



**INDIVIDUAL DEFERRED INDEXED  
ANNUITY APPLICATION**  
(Please print)

Aquila X

Aquila V

**Section 1 - Annuitant**

\_\_\_\_\_  M  F  
**Annuitant's Name (First/Middle/Last)** Social Security Number Date of Birth Gender  
 \_\_\_\_\_  
 Permanent Address (No P.O. Box) City State Zip  Y  N  
 \_\_\_\_\_ U.S. Citizen  
 Mailing Address City State Zip  
 \_\_\_\_\_  
 Phone Number:  Home  Cell e-Mail Address Marital Status Green Card #

Government Issued Photo ID Type and ID No. (Provide State for Driver's License)

**Is the Proposed Annuitant a member of the GCU?**  Yes  No **Lodge Number** \_\_\_\_\_

\_\_\_\_\_  M  F  
**Joint Annuitant's Name (First/Middle/Last)** Social Security Number Date of Birth Gender  
 \_\_\_\_\_  
 Permanent Address (No P.O. Box) City State Zip  Y  N  
 \_\_\_\_\_ U.S. Citizen  
 Mailing Address City State Zip  
 \_\_\_\_\_  
 Phone Number:  Home  Cell e-Mail Address Marital Status Green Card #

Government Issued Photo ID Type and ID No. (Provide State for Driver's License)

**Section 2 - Owner (if other than Annuitant)**

\_\_\_\_\_  M  F  
**Owner's Name (First/Middle/Last)** Social Security Number Date of Birth Gender  
 \_\_\_\_\_  
 Permanent Address (No P.O. Box) City State Zip  Y  N  
 \_\_\_\_\_ U.S. Citizen  
 Mailing Address City State Zip  
 \_\_\_\_\_  
 Phone Number:  Home  Cell e-Mail Address Marital Status Green Card #

Government Issued Photo ID Type and ID No. (Provide State for Driver's License)

\_\_\_\_\_  M  F  
**Joint Owner's Name (First/Middle/Last)** Social Security Number Date of Birth Gender  
 \_\_\_\_\_  
 Permanent Address (No P.O. Box) City State Zip  Y  N  
 \_\_\_\_\_ U.S. Citizen  
 Mailing Address City State Zip  
 \_\_\_\_\_  
 Phone Number:  Home  Cell e-Mail Address Marital Status Green Card #

Government Issued Photo ID Type and ID No. (Provide State for Driver's License)



**Section 7 - Initial Premium Strategy Allocation - \$2,000 minimum per strategy (Must be whole numbers in 1% increments to total 100%)**

- |  |         |                              |
|--|---------|------------------------------|
| 1. Fixed Interest  | _____ % |                              |
| 2. One Year Point-to-Point Barclay's <i>Zorya</i> Index    | _____ % |                              |
| 3. Two Year Point-to-Point Barclay's <i>Zorya</i> Index ** | _____ % |                              |
| 4. One Year Point-to-Point Barclay's <i>Tech</i> Index     | _____ % |                              |
| 5. Two Year Point-to-Point Barclay's <i>Tech</i> Index **  | _____ % | ** Not Eligible for Aquila V |
|  | = 100 % |                              |

**Section 8 - Rider(s) (Only one option can be selected)**

**\* Fee Based**  
**\*\* Not Eligible for Aquila V**

- |   |  |
|---|--|
| Option 1 _____  | Option 2 _____   |
| Cumulative Withdrawal Benefit Rider **                                | Cumulative Withdrawal Benefit Rider**                                |
| Terminal Illness Rider  | Terminal Illness Rider   |
| Nursing Home Rider  | Nursing Home Rider   |
| Wellness Enhancement Rider  | Wellness Enhancement Rider   |
| <b>Income Elevate:</b> Guaranteed Lifetime Withdrawal Benefit         | <b>* Income Pro:</b> Enhanced Guaranteed Lifetime Withdrawal Benefit |
| <br>  | <br>   |
| Option 3 _____  | Option 4 _____ ( <i>Aquila X Only</i> )                              |
| Cumulative Withdrawal Benefit Rider **                                | Cumulative Withdrawal Benefit Rider                                  |
| Terminal Illness Rider  | Terminal Illness Rider   |
| Nursing Home Rider  | Nursing Home Rider   |
| Wellness Enhancement Rider  | Wellness Enhancement Rider   |
| <b>*Income Elite:</b> Enhanced Guaranteed Lifetime Withdrawal Benefit | <b>Elevate Plus:</b> Guaranteed Lifetime Withdrawal Benefit          |
| * Premium Bonus Rider   | Premium Bonus Rider  |

**FRAUD WARNING**

**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.**

**Section 9 - Tax Identification Certification (in lieu of W-9)**

Under penalties of perjury, I certify that:

- The number shown on this application is my correct taxpayer identification number; and
- I am not subject to back-up withholding due to failure to report interest and dividend income; and
- I am a U.S. Citizen or other U.S. Persons (as defined in the W-9 instructions).

