

Catholic Family Fraternal of Texas - K.J.Z.T. Application For Membership & Annuity

New Business (Certificate Number) _____ or Existing Member (Certificate Number) _____

CFFT provides insurance and annuities only to its members.

Each of the undersigned declares that the Proposed Annuitant is eligible for regular membership, associate membership, social membership, or juvenile membership under the rules set forth in the Constitution and Bylaws of Catholic Family Fraternal of Texas - K.J.Z.T. Upon acceptance of the Fraternal of this application for membership, the Proposed Annuitant will become a member(s) of:

Society # _____ Catholic? Yes No Sponsored? Yes No

Proposed Annuitant Name: _____ Adult Regular Adult Associate
 Junior Regular Junior Associate

Signature _____ Date _____

Does the Proposed Annuitant have any existing life insurance policies or annuity contracts in force? Yes No
Will the proposed annuity replace or change in whole or in part any in force life insurance or annuities? Yes No
If yes, please give name of company, amount of insurance and policy number _____

Product Information 3 Yr Single Premium Deferred Annuity 5 Yr Single Premium Deferred Annuity
 Single Premium Deferred Annuity Flexible Premium Deferred Annuity

Premium Information

Amount Remitted
\$ _____

Premium Payor?
 Applicant
 Other - Include Name & Address
in Special Requests

Premium paid by:
 Check Cash
 Loan Surrender
 Other _____

Tax Year (Pension Only)

Select one type of billing:
 Annual Semi-Annual
 Quarterly Monthly Bank Draft
 No Bill

First Bank Draft expected (Mo/Day)

Plan Information

Regular Annuity - Non-Pension IRA 408b IRC IRA 408b Spousal IRA Rollover
 IRA Direct Transfer Roth IRA Simplified Employee Pension 408K SEP
 Other _____

Proposed Annuitant First Name, Middle Initial, Last Name		Social Security Number [][][] [][] [][][][]			Birthdate Mo. Day Year		Age
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name (if applicable)				Place of Birth		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					Phone: HM _____ WK _____		

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Owner Information (complete only if other than Proposed Annuitant) Third Party Juvenile

Proposed Owner First Name, Middle Initial, Last Name		Social Security Number [][][] [][] [][][][][]			Birthdate Mo. Day Year		Age
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Maiden Name (if applicable)			Place of Birth		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					Phone: HM _____ WK _____		
Estate ID # _____							

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Special Requests

Beneficiary Designation

First Beneficiary:

Last Name	First Name	Social Security #	Date of Birth	Place of Birth	Relationship

Second Beneficiary:

Last Name	First Name	Social Security #	Date of Birth	Place of Birth	Relationship

Authorization

It is understood and agreed:

1. I have read or have had read to me the above statements and answers. To the best of my knowledge and belief, they are true and complete.
2. That this completed application will be a part of the annuity contract being applied for.
3. That, if this application is accepted, the contract applied for shall take effect on the date the premium is received by Catholic Family Fraternal of Texas - K.J.Z.T. at its Home Office.
4. No change in this application shall be made without my written consent.
5. No representative of Catholic Family Fraternal of Texas - K.J.Z.T. can make or alter any contract or waive any of CFFT's rights or requirements.
6. All requirements of the Anti-Money Laundering Program will be followed with regard to prevention of money laundering and proposed member identification.

I certify that, under penalties of perjury, the Social Security Number or Taxpayer Identification Number shown in this application is correct.

Signed _____ at _____
(Month, Day, Year) (City) (State)

Witnessed by _____
CFFT Representative

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

Representative Writing Number

Signature of applicant/owner
(only if other than Proposed Annuitant)

Representative Statement

1. Does any other family member have applications pending with CFFT? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you wish all applications held for common issue date? <input type="checkbox"/> Yes <input type="checkbox"/> No		Names	Date Applied	Plan
2. Your estimate of Proposed Annuitant:		Annual Income	Other Income (Amt./Source)	Net Worth		

3. Did you complete a Financial Needs Analysis in connection with this application? Yes No
4. Is this annuity intended to replace any other insurance or annuity already in force? Yes No

Additional Information and details:

To the best of my knowledge and belief:

- I have asked all questions and recorded all answers as they were given to me by the Proposed Annuitant and/or applicant.
- Any required Outline of Coverage(s), Notice of Insurance Information Practices, or Buyer's Guide(s) were left with the Proposed Annuitant.

