



Is the **Proposed Annuitant** a member of ISDA?

Yes No

(If no, with this application the Annuitant is applying for membership.)

1. Full Name of Proposed Annuitant:

Address:

City: State: Zip:

Phone:

E-mail:

Date of Birth: Age: Sex:
 M F

Social Security #: Birth Place:

2. Owner: Complete only if **Owner** is different from Proposed Annuitant

Full Name of Proposed Owner:

Address:

City: State: Zip:

Phone:

E-mail:

Date of Birth: Age: Sex:
 M F

Social Security # OR EIN# (if owner is non-person entity)

3. Plan: Flexible Premium Deferred Annuity Name

2 Year Annuity 5 Year Annuity 8 Year Annuity

Other _____

Single Premium Immediate Annuity (SPIA)

Settlement Option desired (must provide proof of age)

(ex. Driver's License, Passport, State ID, Birth Certificate)

4. Plan Type: Qualified

IRA SEP HSA Roth

Simple Coverdell Other _____

Plan Type: Non-Qualified

Other _____

5. Replacement:

- a. Does the applicant have existing life insurance or annuity contracts with any company?
 Yes No
- b. Will the annuity now applied for replace or change any existing insurance or annuity? Yes No
If yes, you must complete and submit a Replacement Form.

6. Payment:

Amount Paid with Application \$ _____

Expected Transfer Amount \$ _____

Billing Form: Annually Bank Draft ACH

Other _____ Do Not Bill

Amount of Modal Premium, if any \$ _____

Special Request _____

7. Beneficiary Information: Provide name, address, share/percentages, and relationship to proposed annuitant.

Primary:

Contingent:

Fraud Warning

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The Proposed Annuitant shall be the Owner of any contract issued except when the Owner may be other than the Annuitant or is an entity other than a person, the Applicant will be the Owner.

The contract will be effective on the later of: (1) the effective date requested by in this Application; or (2) the date the full premium is received by the ISDA at its home office.

Having read the above statements and answers, I (we) represent that they are true and complete and agree that: (1) This application shall be the basis for and a part of any policy issued; and (2) No policy of ISDA can be made, modified, or discharged, nor may any of its rights or requirements be waived, except in writing signed by an ISDA Officer.

I (We) declare that the Proposed Annuitant is a citizen of the United States of America. I (We) desire to fraternally join the Order Italian Sons and Daughters of America and ISDA for financial security and other fraternal benefits.

Dated at _____ this _____ day of _____ 20 _____

X _____
Signature of Proposed Annuitant
(Parent or Guardian if under the age of 18)

X _____
Signature of Owner (if other than Proposed Annuitant)

Agent Name (Print)

Agent State License Number

X _____
Agent Signature

Date

Please NOTE, the appropriate Disclosure Statement and Suitability Questionnaire must be included with this Application

Agent's Report

1. Did you ask each question as set forth in the application? Yes No
2. To the best of your knowledge, is insurance or annuity replacement involved in this transaction? Yes No
If yes, you must complete and submit a Replacement Form.
3. I have verified the Proposed Annuitant's identity by viewing the individual's photograph in a driver's license, passport, or other official document. Yes No

X _____
Agent Signature

ISDA Agent Number

Date

Agent's Name (Print)

Notes _____

ANNUITY SUITABILITY QUESTIONNAIRE

This form must be completed and submitted with the application before we can offer you a policy.

Proposed Annuitant _____ Age _____

Annuity Plan 2 Year 3 Year 5 Year 8 Year Premium Amount \$ _____
 Qualified/IRA Non-Qualified

ISDA is required by the state insurance department to ask information that will help determine whether an annuity contract is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application and to your understanding of the features of the annuity for which you are applying. This information will not be used for any other purpose and will remain confidential.

You have the legal right to decline to provide this information. If this is your wish, please skip to the 'Consumer Refusal to Provide Information' form and read and complete it.

