

**EMPLOYEES LIFE COMPANY (MUTUAL)**

LAKE BLUFF, IL 60044-2285 1-800-321-ELCO

**Annuity Application**

Please print in dark ink

**1. Proposed Annuitant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**2. Owner: Benefit payments will be made to owner.**

Proposed Annuitant.  Applicant/ Owner, (must be an entity other than a person -- trust, corporation, etc.)

Name of Entity: \_\_\_\_\_

F.E.I.N./T.I.N.: \_\_\_\_\_ Relationship to proposed annuitant: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Plan: Single Premium Immediate Annuity — Fixed Benefit Period**

Level Benefit.  Interest Plus.  Other: \_\_\_\_\_

Benefit Period:  \_\_\_\_\_ years.  Life Expectancy. Payment Frequency: \_\_\_\_\_

Tax qualified (IRA) plan?  Yes.  No. Amount Paid with this application: \$ \_\_\_\_\_ \*

\* **Make Checks Payable to: EMPLOYEES LIFE COMPANY (MUTUAL). Do NOT pay to agent or leave payee blank.**

**4. Beneficiary: (Show full name and relationship to annuitant.) Designations are irrevocable.**

Primary: \_\_\_\_\_

Contingent: \_\_\_\_\_

**5. Replacement: (If replacement is involved, list name of company(s) and policy number(s) in Remarks section.)**

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

**6. Remarks:**

**The undersigned:** (1) **REPRESENT** that the information shown in this application is, to the best of their knowledge and belief, complete and true; (2) **AGREE** that this application shall be the basis for and a part of any contract issued; and (3) **UNDERSTAND** that: (A) **the contract will be effective on the date the Company approves issue of the contract or the date of its receipt of the single premium for the contract;** and (B) only an officer of the Company may, in writing: (a) make or modify contracts; or (b) waive any of the Company's rights or requirements.

**Fraud Statement**

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Proposed Annuitant

Applicant/Owner by: \_\_\_\_\_ its

**Agent's Statement:** Do you have knowledge or reason to believe that replacement of existing life insurance or annuities may be involved?  Yes.  No.

Witness (licensed agent): \_\_\_\_\_ Agency code number: \_\_\_\_\_

Form App. AIFXB-VA-02

Ed. 12/02

**PROXY**

Do you hereby constitute and appoint the proxy committee of Employees Life Company (Mutual), as established in the bylaws, as your lawful attorney and proxy and in your name and stead hereby authorize and empower it to cast your vote at any meeting of the policyholders of the company? This proxy shall continue in force except when you are present in person or revoke it by giving the company written notice in accordance with the Employees Life Company (Mutual) bylaws.

Answer:  Yes.  No. \_\_\_\_\_

Proposed Owner's Signature

Date

PROXY 2002

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