Signature of CFFT Representative

Date

Disclosure Statement

Surrender Charges

Single Premium Deferred Annuity

1 st Policy Year	9%
2 nd Policy Year	8%
3 rd Policy Year	7%
4 th Policy Year	6%
5 th Policy Year	5%
6 th Policy Year	4%
7 th Policy Year	3%
8 th Policy Year +	0%

Flexible Premium Deferred Annuity

1 st Policy Year	9%
2 nd Policy Year	8%
3 rd Policy Year	7%
4 th Policy Year	6%
5 th Policy Year	5%
6 th Policy Year	4%
7 th Policy Year	3%
8 th Policy Year	2%
9 th Policy Year +	0%

3 Year Single Premium Deferred Annuity

1 st Policy Year	8%
2 nd Policy Year	7%
3 rd Policy Year	6%
4 th Policy Year +	0%

5 Year Single Premium Deferred Annuity

1 st Policy Year	8%
2 nd Policy Year	7%
3 rd Policy Year	6%
4 th Policy Year	5%
5 th Policy Year	4%
6 th Policy Year +	0%

The surrender charge will reset at the beginning of each election to enter into a new interest rate guarantee period. If you elect not to enter into a new interest rate guaranteed period, the surrender charge will be 0% in years 4 or 6 and later.

Tax Status

Under current tax law, tax may be incurred on any withdrawal or surrender, and penalty taxes may be applicable for withdrawals or surrender under age 59 ½. There would be an IRS penalty in addition to any early withdrawal penalty imposed by us. You should consult your personal tax advisor regarding any tax applicable to this plan.

Anti-Money Laundering Program

The Catholic Family Fraternal of Texas – K.J.Z.T. Anti-Money Laundering Program fulfills the federally mandated requirements as required by the USA Patriot Act. Section 326 requires minimum standards regarding the identity of customers in connection with an insurance certificate. Due diligence will be used to insure that proper and accurate information will be gathered to verify the identity of a proposed member/applicant, their background, their business interests and their financial needs and objectives. Failure to provide accurate and required information by the proposed applicant/insured may result in this certificate not being issued.

Receipt for Payment

Name of Proposed Annuitant _____

Received from: _____ Amount \$ _____ By Check Other

Note: Make all checks payable to Catholic Family Fraternal of Texas - K.J.Z.T. Do not leave the payee blank or make checks payable to the CFFT representative. The agreement is void if any check given for payment is not honored.

Signature of CFFT Representative

Date



Catholic Family Fraternal of Texas – K.J.Z.T.

Absolute Assignment and Agreement for Exchange of Life Insurance/Annuity Contract(s) 1035 Exchange

Insured/Annuitant		Social Security Number	
Owner		Social Security Number	
Address	City	State	Zip Code

**New Owner: Catholic Family Fraternal of Texas – K.J.Z.T. Po Box 18896 Austin, TX 78760-8896
Contract(s) to be Exchanged:**

Contract Number(s)	Type of Contract	Company Name		
		Company Address		
<input type="checkbox"/> Full 1035 Exchange	100 % of Contract Value	City	State	Zip Code
<input type="checkbox"/> Partial 1035 Exchange	Amount:	Company Phone Number		
For the Benefit of:		<input type="checkbox"/> Policy Lost or Destroyed		

Owner and Catholic Family Fraternal of Texas – K.J.Z.T. (CFFT) agree that the above described contract(s) to be exchanged shall be exchanged for a Life Insurance Annuity certificate to be issued by CFFT. This exchange is intended to be a tax free exchange under Section 1035 of the Internal Revenue Code. The parties agree as follows:

1. Owner hereby assigns all owner's right title, and interest in the contract(s) to be exchanged to CFFT. CFFT shall receive all rights of ownership under the contract(s) including the right to receive and receipt for its cash surrender value. If requested by CFFT, owner agrees to execute a separate assignment form that shall be acceptable to the company that issued the contract(s) to be exchanged so that said company will recognize that CFFT is the owner of the contract(s).
2. CFFT agrees to issue the CFFT certificate for which owner has applied, subject to the terms of paragraph (3) of this agreement. CFFT agrees that the CFFT certificate issued to owner shall be credited with the cash surrender value of the contract(s) to be exchanged as of the date that CFFT receives said cash surrender value.
3. The obligations of owner and CFFT described in paragraphs (1) and (2) of this agreement are contingent upon CFFT's approval of the issuance of the certificate for which owner has applied. If CFFT does not approve the issuance of the certificate, owner's assignment of the contract(s) to be exchanged pursuant to paragraph (1) shall be void.
4. Owner and CFFT may agree to modify the life insurance/annuity certificate for which owner has applied before a CFFT certificate is issued. The modification of the certificate that owner originally applied for, by mutual agreement, shall not change the obligations of owner or CFFT under this agreement. If, by the agreement of the parties the certificate originally applied for is modified, the modified certificate shall become subject to this agreement.
5. Owner warrants that no other individual, firm, or trustee has any interest in the contract(s) to be exchanged and that the owner has the sole right to surrender said contract(s) and receive the cash surrender value.
6. Owner represents and agrees that CFFT is furnishing this assignment and agreement form and is participating in this transaction at owner's request and as an accommodation to owner. Owner represents and agrees that CFFT makes no representations concerning owner's tax treatment under Section 1035 of the Internal Revenue Code or otherwise. Owner agrees that CFFT is not responsible or liable for owner's tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