NO I REFUSE to answer all/some of the questions below and will complete the 'Consumer Refusal to Provide Information' form

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that ISDA may elect to NOT issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

What is your overall risk tolerance? Conservative Moderate Aggressive

What is your federal income tax bracket? 0-15% 16-25% 26-35% over 35%

Annual household income \$0-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999 over \$100,000

Source of income - check all that apply: Employment Investments Social Security
 Retirement Other _____

What is your net worth? \$0-\$49,999 \$50,000-\$99,999 \$100,000-\$249,000
 \$250,000-\$499,999 \$500,000-\$749,000 \$750,000-\$999,999 over \$1,000,000

Proposed annuity represents _____% of my net worth

Investment objectives in purchasing this annuity - check all that apply:

Preservation of Capital Future Income Wealth Accumulation Inheritance
 Charitable Giving Education Planning Tax Deferral Immediate Income

How do you expect to take money out of this annuity (except for RMDs)?
 Regular income stream Lump sum Interest withdrawals Other _____

When do you expect to take money out of this annuity?
 Under 1 year 1-3 Years 4-5 Years 6-9 Years 10+ years Never

Check all of the following financial products that you have prior experience with - check all that apply:
 CDs Fixed Annuities Variable Annuities Stocks/Bonds
 Mutual Funds None

What is your source for this annuity's premium? (check all that apply)
 Annuity Life Insurance CDs Other _____

Will you incur any surrender charges, early termination fees or any other fees from the funding source for this annuity that you indicated in the previous question? NO YES amount \$ _____

What is your employment status? Employed Unemployed Retired

Do you have funds available to you in case of an emergency? NO YES

After purchasing this annuity will you have enough other assets to meet your liquidity needs? NO YES

Has the proposed owner replaced or exchanged this annuity contract at another financial institution within the past 36 months? YES NO

AGENT'S STATEMENT

I have made a reasonable effort to obtain information from my client concerning the financial status, investment objectives, and other pertinent information.

It is my belief that, based on the information provided by my client and all the circumstances known to me at the time that the recommendation was made, the annuity being applied for, based on my recommendation, is suitable for my client's insurance needs and/or financial objectives.

It is my belief that my client does not have any diminished capacity with regards to making financial decisions on his/her own behalf.

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/exchange the owner's existing annuity(ies): _____

X

Agent's Signature

Date

OWNER'S STATEMENT AND ACKNOWLEDGEMENTS

I have been given, have read, and understand the Annuity Disclosure Statement which informs me of the proposed annuity features such as minimum interest rate guarantees, potential surrender charges and tax penalties if I surrender or annuitize the annuity.

After discussing my risk tolerance and financial needs with my agent, I have determined that buying this annuity helps me meet my long-term financial objectives.

I have reviewed the information in this form supplied by/about me and acknowledge it is accurate. I understand that ISDA will use this information to review the recommendation for suitability that was made by my agent.

X

Owner's Signature

Date

CONSUMER REFUSAL TO PROVIDE INFORMATION

Do not sign unless you have read and understand the information in this form

Why are you being given this form?

You are buying a financial product, an annuity. In order for the agent and/or company to recommend a product that meets your needs and makes sense in your situation, information regarding your financial situation and objectives is needed.

By signing this form you are confirming that you have declined to provide some or all of the information needed by the agent and/or company to effectively determine which, if any, annuity products are suitable for you.

- I REFUSE to provide information at this time.
- I have chosen to provide LIMITED information at this time.

Customer Signature

Date

Agent Signature

Date

3. At settlement, the interest rate payable on the periodic income option selected by the Annuitant shall be as established by ISDA, but not less than your minimum guaranteed interest rate. See the Annuity Buyer's Guide (posted on our website www.isdafinancial.com) for a complete description of the periodic income options, also referred to as settlement option or income payment option.
4. Withdrawals during the first and later years of the contract are subject to a withdrawal charge of:

Annuity	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Liquid 2	1/2%	1/2%							
Silver 2	4%	4%							
Titanium 3	5%	4%	2%						
Gold 5	5%	4%	2%	2%	1%				
Elite 8	8%	7%	6%	5%	4%	3%	2%	1%	
Platinum 8	7%	6%	5%	5%	4%	3%	2%	1%	

The withdrawal charges are based on the amount withdrawn. After the first year the Owner may withdraw, each contract year, up to 15% (Non-MEGA only) on the anniversary date cash value with NO withdrawal charge.

MEGA Flex	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
MEGA Flex 2	9%	9%							
MEGA Flex 3	9%	9%	8%						
MEGA Flex 5	9%	9%	8%	7%	6%				
MEGA Flex 8	9%	9%	8%	7%	6%	5%	4%	3%	

The withdrawal charges are based on the amount withdrawn. After the first year the Owner may withdraw, each contract year, up to 10% (MEGA only) on the anniversary date cash value with NO withdrawal charge.

