



Application for Annuity with the UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION A Fraternal Benefit Society

MATURITY INCOME

1. I want a Maturity Income annuity plan with a planned biweekly premium of:
 \$15 (Minimum) : \$25 : \$35 : \$50 : Other (Specify: \$ _____)
- My spouse wants a Maturity Income annuity with a planned biweekly premium of:
 \$15 (Minimum) : \$25 : \$35 : \$50 : Other (Specify: \$ _____)

2. NALC Member's Information: (Please print or type)

Name _____ Social Security No. _____
(First) (Middle Init) (Last)

Address _____ NALC Branch No. _____

City _____ Member's sex M F

State _____ Zip Code _____ Date of Birth / /
(Mo / Day / Yr)

Telephone No. () _____
(Area Code)

Ownership: The NALC member will be the policy owner of his/her policy.

3. Information about Spouse

Name _____ Sex M F
(First) (Middle Init) (Last)

Social Security No. _____ Date of Birth / /
(Mo / Day / Yr)

Ownership: The spouse of the NALC member will be the policy owner of his/her policy.

4. **Will this policy be used as a Traditional Individual Retirement Account?** Yes No
Will this policy be used as a Roth Individual Retirement Account? Yes No

5. **Payroll Deduction:** I hereby authorize the U.S. Postal Service: (1) to deduct each pay period from my salary or wages such amounts as may be required by the U.S. Letter Carriers Mutual Benefit Association to pay premiums due from me for insurance and (2) to pay the amounts thereof on my behalf to the USLCMBA. The authorization shall continue during my employment in any capacity by the U.S. Postal Service until canceled by me by written notice to the USLCMBA.

Note: By signing below, you authorize deduction of your premium unless you check box below. Payroll deductions start approximately 28 days after receipt of your application.

I do not want to use payroll deduction (check one): Bill me monthly Bill me annually

6. **Beneficiary:** (The beneficiary is the person who is entitled to death benefits.) Unless you have named a different beneficiary, death benefits will be paid to your spouse, if living. If you have not named a different beneficiary and die without being survived by your spouse, death benefits will be paid to your estate.

7. **Effective Date:** Your plan will be effective on the date the first premium for the plan is deducted from member's pay, or if you pay MBA directly, on the first day of the month following the receipt of your first payment.

8. **Replacement:** Is this policy (are these policies) intended to replace or change any existing life insurance or annuity policy?
 Yes No If yes, indicate:

Name of life insurance co. _____ Policy no. _____

I (we) understand and agree that this application as completed and signed will form the basis of the policy (policies) issued.

 Proposed Insured's Signature Date _____

 Member Applicant's Signature Date _____

Do Not Write Below

USPS Finance Number _____
St. Code _____

