SENIOR LIFE INSURANCE COMPANY

Life Insurance That Gives You Peace Of Mind

Whole Life Policy	Ages
☐ Ultimate Preferred Whole Life *Full Benefit*	50-75
☐ Super Preferred Whole Life *Full Benefit*	40-80
☐ Preferred Whole Life *Full Benefit*	0-80
☐ Standard Whole Life *Full Benefit*	0-85
☐ 20 Pay Whole Life *Full Benefit*	0-60
☐ Joint First-To-Die *Full Benefit*	40-85
☐ Modified Whole Life *110% of premiums paid in first 2 years*	40-85
☐ Easy Issue Whole Life *110% of premiums paid in first 3 years*	0-85
☐ Guaranteed Issue Whole Life *110% of premiums paid in first 3 years*	0-85

Your Policy Benefits

- ✓ Permanent Whole Life Protection
- ✓ Policies from $1,000 - $50,000
- ✓ Premiums DO NOT Increase
- ✓ Benefits DO NOT Decrease
- ✓ Builds Cash Value And Has Loan Value
- ✓ Policy Cannot Be Cancelled By The Company Except For Nonpayment of Premiums
- ✓ NO Medical Exam Required
  (Insurance Based on Responses to Health Questions; Issuance of the Policy is Not Guaranteed)
- ✓ Accidental Death Benefit Rider Available

_____
Natural Death Benefit

_____
Accidental Death Benefit

_____ $ _____
Age Premium

PREMIUM RECEIPT

All Premium Checks must be made payable to Senior Life Insurance Company.
Do not make check payable to the agent or leave Payee blank.

PLEASE READ THIS CAREFULLY. In connection with the application, which bears the same date as this Receipt, made to Senior Life Insurance Company (the"Company") for a policy on the life of _____ , a payment of $ _____ has been received for the _____ plan with a face value of $ _____.

I understand that even if I have paid a premium with, prior to the approval of, this application, I have not purchased immediate insurance coverage. I understand that the insurance applied for shall not go into effect until the first premium is honored by the bank, the application is approved for the class of risk and amount applied for, and the policy is issued, and only then if the Proposed Insured's health condition remains as described in the application at the time. If any of the above conditions are not met, the liability of the Company shall be limited to the return of any amount paid.

Pursuant to the requirements of California Insurance Code §10115, the Company limits the amount for which it may be liable prior to the actual issuance and delivery of a life insurance policy to a maximum of fifty thousand dollars ($50,000) (including life insurance and accidental death benefits).

I have read this Receipt and understand and agree to its terms. I understand this Receipt provides no insurance unless all conditions are met. I declare that the answers to the questions in the application are true and correct to the best of my knowledge.

Date _____/_____/_____ _____
Proposed Insured's Signature Owner's Signature

I have advised each Proposed Insured of the terms, conditions, and limitations of this Receipt.

Date _____/_____/_____ _____
Agent Signature Agent's Number

SENIOR LIFE INSURANCE COMPANY
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