Certification Instructions: You must strike out item 2 above if you have been notified by the IRS that you are currently subject to back- up withholding.

**Section 10 - Owner's/Annuitant's Section**

- I/We declare that all statements in this Application are true to the best of my/our knowledge and belief and agree that this Application shall be a part of the Annuity Contract issued by the Company.
- I/We understand that my contract has a free-look period if I am dissatisfied for any reason
- I/We believe this product is suitable for my/our financial goals
- I understand that the annuity contract will not be issued until all money has been received and total dollar amount meets the minimum premium requirement of the product

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

**GCU FINANCIAL LIFE IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.**

I agree that this Application shall be the basis for, and a party of any contract issued. I understand that only an officer of GCU may, in writing: (1) make or modify contracts: or (2) waive any of GCU's rights or requirements.

**Dated at:** (City, State) \_\_\_\_\_ **this** (Date) \_\_\_\_\_ **Day of** (Month) \_\_\_\_\_, (Year) \_\_\_\_\_

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

\_\_\_\_\_  
Owner Signature (*If different from Annuitant*)

\_\_\_\_\_  
Joint Annuitant

\_\_\_\_\_  
Joint Owner Signature

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### **Section 11 - Agent's Report**

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were: (1) left with the client and (2) retained in my files. I certify that any required disclosure material has been presented to the applicant. I have not made any statements which differ from this material nor have I made any promises about the future expected values of this Contract.

\_\_\_\_\_  
Primary Agent Name (*print*)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Percent

\_\_\_\_\_  
Signature of Primary Agent

\_\_\_\_\_  
Agent e-Mail

\_\_\_\_\_  
Other Agent Name (*print*)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Percent

\_\_\_\_\_  
Agency Name



**GCU**

5400 Tuscarawas Rd, Beaver PA, 15009

P 1.800.722.4428 F 724.495.3421 E info@GCUusa.com

**Annuity Suitability Questionnaire**

These questions are designed to help determine if purchasing an annuity product is suitable for your needs. All questions must be completed, and your signature is required.

**ANNUITY TYPE:** (check one)  Qualified  Non-Qualified

**Owner/Applicant Information:**  Married  Single  Divorced  Widowed

Owner/Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Joint Owner Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Work Status: Owner:  Employed  Unemployed  Retired  Disability  
Joint Owner:  Employed  Unemployed  Retired  Disability

2. Residence: Owner:  Living at Home  Assisted Living  Nursing Home  
Joint Owner:  Living at Home  Assisted Living  Nursing Home

**Financial Objectives:**

3. Federal Tax Rate:  0%  10%  12%  22%  24%  32%  35%  37%

4. Do you own any of the financial products listed:

- |   |   |
|---|---|
| <input type="checkbox"/> Stocks                   | <input type="checkbox"/> Certificates of Deposit                |
| <input type="checkbox"/> Mutual Funds             | <input type="checkbox"/> Annuities                              |
| <input type="checkbox"/> Brokerage Account        | <input type="checkbox"/> Life insurance                         |
| <input type="checkbox"/> Bonds                    | <input type="checkbox"/> 401K/Pension                           |
| <input type="checkbox"/> Checking/Savings Account | <input type="checkbox"/> I do not own any of the above products |

5. What percentage of your liquid assets would you feel comfortable allocating to the categories below?

Low Risk \_\_\_\_\_%      Moderate Risk \_\_\_\_\_%      High Risk \_\_\_\_\_%

(100% of Total Assets)

6. Investment Objectives (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Income                      | <input type="checkbox"/> Wealth Accumulation               | <input type="checkbox"/> Retirement/Estate Planning |
| <input type="checkbox"/> Potential for better rate   | <input type="checkbox"/> Potential for Growth              | <input type="checkbox"/> Inheritance/Death Benefit  |
| <input type="checkbox"/> Protection from Market Risk | <input type="checkbox"/> Tax Deferral (non-qualified only) | <input type="checkbox"/> Other _____                |

**Financial Information:**

7. Source(s) of Income (check all that apply)

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Salary/Wages    | <input type="checkbox"/> Interest Income | <input type="checkbox"/> Pension/IRA Payments | <input type="checkbox"/> Trust Income |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Dividends       | <input type="checkbox"/> Other Annuities      | <input type="checkbox"/> Other _____  |

## Annuity Suitability Questionnaire

### Financial Information (Continued):

#### 8. Monthly Income & Expenses

Approximate Monthly Household  
Income (net after taxes): \$ \_\_\_\_\_ (a)

Approximate Monthly Household  
Expenses: \$ \_\_\_\_\_ (b)

Monthly Disposable Household  
Income: \$ \_\_\_\_\_ (c)  
(a) - (b) = (c)

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#### 9. Liquid Assets

Cash \$ \_\_\_\_\_  
Short Term CDs \$ \_\_\_\_\_  
Qualified Plans \$ \_\_\_\_\_  
(Over 59-1/2 and no  
surrender penalties)