Signed this _____ day of _____, 20_____

(Witness)

(Owner of Contract(s) to be Exchanged)

Consent of Spouse (Complete when required)

Owner is Single

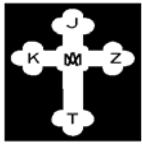
Having examined this instrument and being fully aware of its effect on my rights in the contract(s) being assigned, I hereby consent to the action of the owner in making the assignment.

(Witness)

(Spouse of Owner)

Received and recorded at the State Office of Catholic Family Fraternal of Texas – K.J.Z.T. on _____

By _____ Title _____



Catholic Family Fraternal of Texas – K.J.Z.T.

PO Box 18896

Austin, Tx 78760

512-444-9586 1-888-253-2338

Annuity Suitability Questionnaire

We appreciate your interest in an annuity contract from the Catholic Family Fraternal of Texas – K.J.Z.T. (CFFT). We are required by Texas to ask for 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 product for which you are applying. This information will not be used for any other purpose and will remain confidential.

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 CFFT may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me.

Owner's Name	Age	Social Security Number	
Address	City	State	Zip
Occupation	Phone Number		

FINANCIAL INFORMATION:

Household income: \$ _____ Net Worth: \$ _____

MARITAL STATUS: Single Married Divorced Widowed

FEDERAL TAX RATE: 0% 10% 15% 25% 28% 33% 35%

What is your source for this annuity purchase payment? (check all that apply)

- Annuity Life Insurance CD Inheritance Savings/Checking Current Income
- Reverse mortgage/home equity loan Other _____

FINANCIAL OBJECTIVE:

What are your financial objective(s) in purchasing this product? (check all that apply)

- Income now Future Income Tax-deferred growth Pass on to heirs
- Other _____

After purchasing this annuity, will you have sufficient funds available without penalty for emergencies? Yes No

If you are replacing an existing annuity or life contract, is there a surrender charge? Yes No
If there is a charge, what is the amount? \$ _____

Is there a surrender charge on the product you are purchasing today? Yes No
If there is a charge, for how many years? _____

When do you anticipate taking your first distribution from this annuity? (choose one)

Less than one year Between 1-5 years Between 6-9 years 10 or more years None anticipated

Does the owner reside in a nursing home or assisted living facility? Yes No

REASON FOR PURCHASE:

I believe this product meets my needs at this time Yes No

I have chosen to purchase an annuity other than the recommended product Yes No

To the best of my knowledge, the information above is accurate and complete.

Owner Signature

Date

Agent Signature

Date

You have the legal right to decline to provide this information. If this is your wish, please read the following statement, sign, date, and return this form with your Application for Annuity.

WAIVER of Annuity Suitability Questionnaire

No, I will not answer the questions on the attached sheet, and I take full responsibility for determining whether the proposed annuity is suitable for me.
(The Owner must sign in the "Signature" space below. Your certificate cannot be issued without your signature on either this WAIVER or the Annuity Suitability Questionnaire.)

Owner Signature

Date

Catholic Family Fraternal of Texas – K.J.Z.T.

Automatic Bank Draft Authorization

CFFT Certificate/Loan #(s). _____

Member Name(s) _____

Financial Institution Name: _____

Routing No. _____ Account No. _____

City, State, Zip: _____

Check One:

- Checking**
 Savings

Withdrawal Date:

- 10th 20th 30th

Payment Option:

- Monthly** **Quarterly**
 Semi Annual **Annual**

I authorize Catholic Family Fraternal of Texas – K.J.Z.T. (CFFT) to debit the account indicated above monthly, quarterly, semi-annually, or annually. In addition, I understand that any previous balances due will be withdrawn from my account, on the initial draft date.

I understand that the debit will be made on my certificate anniversary date, unless such date is a Saturday, Sunday or other bank holiday, in which case CFFT will debit my account on the next banking day.

