

**INDIVIDUAL DEFERRED
ANNUITY APPLICATION**
(Please print)

Plan: _____

Non-Qualified:

Qualified: IRA SEP IRA TSA Keogh Roth Coverdell Other _____

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

Annuitant: _____ **Social Security Number:** _____

Permanent Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ Home Cell **Email:** _____

Date of Birth: _____ **Age:** _____ **Sex:** _____ **Marital Status:** _____

Owner (if other than Annuitant): _____ **Social Security Number:** _____

Permanent Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ Home Cell **Email:** _____

Date of Birth: _____ **Age:** _____ **Sex:** _____ **Marital Status:** _____

Is the Proposed Annuitant a member of the GCU? Yes No **Lodge Number** _____

Primary Beneficiary (Additional Beneficiaries may be provided on separate page with Annuitant/Owner's Signature and date)

Name: _____ **SSN** _____ **%** _____

Address: _____ **Relationship:** _____

Phone Number: _____ Home Cell **Email:** _____

Name: _____ **SSN** _____ **%** _____

Address: _____ **Relationship:** _____

Phone Number: _____ Home Cell **Email:** _____

Name: _____ **SSN** _____ **%** _____

Address: _____ **Relationship:** _____

Phone Number: _____ Home Cell **Email:** _____

Contingent Beneficiary

Name: _____ **SSN** _____ **%** _____

Address: _____ **Relationship:** _____

Phone Number: _____ Home Cell **Email:** _____

Name: _____ **SSN** _____ **%** _____

Address: _____ **Relationship:** _____

Phone Number: _____ Home Cell **Email:** _____

Method of Purchase (Checks should be payable to GCU)

| | |
|--|----------|
| Check purchase Amount: | \$ _____ |
| Rollover (from retirement account): | \$ _____ |
| Transfer (CD, mutual fund, brokerage acct, money market): | \$ _____ |
| Replacement (Annuity and/or cash value life insurance): | \$ _____ |
| Total Estimated Premium: | \$ _____ |

Replacement Questions:

- Do you currently have existing life insurance or annuity contracts in force or pending with this or any other company?
 Yes No If yes, specify total amount (including pending with other companies): _____
- Will this replace or change any life insurance or annuity contract in force with this company or any other company?
 Yes No
- Other Annuities in force? Yes No If Yes, total amount \$ _____
- Will existing value from another life insurance or annuity contract (through loans, surrenders, or otherwise) be used to pay premiums for the policy applied for? Yes No
 If Yes to 1, 2, or 3, show name of insurer and contract numbers: _____

FRAUD WARNING

WARNING: 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.

Tax Identification Certification (in lieu of W9)

Under penalties of perjury, I certify that:

- The number shown on this application is my correct taxpayer identification number; and
 - I am not subject to back-up withholding due to failure to report interest and dividend income; and
 - I am a U.S. Citizen or other U.S. Persons (as defined in the W-9 instructions).
- Certification Instructions: You must strike out item 2 above if you have been notified by the IRS that you are currently subject to back-up withholding.

Owner's/ Annuitant's Statement

- I/We declare that all statements in this Application are true to the best of my/our knowledge and belief and agree that this Application shall be a part of the Annuity Contract issued by the Company.
- I/We understand that my contract has a free-look period if I am dissatisfied for any reason
- I/We believe this product is suitable for my/our financial goals
- I understand that the annuity contract will not be issued until all money has been received and total dollar amount meets the minimum premium requirement of the product

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

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: (City, State) _____ **this** (Date) _____ **Day of** (Month) _____, (Year) __

Annuitant Signature: _____

(Parent/Guardian if under 16)

Owner Signature _____

(If different from Annuitant)

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? Yes No

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

Agent Signature: _____

Agent Name (Print): _____

Florida License No.: _____

GCU Agent No.: _____



GCU

5400 Tuscarawas Rd, Beaver PA, 15009
P 1.800.722.4428 F 724.495.3421 E info@GCUusa.com

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

INTEREST RATE: Your annuity will earn an interest rate of _____%APY for the entire 3 contract years. Unless surrendered, this contract will continue after the 3 year period at the GCU declared interest rate.

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

| | | | |
|----------|----|----|----|
| Year | 1 | 2 | 3 |
| % Charge | 5% | 3% | 1% |

PENALTY FREE WITHDRAWAL—No withdrawal privileges are available in the first year. The owner may withdraw up to 10% of the contract value, in years 2 & 3 based on the prior anniversary date contract value, without surrender charges.

SURRENDER CHARGE EXCLUSION: **DEATH**—No Surrender charges will be imposed on death benefits paid under this annuity contract.

The above GCU Surrender Charge Exclusion may be modified or withdrawn at any time at the discretion of the GCU Board of Directors.

Withdrawals prior to age 59 1/2 may be subject to an IRS early distribution penalty.

Date

Signature Applicant/Annuitant

Date

Signature of Agent



GCU

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

ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last _____ First _____ Middle _____

Date of Birth ____ / ____ / ____ Age ____ Sex _____

Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____

Form of Ownership: _____

Supporting documents (list): _____

| | |
|--|--|
| Annual Income: | |
| Source of Income: | |
| Annual Household Income: | |
| Existing Assets | |
| Existing Liquid Net Worth: | |
| Do you currently own any annuities? Please list: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently own life insurance? Please list: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your income cover all your living expenses including medical? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you expect changes to your living expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you anticipate changes in your out-of-pocket medical expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an emergency fund for unexpected expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
- Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
- Other: _____

Owner's Signature

Date Signed

Describe your risk tolerance: (Check all that apply)

- Conservative Moderately conservative Moderate Moderately aggressive
 Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product?

Yes No

If yes, will you pay a penalty or other charge to obtain these funds?

Yes No

If yes, the amount of the charge or penalty

\$ _____

Additional Information:

Owner's Signature

Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner’s Signature

Date Signed