

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** _____
 Street Address _____

 City/State/Zip _____

5. Social Security Number: _____

TELEPHONE NUMBER
 (____) _____

6. **OCCUPATION** _____
 Duties _____

Employer _____
 Name _____ Address _____ No. of Years _____

7. **PLAN OF ANNUITY** _____ TAX-DEFERRED: _____ QUALIFIED _____ NON-QUALIFIED
 _____ IRA _____ SEP _____ OTHER

8. **Amount of Initial Deposit** \$ _____ (minimum \$1,500.00)

9. **OWNER:** (If other than applicant, give Name, Relationship and Age)
 _____ Applicant or _____ Other
 Name & Relationship _____ Age _____
 Address _____
 City/State/Zip _____

Contingent Owner, if owner does not survive applicant: _____

10. **MAILING ADDRESS:** (if different than Residence)
 Address _____ City _____ State _____ Zip Code _____

11. **BENEFICIARY AS TO PROCEEDS AT DEATH OF THE ANNUITANT:**

Name	Address	Relationship	Social Security #
Primary: _____			
Secondary, if no primary beneficiary is living: _____			

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 If yes, please indicate the company. _____
Name and Address

The statements 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 _____

 Resident Licensed Agent

 Signature of Annuitant

 Signature of Owner, if other than Annuitant