

GREEK CATHOLIC UNION OF THE USA

(Herein called GCU)

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

IMMEDIATE 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: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____

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

Maiden Name of Female: _____

2. Full Name of Proposed Co-Annuitant: _____

Full Address: _____

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

Relationship to Proposed Annuitant: _____

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

Primary: _____

Contingent: _____

4a. Other Life Insurance and Annuities in force? Yes. No.

If Yes, total amount; Life \$ _____; Annuity: _____

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

Yes. No If yes; list below.

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 b or c is Yes, show name of insurer and contract numbers: _____

5. Single Premium Immediate Annuity.

Amount paid with Application: \$ _____

One Life. Joint and Survivor; complete the following:

Benefits to be paid: _____ Guaranteed Period: _____ 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 undersigned: (1) represent that the answers and statements in this Application are full, complete and true, to the best of their knowledge and belief; (2) agree that this Application shall be the basis for and a party to any contract issued; and (3) 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.

The Proposed Annuitant/s 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 single premium is received by the GCU at its Home Office.

Dated at: _____ **this** _____

Day of _____, _____

Agent Signature: _____

Agent Name (Print): _____

License No.: _____

GCU Agent No.: _____

Proposed Annuitant's Signature

Parent or Guardian if a Proposed Annuitant is under age 16

Proposed Co-Annuitant Signature (if any):

Applicant's Signature

(If other than proposed annuitant/s)

Agent/Recommender's Report

To the best of my knowledge and belief:

1. I asked each question exactly as set forth in the application? Yes No.

The answers have been recorded by me exactly as stated? Yes No.

Exceptions: _____

2. I have accurately answered all questions contained in this Agent's Report completed by me in connection with this application.

3. 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. Document: _____

4. I have reviewed the entire application for corrections or omissions. Yes No.

5. I have personally solicited and secured this application. Yes No.

6. 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.

Date: _____ Authorized Agent: _____

RECEIPT

Received from: _____ this _____ day of _____, _____, the sum of:

\$ _____, in connection with an application for annuity contract for: _____.

This receipt will be invalid if payment is made by draft, check, money order or note which is not paid in full when presented for payment by the GCU. **No other form of receipt for advance payment or premium will be recognized by the GCU. Please notify GCU if, within 30 days after the date of this receipt, you have not received: (1) the contract applied for; or (2) a refund of the amount paid.**

Make all remittances payable to GCU. Do NOT make payable to agent or leave the payee blank.

Signature of Authorized Agent

Agent/Recommender's Interrogatory

1. To the Best of your knowledge and belief, does the Proposed Insured have existing life insurance or annuity policies in force? _____ Yes _____ No.

(If yes, please provide insurer and amount.) _____

2. To the best of your knowledge and belief, will the insurance now applied for replace or change any existing insurance or annuity? _____ Yes _____ No.

Agent: If the answer to Question #1 and/or Question #2 is Yes, you must present and read to the Applicant the Important Notice Regarding Replacement of Life Insurance or Annuities and return the Notice, signed by both you and the Applicant, with the completed application.

3. Advertising Materials

I certify that I used GCU approved sales materials with this Applicant in the solicitation of this application.

I certify that this application is in accordance with GCU's Position Regarding the Replacement of Life Insurance and Annuity Policies.

By signing as Agent/Recommender, I affirm that I am in compliance with the insurance sales laws of the state in which the contract was sold.

Printed Name of Agent/Recommender Agent ID#

Date

Signature of Agent/Recommender Agent ID#

Telephone Number

Address

E-mail Address

Address

Fax Number



GCU

5400 Tuscarawas Rd, Beaver PA, 15009
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ELECTION OF SETTLEMENT OPTION

Certificate No.: _____ Insured: _____

Owner of the above number certificate do hereby request that the cash proceeds provided by the certificate be applied under the payment option elected below.

