



# Application for Individual Flexible Premium Deferred Annuity with the UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION

## A Fraternal Benefit Society

100 Indiana Avenue N.W. • Washington, DC 20001 • 202-638-4318

### MBA Family Retirement Savings Plan

1. NALC Member's Information: (Please print or type) Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address \_\_\_\_\_ NALC Branch No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Member's sex  M  F  
(Area Code)

2. **Ownership:** The insured (annuitant) will be the policy owner of his/her policy, and must be 18 years of age or older.  
**The owner (family member) must be in accordance with the provisions in the USLCMBA Constitution General Laws – LAW 1.**

Owner \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Sex  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Relationship of Owner (annuitant) to NALC Member: \_\_\_\_\_

The MBA Family Retirement Savings Plan is available to Children, Grandchildren, Great Grandchildren, Step Children, Step Grandchildren and Step Great Grandchildren of a NALC member.

4. Initial Premium Amount (must be at least \$1,000) \$ \_\_\_\_\_  
 Subsequent Planned Premium Amount (suggested monthly amount must be at least \$25) \$ \_\_\_\_\_  
**Planned Premium Payment Frequency:**  Annual  Monthly

5. **Will this policy be used as a:** *(Select only one option)*

- Traditional Individual Retirement Account  Roth Individual Retirement Account  Non-qualified Deferred Annuity

6. **Beneficiary:** The beneficiary(ies) named below of this policy application will receive the proceeds when the insured dies:

Name	Address	Relationship	Social Security No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you need addition space, use a separate page.

7. **Effective Date:** Your plan will be effective on the date the initial premium is paid.

8. **Replacement:** Do you have existing life insurance or annuity contracts?  Yes  No  
 Is this policy intended to replace or change any existing life insurance or annuity policy?  Yes  No  
 If yes, indicate:

Name of Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

***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.***

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

Proposed Insured's (Annuitant's) Signature \_\_\_\_\_ Date \_\_\_\_\_

NALC Member Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Do Not Write Below

USPS Finance Number
_____
St. Code
_____

