



The Most Excellent Assembly of the Artisans Order of Mutual Protection

[8100 Roosevelt Blvd., Philadelphia, PA 19152 Phone (215) 708-1779]

APPLICATION FOR ANNUITY

Please print clearly.

1. Name in Full of Proposed Annuitant _____ Male Female

2. Owner (if other than Proposed Annuitant) _____

3. Address _____

City _____ State _____ Zip Code _____

4. Social Security # _____ 5. Phone (Day) _(____) _____ (Evening) _(____) _____

6. Date of Birth _____ 7. Benefits Commence at Age _____

8. Owner (if other than Proposed Annuitant) _____

9. Owner's Address _____ City _____ State _____ Zip Code _____

10. Plan: Flexible Premium Annuity 11. Initial Deposit \$ _____

12. Is this an IRA? No Yes 13. If Yes, type of IRA? Roth Traditional

14. Would the Annuitant like to be reminded to make regular deposits? No Yes

15. If Yes, amount to be shown on Reminder Notice \$ _____ 16. Mail Reminder Notice to: Proposed Annuitant Owner

17. Frequency of Reminder Notice: Annual Semi-Annual Quarterly Monthly

18. Dividend Option: Cash Add to Account Value

19. Is Proposed Applicant a member of the Artisans? Yes No If not, please apply for membership.

20. Name and Address of optional Secondary Addressee: _____

21. Beneficiaries (List additional beneficiaries in REMARKS):

<u>Primary Beneficiary</u>	<u>Relationship to Insured</u>	<u>Contingent Beneficiary</u>	<u>Relationship to Insured</u>
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____

22. List amounts of life insurance and annuities now in force on the Proposed Applicant. List company Names and Amount. If there is additional insurance beyond those listed, please list on a separate sheet.

Company

Amount

23. Will the insurance being applied for replace or change any existing life insurance or annuities in this or any other company?

Yes No If Yes, give details and name of companies in REMARKS below.

REMARKS

FRAUD WARNING:

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.

Pennsylvania: 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 such person to criminal and civil penalties.

PROPOSED ANNUITANT/OWNER STATEMENT

I declare that the statements and answers given in this application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that this application shall be the basis for and a part of any contract issued by the Most Excellent Assembly of the Artisans Order of Mutual Protection. **I understand that coverage will not be effective until the Initial Deposit has been paid and the contract has been delivered.**

Signature of Proposed Annuitant

Date Signed by Proposed Annuitant

Signature of Owner (if other than Proposed Annuitant)

Date Signed by Owner

Signature of Adult Applicant if Proposed
Annuitant is under the age of 18

Date Signed by Adult Applicant

AGENT/SPONSOR'S STATEMENT

Was this insurance applied for to replace or change any existing life insurance or annuity contract? Yes No

If Yes, provide required disclosure notices to the Proposed Annuitant.

Signature of Agent or Sponsor

Date Signed by Agent or Sponsor

Agent Contract #