



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.

ISDA FRATERNAL ASSOCIATION IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.

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

**Qualified “Best Interest” Disclosure Statement – PTE 84-24**

This PTE 84-24 form is being provided to you as required by law under the ERISA Prohibited Transaction Exemption 84-24 (PTE 84-24). This statement contains information that you should read and understand prior to using funds from an individual retirement or qualified plan retirement account to purchase an annuity.

**Relationship of Agent to Insurance Company**

You will be purchasing your annuity through an agent who is independent of ISDA Financial Life and has no contractual obligation to recommend only ISDA Financial Life’s annuity contracts. Agents can recommend annuity contracts that are issued by ISDA Financial Life as well as other insurance companies.

**Commissions**

ISDA Financial Life will pay your agent a commission for each deposit made to your annuity with ISDA Financial Life. The total commission to be received by the agent and/or an affiliate of the agent is between 0.15% and 4.0% of the annuity premium amount. Commissions are paid by ISDA Financial Life and are **NOT** subtracted from your deposit payments or from your annuity contract values.

**Other Material Conflicts of Interest**

A material conflict of interest exists if the agent has a financial interest that a reasonable person would conclude could affect the exercise of the agent’s judgement in rendering advice as a fiduciary. In addition to commissions, the agent has the following other material conflicts of interest: \_\_\_\_\_

**Contract Charges**

Early Withdrawal Charge: An early withdrawal charge will be deducted from contract values if you took a withdrawal during the first \_\_\_\_\_ contract years. No further withdrawal charges will apply to this contract, and no charges will apply if the contract terminates due to death.

**Applicant/Owner Acknowledgement and Consent**

I acknowledge receipt of this Disclosure Statement and have received it prior to the purchase of the annuity contract. As IRA Owner I hereby approve the purchase of the annuity contract.

\_\_\_\_\_  
Signature of IRA Owner

\_\_\_\_\_  
Date

**Agent Acknowledgement**

I have not made any materially misleading statements in connection with the proposed annuity. My recommendation has been made with the best interest standard of care, and I believe this annuity purchase is appropriate based on the information supplied and reviewed with the applicant/owner.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**ANNUITY DISCLOSURE STATEMENT**

- Form ICC19 FPDA2 - Flexible Premium Deferred Annuity 2 Year Surrender Period
- Form ICC21 FPDA3 - Flexible Premium Deferred Annuity 3 Year Surrender Period
- Form ICC19 FPDA5 - Flexible Premium Deferred Annuity 5 Year Surrender Period
- Form ICC19 FPDA8 - Flexible Premium Deferred Annuity 8 Year Surrender Period
- Form ICC20 JTANN - Flexible Premium Deferred Joint Annuity 8 Year Surrender Period
- Form ICC22 MEGA 2 - Flexible Premium Deferred Annuity 2 Year Surrender Period
- Form ICC22 MEGA 3 - Flexible Premium Deferred Annuity 3 Year Surrender Period
- Form ICC22 MEGA 5 - Flexible Premium Deferred Annuity 5 Year Surrender Period
- Form ICC22 MEGA 8 - Flexible Premium Deferred Annuity 8 Year Surrender Period

This disclosure statement is for your protection. It gives you basic information about the annuity being considered and is not intended to be a complete explanation of the annuity. Only the annuity contract contains complete details. Please read this disclosure carefully before signing any agreement to buy an annuity or before accepting your contract.

A. Owner/Annuitant Name \_\_\_\_\_

Joint Owner/Annuitant Name \_\_\_\_\_

Applicant Name \_\_\_\_\_  
(If different than Owner/Annuitant)

B. Insurer:                    ISDA Fraternal Association                    419 Wood Street  
    (A Fraternal Benefit Society)                    Pittsburgh, PA 15222-1825

C. Description: A fixed annuity is a contract whereby for the premium or multiple premiums received, ISDA agrees to pay the Owner income from this annuity at a later date. Annuities are meant to provide funds for retirement and are considered to be long term. See *Annuity Buyer's Guide* posted on our website [www.isdafinancial.com](http://www.isdafinancial.com).

Note: If an Owner other than the annuitant purchases the annuity, that Owner shall have control of the annuity contract issued until ownership is transferred to the annuitant.