I understand that this authorization form will be notice of the amount and the date of each withdrawal from my account. I understand that I may withdraw from the automatic bank draft plan 10 business days prior to the next bank draft effective date upon written notice to CFFT and that CFFT may terminate the automatic bank draft plan or my participation in the plan at any time.

I understand that my bank account information will be used only for the purpose of setting up my automatic payment and that CFFT will keep my bank account information confidential.

Bank account holder signature

Date

Bank account holder signature

Date

Please include a voided check with this form and mail to: **Catholic Family Fraternal of Texas – K.J.Z.T.**
PO Box 18896
Austin, Tx 78760
(512) 444-9586 1 888-253-2338

CATHOLIC FAMILY FRATERNAL
Newspaper Permission Form

Member's Name _____

Society No. _____

Parent's Name (if minor) _____

Other Information _____

I hereby give Catholic Family Fraternal of Texas CFFT – KJZT permission to publish my Name and photograph (if provided or taken at a sponsored event) in the *Catholic Family Fraternal Journal*.

Signature of Insured Applicant

Date

Photographs are not returnable

Attach Photo to document (optional)

For office use only:

Certificate Number _____

Date Issued _____

**CATHOLIC FAMILY FRATERNAL OF TEXAS-KJZT
PRIVACY POLICY AUTHORIZATION**

Name _____ Certificate No. _____
Address _____
City, State & Zip _____ Date of Birth _____
Phone Number _____ Social Security No. _____

I, the undersigned, hereby request and authorize Catholic Family Fraternal of Texas-KJZT or its designated representative to discuss any and all information and records it may have concerning my KJZT certificate with the following individual(s):

1. Name _____
Relationship _____
Social Security No. _____
Birth Date _____
Place of Birth _____

2. Name _____
Relationship _____
Social Security No. _____
Birth Date _____
Place of Birth _____

3. Name _____
Relationship _____
Social Security No. _____
Birth Date _____
Place of Birth _____

I specifically declare and direct that a copy of this authorization may be used and shall be considered to have the same force and effect as the original of this authorization.

DATE

INSURED'S NAME (*printed*)

SIGNATURE

**Complete and mail to: Catholic Family Fraternal of Texas-KJZT,
PO Box 18896, Austin, TX 78760-8896.

CATHOLIC FAMILY FRATERNAL OF TEXAS-K.J.Z.T.

SPOUSAL CONSENT FORM

If your spouse is not the primary beneficiary of your insurance/annuity certificate, a spousal consent with spousal signature is required.

Certificate Information

Name of Certificate Owner

Certificate Number

Name of Insured/Annuitant

Spousal Existence

I currently :

_____ Do have a spouse

_____ Do not have a spouse

Certificate Owner's Signature

Signature of Certificate Owner

Date Signed

Spousal Consent

I have reviewed the beneficiary designation dated _____ for the certificate number above and, as the spouse of the certificate owner; I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter. I hereby relinquish all my statutory or other rights thereto. I understand and acknowledge that by this consent, I give up my right to any benefit should I survive my spouse after his or her death.

Signature of Certificate Owner's Spouse

Date Signed

Signature of Witness
(K.J.Z.T. Representative or Notary Public)

Date Signed



CATHOLIC FAMILY FRATERNAL OF TEXAS – K.J.Z.T.

CHANGE OF OWNERSHIP

ANNUITY

DATE_____

THE ANNUITANT_____

CERTIFICATE NO_____

ADDRESS_____

CITY,STATE,ZIP_____

PHONE (A/ C)_____ DATE OF BIRTH_____

SOCIETY NO_____

SOCIAL SECURITY NO_____ INS. AMOUNT_____

PRESENT OWNER _____

ADDRESS _____

CITY,STATE,ZIP _____

I, _____ AM A MEMBER OF CATHOLIC FAMILY
FRATERNAL OF TEXAS – KJZT, AND AM THE OWNER OF THE ABOVE NOTED
CERTIFICATE AND I HEREBY IRREVOCABLY ASSIGN ALL RIGHTS OF
OWNERSHIP TO:

NAME _____

ADDRESS _____

CITY,STATE,ZIP _____

PHONE (A/ C) _____

SSN_____ DOB_____

I CERTIFY THAT I HAVE MADE TRUE AND COMPLETE ANSWERS TO ALL OF THE
QUESTIONS CONTAINED IN THIS APPLICATION FOR A CHANGE OF
OWNERSHIP.

SIGNATURE OF PRESENT OWNER

WITNESS

ADDRESS

SIGNATURE – STATE OFFICER

NOTE: Before making any ownership change on your annuity contract, please consult your tax advisor or attorney to review any tax or legal consequences from the change. Most ownership changes will result in a taxable event to the current owner.