The payee for the payments provided by the option elected shall be:

I. Interest Income:

Amount to be applied under this option: \$ _____

The Greek Catholic Union to hold the specified amount on deposit and pay interest on such amount to the payee:

____ Monthly ____ Quarterly ____ Semi-annually ____ Annually.

(the payment may not be less than \$50.00.) The rate of interest shall be: (1) ____% per year for a period of _____ months from the date of this option; and (2) then as declared, from time to time, by the Greek Catholic Union but not less than ____% per year. The payee shall have the right to withdraw all or part of the amount then held under this option in amounts of not less than \$100. The Greek Catholic Union will deduct a withdrawal charge of n/a % of the amount withdrawn from any withdrawal during a period of n/a months from the date of this option.

II. Payments for a Specified Period or a Specified Amount.

Amount to be applied under this option. \$ _____

____ Period: ____ years. ____ Specified Amount: \$ _____

Payment Frequency: ____ Monthly ____ Quarterly ____ Semi-annually ____ Annually.

(The payment amount may not be less than \$50.) The *Period or Specified Amount* must be such that payments do not extend beyond the life expectancy of the payee. The payment amount includes interest at a guaranteed rate of ____% per year. The payment amount may be increased by any additional interest credits declared, from time to time, by the Greek Catholic Union. The payee has the right to withdraw the present value of any remaining payments at any time. Present value will be determined using interest at the guaranteed rate.

III. Payments for Life.

Amount to be applied under this option: \$ _____

Guaranteed Period (may not exceed the life expectancy of the payee):

____ None, payments stop at the death of the payee ____ 10 Years ____ 15 Years ____ 20 Years

Payment Frequency: ____ Monthly ____ Quarterly ____ Semi-annually ____ Annually.

(The payment amount may not be less than \$50.) Payments will be made for the lifetime of the payee. Any Guaranteed Period begins on the date of the first payment. The payment amount includes interest at a guaranteed rate of ____ per year. The payment amount may be increased by any additional interest credits declared, from time to time, by the Greek Catholic Union.

The **beneficiary** for any remaining amount to be paid under the option elected at the death of the payee shall be:

The **payee** may change the beneficiary at any time by written notice to the Greek Catholic Union at its National Headquarters.

PRIMARY (Name) (Date of Birth) (Social Security No.) (Phone Number)

CONTINGENT (Name) (Date of Birth) (Social Security No.) (Phone Number)

CONTINGENT (Name) (Date of Birth) (Social Security No.) (Phone Number)

PAYEE: (your signature) _____ Birthdate _____

Social Security Number: _____ Phone Number: () _____

Date _____

GCU Executive Vice President/COO



GCU

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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.

Product Information:

ANNUITY TYPE: (check one) Qualified Non-Qualified

Owner/Applicant Information:

Owner/Applicant: _____ Age: _____ DOB: _____
Joint Owner Name: _____ Age: _____ DOB: _____

1. Work Status: Owner: Retired Employed Unemployed Other
Joint Owner: Retired Employed Unemployed Other

2. Residence: Owner: Living at Home Assisted Living Nursing Home
Joint Owner: Living at Home Assisted Living Nursing Home

3. Federal Tax Rate: 0% 10% 12% 22% 24% 32% 35% 37%

4. Do you own any of the products listed below:
 Stocks & Bonds Government Securities
 Mutual Funds Fixed Annuities
 Variable Insurance I have not owned any of the above products
 Certificates of Deposit

5. What percentage of your liquid assets would you feel comfortable allocating to the categories below?
Low Risk ____% Moderate Risk ____% High Risk ____%
100% of Total Assets

• **Fixed Annuities are generally not considered aggressive growth assets. They are not securities and do not constitute a direct investment in the stock market.**

6. Financial/Investment Objectives (please check 1-3 primary reasons)
 Tax Deferral Wealth Accumulation Immediate Income
 Potential for better rate Death Benefic Estate Planning
 Protection from Market Risk Qualify for Government Programs Other _____
 Retirement Income (e.g. Medicaid, VA)

Financial Information:

7. Source(s) of Income (All that apply)
 Salary/Wages Interest Income Pension/IRA Payments Trust Income
 Social Security Dividends Other Annuities Other _____

Suitability Evaluation Worksheet for Fixed Annuities

8. Monthly Income & Expenses

Approximate Monthly Household
Income (net after taxes): \$ _____ (a)