Mutual Funds/Brokerage Accounts  
readily convertible to cash  
**without penalty** \$ \_\_\_\_\_  
Annuities/Insurance cash values  
not subject to surrender penalty \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**Total Liquid Assets:** \$ \_\_\_\_\_

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#### 10. Non-Liquid Assets

Value of Home \$ \_\_\_\_\_  
Business Interests \$ \_\_\_\_\_  
Qualified Plans \$ \_\_\_\_\_  
(If under 59-1/2)

Mutual Funds/Brokerage Accounts  
not readily convertible to cash  
**without penalty** \$ \_\_\_\_\_  
Annuities/Insurance cash values  
subject to surrender penalties \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**Total Non-Liquid Assets:** \$ \_\_\_\_\_

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11. After purchase of this annuity, do you believe you have enough remaining liquid assets and other sources of income to cover any emergencies or contingencies such as sudden health care needs or increased living expenses?

Yes       No

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12. Do you anticipate any adverse change in assets, living expenses, medical expenses, and/or income during the surrender period of this contract?

Yes       No

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13. Will there be any surrender charges or penalties to withdraw funds from your current financial product (i.e., the source of funds for this annuity purchase)?

Yes       No

**Annuity Suitability Questionnaire**

If yes, provide the name of the transfer company, source of funds, premium amount, dollar amount of surrender charge or penalty, and percentage of surrender charge or penalty.

<b>Transfer Company</b>	<b>Source of Funds</b>	<b>Premium Amount \$</b>	<b>Penalty Amount \$ (If any)</b>	<b>Add'l. Fees (If any)</b>

**Applicant/Owner's Acknowledgement**

I confirm that I provided the information above and that it is true and complete to the best of my knowledge. I discussed my current financial situation, anticipated financial needs and risk tolerance with my agent. The agent discussed with me the surrender charges, if applicable, and other costs relating to this annuity contract. Furthermore, I reviewed the product-specific Disclosure Statement and understand the product features, interest crediting elements, and, if applicable, the indexes upon which the interest calculation will be based. I understand the risks associated with this product and the advantages and disadvantages of this annuity contract. **I further 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 state 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 recommendations of this agent or the insurer.
- My annuity purchase **is based** on the recommendations of this agent or the insurer.

**State Requirements:** CA and MN Customers over age 65 cannot elect to opt out of providing suitability information.  
 FL Customers must complete the State Approved Suitability Form.

**PLEASE REVIEW THE FORM AND SIGN ATTESTING THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. THIS FORM SHOULD NOT BE SIGNED IF ANY REQUIRED ITEM IS LEFT BLANK.**

\_\_\_\_\_  
 Applicant/Owner's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Joint Owner's Signature

\_\_\_\_\_  
 Date

**Producer Statement**

I believe the purchase of this annuity contract is suitable after reviewing the information provided to me by the applicant/owner. If applicable, I have discussed the advantages and disadvantages of any replacement or exchange of another annuity contract or life policy. I have reasonably informed the applicant/owner of all-important features of the annuity and proposed transaction.

To the best of my knowledge, the questions on this form have been answered truthfully and I have complied with suitability requirements consistent with my contractual obligations.

\_\_\_\_\_  
 Producer Signature

\_\_\_\_\_  
 Date



**Appendix A - Insurance Best Interest Model Reg. #275 Producer Disclosure for Annuities**  
**Do Not Sign Unless You Have Read and Understand the Information in this Form.**

<b>Insurance Producer Information</b> = ("Me," "I," "My")	First Name:
	Last Name:
	Business/ Agency Name:
	Website:
	Business Mailing Address:
	Business Telephone Number:
	Email Address:
	National Producer Number in [state        ]:
<b>Customer Information</b> ("You," "Your")	First Name:
	Last Name:
<b>What Types of Products Can I Sell You?</b> I am licensed to sell annuities to You in accordance with state law. <i>If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.</i> I offer the following products: <input type="checkbox"/> Fixed or Fixed Indexed Annuities <input type="checkbox"/> Variable Annuities <input type="checkbox"/> Life Insurance I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell. <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Certificates of Deposit	
<b>Whose Annuities Can I Sell You?</b> I am authorized to sell: <input type="checkbox"/> Annuities from only one (1) insurer <input type="checkbox"/> Annuities from two (2) or more insurers <input type="checkbox"/> Annuities from two (2) or more insurers although I primarily sell annuities from:	
<b>How I'm Paid for My Work</b> It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me. Depending on the particular annuity You buy, I will or may be paid cash compensation as follows: <input type="checkbox"/> Commission, which is usually paid by the insurance company or other sources. If other sources, describe: _____ <input type="checkbox"/> Fees (such as a fixed amount, an hourly rate or a percentage of your payment), which are usually paid directly by the customer. <input type="checkbox"/> Other (describe): _____	
<b><i>If You have questions about the above compensation that I will be paid for this transaction, please ask me.</i></b> <b>By signing below, You acknowledge that You have read and understand the information provided to You in this document.</b>	
Customer Signature	Date
Producer Signature	Date