ISDA FINANCIAL LIFE
Life Insurance and Annuities

INDIVIDUAL ANNUITY APPLICATION

Please Print

ISDA Fraternal Association
A Fraternal Benefit Society
(Herein called ISDA)

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 _____ **X** _____

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

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 _____

_____

_____

_____

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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

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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

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 (A Fraternal Benefit Society) 419 Wood Street 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.*

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	3.00%
Silver 2	3.00%
Titanium 3	3.00%
Gold 5	3.00%
Elite 8	3.00%
Platinum 8	3.00%

MEGA Flex Annuity	Minimum Guaranteed Interest Rate
MEGA Flex 2	3.00%
MEGA Choice 2	3.00%
MEGA Flex 3	3.00%
MEGA Flex 5	3.00%
MEGA Flex 8	3.00%

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) 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	½%	½%							
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 Choice 2	9%	0%							
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_____