



ISDA Fraternal Association

A Fraternal Benefit Society

(Herein called ISDA)

419 Wood Street #3 Pittsburgh, PA 15222-1825

Phone: 800-457-ISDA (4732) | Fax: 412-261-9897 | www.orderisda.org

ANNUITY APPLICATION

(PLEASE PRINT)

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 No.: Birth Place

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

Full Name of Proposed Owner:

Address:

City: State: Zip:

Phone:

E-mail:

Date of Birth: Age: Sex: ☐ M ☐ F

Social Security Number / EIN# (if owner is non person entity)

3. **Plan: Flexible Premium 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: Drivers License, Passport, State ID, Birth Certificate)

4. **Plan Type: Qualified** ☐

☐ IRA ☐ SEP ☐ HSA ☐ Roth

☐ Simple ☐ Coverdell ☐ Other _____

Plan Type: Non-Qualified ☐

☐ Other _____

5. **Replacement:**

Will the annuity now applied for replace or change any existing insurance or annuity? ☐ Yes ☐ No

If yes, 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: \$ _____

Special Request: _____

7. **Beneficiary:**

(Give: full name(s); address(s); share/percentages; and relationship to proposed annuitant)

Primary:

Contingent:

Fraud Warning

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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 Fraternal Association 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 Fraternal Association 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's Name: _____ (Print) # _____
State License Number: _____

X

Agent's Signature

/ /

Date

Please NOTE, the appropriate Disclosure Statement and Suitability Questionnaire must be included with the 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, complete and submit a Replacement Form.

3. I have verified the Proposed Annuitant's identity by viewing the individual's photograph in a driver license, passport or other official document. ☐ Yes ☐ No

X

Agent's Signature

Agent's Name (Print)

/ /

Date

ISDA Fraternal Association Agent Number _____

Notes: _____

RECEIPT

Received from: _____
this _____ day of _____, 20____ the sum of: \$ _____, in connection with an application for annuity
contract type: _____.

This receipt will be invalid if payment is made by draft, check, money order or note which is not paid in full when presented for payment by ISDA. No other form of receipt for advance payment or premium will be recognized by ISDA. Please notify ISDA if, within 30 days after the date of this receipt, you have not received: (1) the contract applied for; or (2) a refund of the amount paid.

Make all remittances payable to ISDA Fraternal Association. Do NOT make payable to agent or leave the payee blank.

This receipt is not valid unless: signed by an agent of ISDA Fraternal Association.

X _____ / /
Signature of Authorized Agent **Date**

Agent's Name (Print)

If Payment is made with application, this receipt must be given to applicant, otherwise it must be detached.

**DEPARTMENT OF FINANCIAL SERVICES***Division of Agent & Agency Services - Bureau of Investigation***ANNUITY SUITABILITY QUESTIONNAIRE**

Owner: Last _____ First _____ Middle _____

Date of Birth _____ / _____ / _____ Age _____ Sex _____

Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____

Form of Ownership: _____

Supporting documents (list): _____

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- ☐ Income ☐ Growth (long term) ☐ Safety of Principal and Income
☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death
☐ Other: _____

Owner's Signature _____**Date Signed** _____

Describe your risk tolerance: (Check all that apply)

☐ Conservative ☐ Moderately conservative ☐ Moderate ☐ Moderately aggressive

☐ Aggressive ☐ Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? _____

☐ Yes ☐ No

If yes, will you pay a penalty or other charge to obtain these funds? _____

☐ Yes ☐ No

If yes, the amount of the charge or penalty _____

\$ _____

Additional Information:

Owner's Signature

Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

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 or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- ☐ I **REFUSE** to provide this information at this time.
- ☐ I have chosen to provide **LIMITED** information at this time.
- ☐ My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- ☐ My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner’s Signature

Date Signed

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 2 Choice - 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.

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	2.65%
Silver 2	2.65%
Titanium 3	2.65%
Gold 5	2.65%
Elite 8	2.65%
Platinum 8	2.65%

MEGA Flex Annuity	Minimum Guaranteed Interest Rate
MEGA Flex 2	2.65%
MEGA Choice 2	2.65%
MEGA Flex 3	2.65%
MEGA Flex 5	2.65%
MEGA Flex 8	2.65%

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____