SENIOR DIRECT 20 PAY STANDARD WHOLE LIFE INSURANCE APPLICATION

STDWL1020_03



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SENIOR LIFE INSURANCE COMPANY PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808

Proposed Insured	1			SSN		/	/			
Address										
		Apt. #	City		State	Zip				
Date of Birth		Age Ger	nder 🗖 Male	☐ Female	Height _.		_ Weight			
Policy Owner Nar	me			SSN		/	/			
Relationship to P	Proposed Insured		Home	Telephone (_)				
Owner's Email A	ddress									
Secondary Addre	Street	Apt. #	City		State	Zip				
			City		State	Zip				
Primary Beneficia	ary NameFirst	Middle		Last		Relationship				
Secondary Benefi	iciary NameFirst									
				Last		Relationship				
☐ YES ☐ NO	ADB Rider \$	Amount of Ins	surance \$			Premium \$				
PLEASE ANSW	ER THESE HEALTH QU	JESTIONS (Must answer "No	O" to qualify):	:						
☐ YES ☐ NO	Are you currently hospitali or have you been hospitali	zed, confined to a nursing facility zed two or more times in the pas	y, receiving hos st six months, c	pice care, unal or do you expe	ole to care	for yourself, t lmitted to a l	terminally ill, incarcerated nospital or nursing facility?			
☐ YES ☐ NO	Have you tested positive for the presence of HIV (Human Immunodeficiency Virus) antibodies, antigens or the virus or ever been diagnosed or treated by a licensed medical professional for ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV (Human Immunodeficiency Virus) Infection?									
☐ YES ☐ NO	In the past six months, h	ave you experienced any unex	plained weight	loss or weigh	nt gain?					
☐ YES ☐ NO	In the past two years, have you had, been treated, received medical advice or prescribed medication for, or been diagnosed with									
	organ, or lung disease (in	luding any complications from cluding COPD/Emphysema), sease, transplant or chronic illi	mental disord	olled high blo er/retardatio	ood pressu on, disord	ıre, stroke, pa er of the bra	aralysis, cancer, any heart, in or nervous system, any			
☐ YES ☐ NO	In the past two years, have you been advised or recommended to have any tests, surgery or hospitalization which has not been received or completed, or advised to take medications and have not been compliant?									
☐ YES ☐ NO	In the past five years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, noted to excessively consume alcohol or been arrested for any reason?									
PHYSICIAN NA	AME AND ADDRESS.									
MEDICATIONS	S AND USAGE:									
☐ YES ☐ NO	Do you want the Automa	tic Premium Loan Provision?								
☐ YES ☐ NO	Do you have any existing	life insurance or annuity cont	racts?							
☐ YES ☐ NO	Will this cause any other	insurance or annuity to be rep	blaced or chan	ged?			Policy #			
I have been read al into effect the Propolicy is issued. I a does not have the other person files:	ll questions and answers, an posed Insured's health cond also understand that Senior authority to waive or modif an application for insurance	d I affirm that they are true to the ition must remain as described in Life Insurance Company will refy any question or answer. Any peror statement of claim containing to commits a fraudulent insurance.	ne best of my ki n the application ly on my answe person who kn ng any material	nowledge and on at the time ers above in iss owingly and v ly false inform	belief. It the first pro- suing any vith inten- nation or c	understand the remium is ho life insurance t to defraud s conceals, for t	nat for this insurance to go nored by the bank and the hereunder, and the agent any insurance company or the purpose of misleading,			
Signed In		, Da	te	······································		_ Time				
Signature of Owne	er	Sic	nature of Propo	osed Insured _						

Payment Type	Payr		Due Date ual □ 1st □ 3rd □ 5th □ 10th □ 15th □ 20th □ 2					
□BSP □DB □IW □DC	□ Monthly □ Quarterl	y 🗀 Semi-Annual	☐ Annual	□ 1 st □ 3 rd □ !	5 th	□ 20 th □ 25 th		
BANK SERVICE PLAN AUTHORIZAT	TION							
As a convenience to me, I authorize my directly from my account identified below this request and authorization shall apprespect to it, will be the same as if it were Life Insurance Company will not be under until either Senior Life Insurance Company	w and payable to Senior Life ply as well. I agree that Seni ere signed or initiated persona er any liability even though di	Insurance Company, for Life Insurance Co ally by me. I also agre shonor results in forfe	Thomasville, Geompany's treatmeethat if any cheethat of insurance	eorgia. If said acco ent of each check eck or ACH debit i ee. I understand th	ount is replaced by a c or ACH debit, and is dishonored for an	another account, I their rights with y reason, Senior		
☐ Checking ☐ Savings		lı	nitial Withdrav	val Date	/ or as soon as possible	thereafter)		
Name(s) on Account:					·	, 		
Bank/Financial Institution Name:								
Name of Bank Employee verifying savin	igs information:	Routing Number (9	digits):					
		Bank Account #						
Address:	 							
Phone: ()		-						
☐ Visa ☐ MasterCard								
Name on Card:								
Debit Card Account Number:				Expiration Da	ate:/			
X				(3 - Digit Secur	ity Code located o	n back of card)		
Signature of Payor								
STATEMENT OF INSURABLE INT	EREST - Complete if inc	uring any person	other than sel	f and/or enouge				
	ble interest in the person to b		other than ser	i aliu/oi spousi	,			
•	ete knowledge of the health h		to be insured?					
☐ YES ☐ NO If you are insuring g	randchildren, are all such den:	pendents being insu	ed, and are you	*				
The Proposed Insured is my: ☐ Parent								
Best time to reach Proposed Insured by	phone:							
My insurable interest in the Proposed In	sured's life is as follows:							
☐ The Proposed Insured is legally inc	debted to me in an amount no	ot less than the face	amount of the po	olicy applied for.				
AGENT STATEMENT								
Are there existing life insurance and/or a certify that each question in all parts of full as they were given. To the best of m	f the application was asked a	nd the answers are t	rue and complete	e and that I have	accurately recorded	the answers in		
Agent's Signature:			_ Agent Numbe	er:				
Printed Name:			_ License Num	ber:				

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