Approximate Monthly Household
Expenses: \$ _____ (b)

Monthly Disposable Household
Income: \$ _____ (c)
(a) - (b) = (c)

9. Non-Liquid Assets

Value of Home \$ _____
Business Interests \$ _____
Qualified Plans \$ _____
(if under 59-1/2)

Mutual Funds/Brokerage Accounts
not readily convertible to cash
without penalty \$ _____
Annuities/Insurance cash values
subject to surrender penalties \$ _____
Other _____ \$ _____

Total Non-Liquid Assets: \$ _____

10. Liquid Assets

Cash \$ _____
Short Term CDs \$ _____
Other Real Estate \$ _____
Qualified Plans \$ _____
*(over 59-1/2 and
no surrender penalties)*

Mutual Funds/Brokerage Accounts
readily convertible to cash
without penalty \$ _____
Annuities/Insurance cash values
not subject to surrender penalties \$ _____
Other _____ \$ _____

Total Liquid Assets: \$ _____

Total Net Worth: \$ _____

11. After purchase of this annuity, do you believe you have enough remaining liquid assets and other sources of income to cover any emergencies or contingencies such as sudden health care needs or increased living expenses?

Yes No

12. Do you anticipate any adverse change in assets, living expenses, medical expenses, and/or income during the surrender period of this contract?

Yes No

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, accumulation value prior to surrender, dollar amount of surrender charge or penalty, and percentage of surrender charge or penalty. If applicable, list MVA amount separately and indicate positive or negative.

Suitability Evaluation Worksheet for Fixed Annuities

Company/Product/Year of Purchase	Accumulation Value w/o Surrender Charges and 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

Date

Withholding Certificate for Pension or Annuity Payments

2019

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2019.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2019 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax

withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

Withholding Certificate for Pension or Annuity Payments

2019

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ▶
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ▶
Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ▶ \$

Your signature ▶

Date ▶



GCU

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

Authorization for Direct Deposit into a Savings Account

(For transferring funds from your GCU account to your Financial Institution Savings account)

New Request Change to Existing Cancel Existing

First Name: _____ Certificate Number(s): _____

Last Name: _____

Address: _____ Last 4 Digits of SSN: _____

_____ Phone Number: (____) _____

(Is this a new address? Yes No) Cell Phone: (____) _____

Email Address: _____ Date of Birth: ____/____/____

Please complete the following information:

Desired Frequency of Direct Deposit:
 Monthly Quarterly Semi-Annually Annually

Please have your financial institution complete the following information:

Financial Institution Name: _____

Financial Institution Phone Number: _____

Financial Institution Routing Number: _____

Account owner's name: _____

Savings Account Number: _____

Financial Institution Representative Name: _____

Signature: _____ Date: _____

I hereby authorize GCU to initiate electronic payment entries and to initiate, if necessary electronic deposit entries and adjustments for any electronic entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until GCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford GCU and DEPOSITORY a reasonable opportunity to act on it.

Owner's Signature Required _____ **Date** _____

Please return completed form to: Greek Catholic Union, 5400 Tuscarawas Road, Beaver, PA 15009.



GCU

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

Authorization for Direct Deposit into a Checking Account

(For transferring funds from your GCU account to your Financial Institution)

New Request Change to Existing Cancel Existing

First Name: _____ Certificate Number(s): _____

Last Name: _____

Address: _____ Last 4 Digits of SSN: _____

_____ Phone Number: (____) _____

(Is this a new address? Yes No) Cell Phone: (____) _____

Email Address: _____ Date of Birth: ____/____/____

Financial Institution's Name: _____

Financial Institution's Phone: _____

Please complete the following information:

Desired Frequency of Direct Deposit:

Monthly Quarterly Semi-Annually Annually

FOR DIRECT DEPOSITS

A Voided Check is Required.

PLEASE ATTACH HERE WITH TAPE.

I hereby authorize GCU to initiate electronic payment entries and to initiate, if necessary electronic deposit entries and adjustments for any electronic entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until GCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford GCU and DEPOSITORY a reasonable opportunity to act on it.

Owner's Signature Required _____ **Date** _____