <input type="checkbox"/> \$50,000 - \$149,999 <input type="checkbox"/> \$150,000 - \$249,999 <input type="checkbox"/> \$250,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 and over	Sources of Income (check all that apply) <input type="checkbox"/> Current Wages <input type="checkbox"/> Investment Income <input type="checkbox"/> Social Security <input type="checkbox"/> Pension Plan <input type="checkbox"/> Req. Minimum Distribution (RMD) or 72 (t)/(q) distributions <input type="checkbox"/> Other _____ What annual income do you require? _____
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Do you anticipate any major changes in your future income needs?

☐ Yes (please explain) ☐ No

Do you anticipate any large expenses in the foreseeable future?

☐ Yes (please explain) ☐ No

Do you have funds available in case of an emergency?

☐ Yes (if so where and how much) ☐ No

Do you currently handle your finances? ☐ Yes ☐ No
(please explain)

Will there be any surrender charges or penalties to withdraw funds from your current financial product (i.e., the source of funds for this annuity purchase)? ☐ Yes ☐ No

If yes, provide the name of company, product, year of purchase, account value prior to surrender, dollar amount of surrender charge or penalty, and percentage of surrender charge or penalty. **Do not reduce amount or percentage by any bonus earned on the proposed annuity and do not reduce the penalty by offsets such as MVAs (market value adjustments).** If applicable provide MVA amount separately and indicate positive or negative.

Company/Product/Year of Purchase	Account Value Prior to Surrender Charge of MVA	Surrender Charge Amt. (\$)	Surrender Charge Amt. (%)	MVA Amt (\$ (+/-))

Acknowledgements

- I understand an annuity is a long-term contract that I should not plan to fully surrender before completion of the surrender charge periods.
- I understand that my principal may be subject to a surrender charge if I surrender or partially surrender my contract before completion of the surrender charge period.
- I understand surrender charges may apply to withdrawals, that may be taxable, and when made before age 59-1/2, may result in tax penalties.
- (If replacement) I understand the benefits and costs of this replacement, including but not limited to surrender charges, possible loss of benefits, tax consequences, product features and enhancements, fees, and expenses. My agent has provided a comparison of the benefits and restrictions of both contracts.
- I understand that I should contact a tax professional or attorney for any tax or legal advice.

PLEASE REVIEW THE FORM AND SIGN ATTESTING THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. THIS FORM SHOULD NOT BE SIGNED IF ANY REQUIRED ITEM IS LEFT BLANK.

Applicant/Owner's Signature

Date

Agent's Statement

I believe the purchase of this annuity contract is suitable after reviewing the information provided to me by the applicant/owner. If applicable, I have discussed the advantages and disadvantages of any replacement or exchange of another annuity contract or life policy. I have reasonably informed the applicant/owner of all-important features of the annuity and proposed transaction.

To the best of my knowledge, the questions on this form have been answered truthfully and I have complied with GCU suitability requirements consistent with my contractual obligations.

Agent Signature and Producer Number

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.