



# HERMANN SONS LIFE

## Application for Annuity & Membership

PLEASE PRINT IN BLUE OR BLACK INK ONLY

### PROPOSED ANNUITANT INFORMATION

FULL NAME (Last, First, Middle)		DATE OF BIRTH	SOCIAL SECURITY NO.
		MM/DD/YYYY	xxx-xx-xxxx
MAILING ADDRESS	CITY	STATE	ZIP CODE
AGE	SEX	BIRTHPLACE (City and State)	HOME PHONE NO.
			(xxx)-xxx-xxxx
			BUSINESS PHONE NO.
			(xxx)-xxx-xxxx
CONTACT EMAIL ADDRESS		PICTURE ID	
		# _____ TYPE _____	
PLAN APPLIED FOR		AMOUNT SUBMITTED	APPLICANT'S LODGE NO.
<u>5-YEAR FLEXIBLE PREMIUM DEFERRED ANNUITY</u> <input type="checkbox"/> NON-QUALIFIED <input type="checkbox"/> SEP IRA <input type="checkbox"/> TRADITIONAL IRA <input type="checkbox"/> INHERITED IRA <input type="checkbox"/> ROTH IRA		\$ _____ Total of initial deposit and lodge dues (if applicable). <u>NO CASH ACCEPTED</u>	
		AGENT'S NAME	AGENT NO.

### BENEFICIARY DESIGNATION

1	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
			MM/DD/YYYY	xxx-xx-xxxx

Please Choose **One** Designation:  *If Living Otherwise* \* OR \*  *And*  
If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

2	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
			MM/DD/YYYY	xxx-xx-xxxx

Please Choose **One** Designation:  *If Living Otherwise* \* OR \*  *And*  
If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

3	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
			MM/DD/YYYY	xxx-xx-xxxx

Please Choose **One** Designation:  *If Living Otherwise* \* OR \*  *And*  
If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

4	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
			MM/DD/YYYY	xxx-xx-xxxx

Please Choose **One** Designation:  *If Living Otherwise* \* OR \*  *And*  
If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

5	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
			MM/DD/YYYY	xxx-xx-xxxx

If, at any time, the sole primary beneficiary that is stated is someone other than the spouse, the spouse's signature is required.

DATE

SIGNATURE OF SPOUSE

**APPLICATION FOR MEMBERSHIP**

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1. I wish to apply for/continue membership in \_\_\_\_\_ Lodge, No. \_\_\_\_\_.
2. As a member of Hermann Sons Life, I understand that membership dues are required. \_\_\_\_\_ (Member Initials)
3. Recommended by \_\_\_\_\_.

**DISCLOSURE STATEMENT**

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This disclosure statement is provided to explain how your annuity works. The Accumulation Value will equal your deposits paid with interest from date of deposit less any withdrawals. Each subsequent deposit must be at least \$25.00. The Cash Value is the amount you will receive if you surrender the certificate in whole or in part. The maximum total annual deposits which may be made are as follows: First Year-\$300,000, Renewal Years-\$50,000.

<b>5-YEAR FLEXIBLE PREMIUM DEFERRED ANNUITY</b>	
<b>Certificate Year of Withdrawal</b>	<b>Surrender Charge as a Percent of the Accumulation Value</b>
1	7%
2	6%
3	5%
4	4%
5	3%
6+	0%

Withdrawal options without a surrender charge:

1. No partial withdrawals may be made within the first year.
2. After the first year, up to three partial withdrawals per certificate year, of at least \$100.00, but not to exceed 10% of the Accumulation Value at the beginning of the contract year.

**TAX STATUS**

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The applicant should consult his or her personal tax advisor regarding any tax or IRS rules and regulations applicable to this plan.

**BEFORE SIGNING, APPLICANT SHOULD READ THE FOLLOWING**

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I, the applicant agree to abide by all Hermann Sons Life Laws, as the same are now in force and effect and as the same may hereafter be amended, passed or enacted.

I hereby certify that the statements and answers in this Application, and any supplements or amendments thereto, are made by me and are complete and true and that they are correctly and fully recorded.

I agree (1) that acceptance shall constitute ratification of the contract as written; (2) that no person other than the President and CEO or any authorized Hermann Sons Life officer can act for Hermann Sons Life to make, modify or discharge the contract or waive any of its requirements; and (3) that this application and any supplements or amendments thereto, constitute a part of the contract of the parties thereto.

I acknowledge that I have read the above Disclosure Statement, including the Tax Status statement.

Signed at \_\_\_\_\_, Texas Date: \_\_\_\_\_

Witnessed by \_\_\_\_\_, Agent. Applicant: X \_\_\_\_\_