## APPLICATION FOR TERM LIFE INSURANCE

Proposed Insured Name (Herein referred to as "you")			Female	Date of Birth	Prem \$	nium	ium	
Pla	nr: □Term 20: Face amount \$ □Term 20 ROP: □\$10,000 □\$20,000 □\$30,000 □	\$40,000		SSN / /	Height	Wei	ght	
Ado	dress			Apt				
City	У	_ State _		Zip				
	ephone ()	Email						
	neficiary Name		Relationship	to Proposed Insu	red			
	Please answer the following ques	stions or provi	de information whe	re indicated:		YES	NO NO	
1.	Have you used any form of tobacco or nicotine product in	-				🗖		
2.	Are you currently hospitalized, confined to a nursing faci for yourself, terminally ill, or incarcerated; have you been do you expect to be admitted to a hospital or nursing fac	n hospitaliz	zed two or mor	e times in the past t	hree years; or			
3.	Have you tested positive for the presence of HIV(Human or ever been diagnosed or treated by a licensed medical Acquired Immune Deficiency Syndrome) caused by the I	professio	nal for ARC (A	IDS Related Comple	ex) or AIDS			
4.	In the past five years, have you been advised or recomme hospitalization which has not been received or complete compliant?	d, or been	advised to tak	e medications and h	nave not been			
5.	In the past five years, have you used any illegal drugs or treated for or advised to have treatment for drug or alcohol.					🗖		
6.	In the past five years, have you had, received medical admedication for any of the following:	dvice for, o	or been treated	I for, diagnosed with	, or prescribed	d		
	A. Cancer; stroke; coronary artery disease; any lung dis Disease)/emphysema; or any disease or disorder of					🗖		
	B. Chronic kidney disease or kidney failure; muscular di blood pressure; or uncontrolled diabetes, including an	sease; me	ental disorder; cations from su	seizure disorder; un ch?	controlled hig	n 🗖		
	C. Disorder of the nervous system or any impairment, di							
7.	A. Please provide your physician's name and location: _					_		
	B. Have you taken any medications in the past five year medications you are currently taking:							
8.	Do you have any existing life insurance policies or annui	ty contrac						
9.	Do you intend to replace, discontinue, or change any exiconnection with this application? If yes, list Company and	isting life in nd Policy N	nsurance polic lo	ies or annuity contra	icts in	_ 🗆		
bel in t Life hav	ave read or have been read all questions and answers ief. I understand that for this insurance to go into effect, the application at the time the first premium is honored le Insurance Company will rely on my answers above in we the authority to waive or modify any question or ansolication for insurance may be guilty of a criminal offens	the Prope by the bar issuing a swer. Any	osed Insured <sup>i</sup> s nk and the pol any life insura v person who	s health condition micy is issued. I also nce hereunder and knowingly presents	nust remain a o understand that the age or a false state	s desc that S nt doe	ribed enior s not	
Sign	Here X		<u> </u>	Signed In				

(Signature of Proposed Insured) (Date) (City, State) SMPTL13\_03

Payment Type	Payment Mode		Due Date		
☐ Bank Service Plan ☐ Direct Bill☐ Initial Withdrawal☐ Debit Card☐	☐ Monthly ☐ Quarterly ☐	ISemi-Annual □ Annual	□1 <sup>st</sup> □3 <sup>rd</sup> □5 <sup>th</sup> □10 <sup>th</sup>	<sup>1</sup> □15 <sup>th</sup> □ 20 <sup>th</sup> □ 25 <sup>th</sup>	
BANK SERVICE PLAN AUTHORI	ZATION				
As a convenience to me, I authorize me by electronic or other means directly from Georgia. If said account is replaced by Insurance Company's treatment of each the same as if it were signed or initiate is dishonored for any reason, Senior Life of insurance. I understand this authorize the other party a written request to do senior the same as in the	om my account identified by another account, this request check or ACH (Automated d personally by me. I also a fe Insurance Company will eation is to remain in effect	elow and payable to Senicuest and authorization sha ed Clearing House) debit, agree that if any check or not be under any liability of	or Life Insurance Com all apply as well. I ago and their rights with ACH (Automated Cle even though dishonor	npany, Thomasville, ree that Senior Life respect to it, will be earing House) debit results in forfeiture	
□ Checking □ Savings		Initial Withdrawal			
Name(s) on Account:				possible thereafter	
Bank/Financial Institution Name:					
Name of Bank Employee verifying savi	ngs information:	Routing Number (9 digits):			
		Bank Account #			
Address:		City:	State:	Zip:	
Phone: ()					
□ Visa □ MasterCard					
Name on Card:					
Debit Card Account Number:			Expiration Date:		
X		(2. 5) (3.			
Signature of Payor		[ ] [ (3 - Digit Se	ecurity Code located of	on back of card)	
STATEMENT OF INSURABLE INT  YES NO Do you have insurable yes NO Do you have complete yes NO If you are insuring grafinancial support?  If no, please explain:	e interest in the person to be knowledge of the health h	ne insured? nistory of the person to be pendents being insured, a	e insured? and are you responsil	-	
The Proposed Insured is my: ☐ Pa					
Best time to reach Proposed Insured b					
My insurable interest in the Proposed I					
☐ The Proposed Insured is legally inde	ebted to me in an amount r	ot less than the face amo	ount of the policy appl	lied for.	
AGENT STATEMENT Are there any existing life insurance po I certify that each question in all parts of recorded the answers in full as they wer When required by the laws of the state	the application was asked e given. To the best of my k	and the answers are true mowledge, replacement	and complete and tha  is □ is not involved	at I have accurately	
Agent's Signature:		Agent Number:			
Printed Name:		License Number:			

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