

IMPORTANT! Your Certificate cannot be issued without your signature on either the Waiver below, or the attached Suitability Questionnaire.

**The First Catholic Slovak Ladies Association
Of the United States of America**
24950 Chagrin Boulevard, Beachwood Ohio 44122

Statement of Insurance Suitability

We appreciate your interest in an insurance certificate from the First Catholic Slovak Ladies Association of the United States of America ("FCSLA"). We are required by various states to ask for information that will help determine whether an insurance certificate 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.

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 Insurance.

WAIVER of Insurance Suitability Questionnaire

No, I will not answer the questions on the attached sheet, and I take full responsibility for determining whether the proposed insurance certificate is suitable for me.

(The Proposed Insured must sign in the "Signature" space below. Your certificate cannot be issued without your signature on either this WAIVER or the attached Insurance Suitability Questionnaire.)

Proposed Insured Signature

Date

**The First Catholic Slovak Ladies Association
Of the United States of America**
24950 Chagrin Boulevard, Beachwood Ohio 44122

Insurance Suitability Questionnaire

Yes, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an insurance certificate. I understand that FCCLA may elect not to issue the insurance certificate being applied for based on a reasonable determination that the product may not be suitable for me.

Proposed Insured	Primary Financial Objectives <small>(Check all that apply)</small>								
<p>Name: _____ Address: _____ _____</p> <p>Home Phone No.: _____ Social Security No.: _____ Age at Last Birthday: _____</p> <p>Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced</p> <p>Occupation: _____ _____</p>	<table border="0" style="width: 100%;"> <tr> <td>___ Preservation of Capital</td> <td>___ Future Income</td> </tr> <tr> <td>___ Wealth Accumulation</td> <td>___ Charitable Giving</td> </tr> <tr> <td>___ Tax Deferral</td> <td>___ Education Planning</td> </tr> <tr> <td>___ Immediate Income</td> <td>___ Inheritance</td> </tr> </table>	___ Preservation of Capital	___ Future Income	___ Wealth Accumulation	___ Charitable Giving	___ Tax Deferral	___ Education Planning	___ Immediate Income	___ Inheritance
___ Preservation of Capital	___ Future Income								
___ Wealth Accumulation	___ Charitable Giving								
___ Tax Deferral	___ Education Planning								
___ Immediate Income	___ Inheritance								
Time Frame for this Investment									
<p>When will you need the money you are investing in this insurance certificate? (Circle One)</p> <table border="0" style="width: 100%;"> <tr> <td>___ 1 year or less</td> <td>___ 7-10 years</td> </tr> <tr> <td>___ 1-3 years</td> <td>___ 10 years or more</td> </tr> <tr> <td>___ 3-7 years</td> <td>___ Never (money is for charity/inheritance)</td> </tr> </table>		___ 1 year or less	___ 7-10 years	___ 1-3 years	___ 10 years or more	___ 3-7 years	___ Never (money is for charity/inheritance)		
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Financial Information	Existing Accounts								
<p>Annual Household Income \$ _____</p> <p>Liquid Net Worth \$ _____ <small>(Excluding residence and furnishings)</small></p> <p>Source of Income: (Check all that apply) ___ Employment ___ Retirement Plans ___ Investments ___ Other ___ Social Security</p> <p>Tax Bracket: (Check one) ___ 10% ___ 15% ___ 25% ___ 28% ___ 33% ___ 35%</p> <p>Proposed Insurance represents ___% of Net my Worth</p> <p>Do you have any funds available to you in case of emergency? _____</p> <p>Other relevant information (financial constraints, health concerns, long-term care considerations, etc) _____</p>	<p>Are you considering using funds from existing life insurance certificates, annuity contracts, or certificates of deposit to purchase this insurance certificate? ___ Yes ___ No</p> <p>How long has that insurance certificate(s), contract(s), or certificate of deposit(s) been in force? ___ # of Years</p> <p>Are there any surrender charges associated with the above-mentioned existing insurance certificate(s), contract(s), or certificates of deposit? ___ Yes ___ No ___ Not Applicable</p> <p>If yes, what is/are the current surrender charge(s)? _____ _____ _____</p>								

I have adequate income or available liquid assets to meet my financial obligations and emergency expenses without using the money I am investing in this insurance certificate. By signing this form, I have agreed that the information on this form was obtained prior to purchase of the insurance certificate and that the information is correct. I also understand that FCCLA encourages me to discuss this proposed investment with my personal financial advisors.

Proposed Insured Signature

Date