



Ohio Membership Application and Disclosure Form

_____ New Member

_____ Existing Member

Membership Application

I, the undersigned, do hereby apply for membership in the Slovene National Benefit Society, a fraternal benefit society, at its Lodge No. _____, located in _____.

Upon acceptance as a member of the Slovene National Benefit Society, I will abide by the Articles of Incorporation, Bylaws and Resolutions of said Society.

Disclosure as required in Ohio

THE SLOVENE NATIONAL BENEFIT SOCIETY IS LICENSED TO DO BUSINESS IN THE STATE OF OHIO AS A FRATERNAL BENEFIT SOCIETY, 501(c)8. FRATERNAL BENEFIT SOCIETIES ARE NOT INCLUDED IN THE OHIO GUARANTY ASSOCIATION. THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.

Signature of Applicant

Signature of Agent/Secretary

Dated