5. The cash value of the annuity will be paid upon maturity or alternate maturity date of the contract or at the death of the Annuitant. The cash surrender value is paid upon the Owner's request for the surrender value of the contract. Partial withdrawals are available.
6. The death benefit payable at the death of the Annuitant shall be the contract cash value as of the date of death. The contract cash value is (1) the sum of premiums paid plus (2) interest credits plus (3) any dividends added less (4) any withdrawals.
7. Federal Income Tax on the taxable portion of the annuity proceeds will be deferred until the Annuitant or Beneficiary draws funds from the annuity or on funds paid to the beneficiary. If taxable proceeds are withdrawn by the Owner prior to age 59 1/2, there may be a 10% Federal Excise tax payable on the taxable portion of funds withdrawn.
8. Riders added: NONE
9. Fees and Charges: NONE

CERTIFICATION OF DISCLOSURE STATEMENT DELIVERY

I certify that the original copy of this Disclosure Statement was given to the Proposed Annuitant no later than the time the application was signed by the Applicant or within five days after receipt of application along with the Annuity Buyer's Guide. (See Buyer's Guide posted on our website www.isdafinancial.com)

Proposed Annuitant Name _____

Annuity Disclosure was provided to the Proposed Annuitant on _____, 20_____

Agent Name _____

Agent Signature _____

Date _____, 20_____

**STATE OF INDIANA
NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE**

If you are thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good one - or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide. • Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form MUST be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION on _____
(Name of Insured)

COMPANY	TYPE OF POLICY	POLICY NO.	DATE OF ISSUE	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS

(If more policies are involved, use additional sets of forms.)

PROPOSED POLICY INFORMATION on _____
(Name of Insured)

COMPANY	TYPE OF POLICY	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS

Indiana Department of Insurance Regulation, 760 rAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. YOU HAVE THE RIGHT, WITHIN TWENTY DAYS AFTER DELIVERY OF A REPLACEMENT POLICY, TO RETURN IT TO THE COMPANY AND TO CLAIM AN UNCONDITIONAL REFUND OF ALL PREMIUMS PAID ON IT.

Applicant's/Insured's Signature

Date

Producer's Signature

Address

Telephone Number

Indiana License Number

IRC Sec 1035 EXCHANGE FOR NON-QUALIFIED TRANSFERS TO ISDA

Section 1: Existing Contract or Policy to be Transferred

Owner's Name _____	Social Security # _____
Name of Surrendering Co _____	Surrendering Co Phone # _____
Co Address _____	Current Contract/Policy # _____
City _____ State _____ Zip _____	Type: <input type="checkbox"/> Annuity Contract <input type="checkbox"/> Life Insurance Policy

Section 2: Transfer Instruction:

- I wish to liquidate **all funds** from the above-referenced contract/policy. This transfer is intended to be processed as a tax-free exchange under Internal Revenue Code Section 1035(a).
Expected transfer amount \$ _____
- I wish to liquidate **a partial amount** from the above-referenced contract/policy in the amount totaling \$ _____
(Not all companies allow partial exchanges. IRS regulations for partial withdrawals are not finalized, consult your tax advisor.)
- A.** I authorize and approve ISDA's intent to surrender the above-referenced contract/policy:
 Immediately OR Other date _____, 20_____
- B. Existing Contract:**
 My contract is attached with this application.
 I declare that the contract has been lost or destroyed. I will not claim any right if found in the future.
- C.** Apply proceeds to: New ISDA Contract # _____ Existing ISDA Contract # _____

Section 3: Statement of Understanding Applies When Replacing Life Insurance with an Annuity

I understand that, as a result of the 1035(a) exchange from the above-referenced life insurance policy into an ISDA annuity, there will be a reduced death benefit (at the time of the exchange) from the amount payable upon the death of the insured under the life insurance contract, to the amount payable upon the death of the owner under the ISDA annuity.

I understand that the death benefit from the replaced life insurance contract is income tax-free to the beneficiary, whereas the gain in the annuity contract will be taxable to the beneficiary as ordinary income.

Section 4: Transfer Authorization

I understand that any tax obligations of this transaction are mine. I am not relying on ISDA (nor any of its agents or employees) for any tax advice. In order to effectuate this 1035 Exchange, I hereby make irrevocable and absolute assignment of the above-referenced contract to ISDA, and irrevocably transfer and deliver to ISDA all rights, title and interest of the contract therein.

X _____
Owner's Signature _____
Date

X _____
Witness Signature

ISDA Authorized Letter of Acceptance

Based on the authorization and assignment above, please liquidate the assets as instructed. ISDA agrees to serve as the new Custodian/Trustee. ISDA will accept the check as stated above and transfer it under IRC Sec 1035(a).


ISDA Officer

Make check payable to:
ISDA Fraternal Association
FBO: *(insert policy owner name)*
419 Wood Street
Pittsburgh, PA 15222-1825