



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

INDIVIDUAL FRATERNAL NON-VARIABLE ANNUITY APPLICATION CHECKLIST

| Statute/Rule | Description | Yes | No | N/A | Ques # |
|-----------------------------|--|--------------------------|--------------------------|--------------------------|--------|
| 690-149.021 and 690-162.002 | Compliance with form filing procedures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 690-149.023(4) | Cover letter includes a description of the distribution system (e.g. internet filing, direct marketing, agents, financial institutions) and intended target population. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 624.428(1) | No insurer shall deliver or issue for delivery an annuity contract, unless the application for such contract is taken by and delivery of such policy is made through a licensed and appointed agent. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 627.452 | Minimum font size 10 points. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 627.413 and 690-149.021 | Required application contents; including unique form number. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 627.413(4) | All contracts and related forms shall contain a unique form number in the lower left hand corner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 626.9541(1)(b) | Company may not allow the agent to write in the initial interest rate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 690-151.005 | Replacement question for both the applicant and the agent. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 817.234(1)(b) | Fraud Statement: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 627.4085 | Insurer's name and place for agent's printed name and Florida License ID number. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |