

**APPLICATION FOR ANNUITY  
TO  
PROFESSIONAL LIFE & CASUALTY COMPANY-CHICAGO, ILLINOIS**  
(If space is insufficient to answer questions, submit Supplement to Application)

1. NAME OF ANNUITANT \_\_\_\_\_
2. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_
3. MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATED \_\_\_\_\_
4. RESIDENCE Address \_\_\_\_\_ Home Tel. Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Number \_\_\_\_\_
5. SOCIAL SECURITY NUMBER \_\_\_\_\_
6. OCCUPATION \_\_\_\_\_ Employer Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. PLAN OF ANNUITY \_\_\_\_\_ Tax-Deferred \_\_\_\_\_ SEP \_\_\_\_\_ Qualified \_\_\_\_\_  
\_\_\_\_\_ Traditional IRA \_\_\_\_\_ ROTH \_\_\_\_\_ Non-Qualified \_\_\_\_\_ Other \_\_\_\_\_
8. AMOUNT OF INITIAL DEPOSIT \$ \_\_\_\_\_ (MINIMUM \$1,500.00)
9. OWNER (If other than applicant) \_\_\_\_\_ Applicant or \_\_\_\_\_ Other Owner Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
CONTINGENT OWNER (If owner does not survive applicant) \_\_\_\_\_
10. MAILING ADDRESS (If different than Residence)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
11. BENEFICIARY AS TO PROCEEDS AT DEATH OF THE ANNUITANT
- | Name(s)                               | Address | Relationship | Social Security Number |
|---------------------------------------|---------|--------------|------------------------|
| Primary _____                         |         |              |                        |
| _____                                 |         |              |                        |
| (If no primary beneficiary is living) |         |              |                        |
| Secondary _____                       |         |              |                        |
| _____                                 |         |              |                        |
- Survivors within a class (Primary or Secondary) entitled to the proceeds shall share equally unless other specified.
12. Will any life insurance or annuities in any company be discontinued or changed if the insurance you applied for is issued?  
\_\_\_\_\_ No \_\_\_\_\_ Yes Name \_\_\_\_\_  
If yes, please indicate the company name & address Address \_\_\_\_\_

The statement and answers in this application are true and complete. It is agreed that:

1. This application and any amendments thereto shall be the basis of any contract granted.
2. This application and any amendments thereto shall be a part of any contract granted, and shall constitute the entire contract between the parties.
3. No contract provisions shall take effect until a contract issued by the Company is accepted by the applicant and the full first premium is paid.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Resident Licensed Agent

\_\_\_\_\_  
Signature of Annuitant