1. The interest rate on accumulated funds paid by ISDA on this annuity is guaranteed to never be less than:

Annuity	Minimum Guaranteed Interest Rate
Liquid 2	2.80%
Silver 2	2.80%
Titanium 3	2.80%
Gold 5	2.80%
Elite 8	2.80%
Platinum 8	2.80%

MEGA Flex Annuity	Minimum Guaranteed Interest Rate
MEGA Flex 2	2.80%
MEGA Flex 3	2.80%
MEGA Flex 5	2.80%
MEGA Flex 8	2.80%

2. The actual interest credited rate (non-guaranteed) on premiums paid by ISDA will be based on the new money rates in effect at the time the money is received, and that rate is guaranteed for one year. Thereafter, the credited interest rate is subject to periodic review by ISDA and may change from time to time. The ISDA board of directors may declare a dividend which is also a non-guaranteed element.

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](http://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](http://www.isdafinancial.com))

Proposed Annuitant Name \_\_\_\_\_

Annuity Disclosure was provided to the Proposed Annuitant on \_\_\_\_\_, 20\_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_\_





**STATE OF ILLINOIS  
NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITY**

*REPLACING YOUR LIFE INSURANCE OR ANNUITY?*

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the insurance producer or company that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

List below the identification of policies which are involved in the replacement transaction:

Name of insured	Existing Insurance Company	Contract Number	Face Amount	Plan Type

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

**STATE OF ILLINOIS  
NOTICE REGARDING PROPOSED REPLACEMENT OF LIFE INSURANCE OR ANNUITY**

Name of Existing Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Attention:

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

This notice is given pursuant to 50 Ill. Adm. Code 917.70(c)


\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

**QUALIFIED PLAN TRANSFER/ROLLOVER TO ISDA**

Owner's Name _____	
Date of Birth _____	Soc Sec # _____
Street Address _____	
Phone # _____	
City _____	State _____ Zip _____
Email Address _____	
<b>Section 1: Transferring from: (Please check one)</b>	
<input type="checkbox"/> Annuity	<input type="checkbox"/> Credit Union
<input type="checkbox"/> Bank/S & L	<input type="checkbox"/> Securities/Brokerage
<input type="checkbox"/> Employer Plan	<input type="checkbox"/> Other _____
<i>Bank Institutions/ Securities may require a Medallion Signature/Stamp</i>	
<b>Section 2: Current Custodian/Trustee</b>	
Please process a Transfer/Direct Rollover as requested below. This transfer is intended to qualify as a Direct Rollover and shall not constitute either actual or constructive receipt of income for federal income tax purposes.	
Current Custodian/Trustee _____	Policy/Account # _____
Street Address _____	
Maturity Date _____	
City _____	State _____ Zip _____
Phone # _____	
<b>Section 3: Current Account Type: (Please check one)</b>	
<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> 401(k)	<input type="checkbox"/> Coverdell Education
<input type="checkbox"/> TSA	<input type="checkbox"/> SEP
<input type="checkbox"/> HSA	<input type="checkbox"/> Other _____
<b>Section 4: Transfer/Rollover to ISDA Account Type:</b>	
<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> TSA	<input type="checkbox"/> Coverdell Education
<input type="checkbox"/> SEP	<input type="checkbox"/> Other _____
<input type="checkbox"/> HSA	<input type="checkbox"/> ISDA Policy # _____
<b>Section 5: Required Minimum Distribution (RMD): (Please check one), if applicable:</b>	
<input type="checkbox"/> The current year RMD has already been satisfied. <input type="checkbox"/> The current year RMD has NOT been satisfied.	
<b>Section 6: Transfer/Rollover Amount: (Please check one)</b>	
<input type="checkbox"/> Liquidate entire account balance \$ _____	<input type="checkbox"/> Maximum available \$ _____
<input type="checkbox"/> Liquidate partial account balance \$ _____	<input type="checkbox"/> Surrender free amount \$ _____
<b>Section 7: Date of Transfer:</b> <input type="checkbox"/> Process Immediately <input type="checkbox"/> Process on (date) _____, 20_____	
<b>Section 8: Authorization:</b> I authorize you, my current custodian/trustee, to process the transfer of funds as requested to ISDA.	
<b>X</b> _____	_____
Owner's Signature	Date
<b>ISDA Authorized Letter of Acceptance</b>	
ISDA has received and approved an application for an annuity contract of the type indicated above. ISDA will accept the funds being transferred and serve as the new Custodian/Trustee for the qualified account of the above-named applicant.	
 ISDA Officer	Make check payable to:  ISDA Fraternal Association FBO: (insert policy owner name) 419 Wood Street Pittsburgh, PA 15222-1825