

SENIOR DIRECT STANDARD WHOLE LIFE INSURANCE APPLICATION



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

Proposed Insured _____ SSN _____ / _____ / _____

Address _____
Street Apt. # City State Zip

Date of Birth _____ Age _____ Gender Male Female Height _____ Weight _____

Policy Owner Name _____ SSN _____ / _____ / _____

Relationship to Proposed Insured _____ Home Telephone (_____) _____

Owner's Email Address _____

Secondary Address _____
(If different than Insured) Street Apt. # City State Zip

Primary Beneficiary Name _____
First Middle Last Relationship

Secondary Beneficiary Name _____
First Middle Last Relationship

YES NO ADB Rider \$ _____ Amount of Insurance \$ _____ Premium \$ _____

PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):

YES NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past six months, do you expect to be admitted to a hospital or nursing facility?

YES NO Have you been diagnosed or treated by a medical professional for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or any immune deficiency related disorder (except HIV), or tested positive during a medical examination for life insurance for HIV (Human Immunodeficiency Virus) or for HIV antibodies?

YES NO In the past six months, have you experienced any unexplained weight loss or weight gain?

YES NO In the past two years, have you had, been treated, received medical advice or prescribed medication for, or been diagnosed with uncontrolled diabetes including any complications from such, uncontrolled high blood pressure, stroke, paralysis, cancer, any heart, organ, or lung disease (including COPD/Emphysema), mental disorder/retardation, disorder of the brain or nervous system, any impairment, disorder, disease, transplant or chronic illness?

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 NAME AND ADDRESS: _____

MEDICATIONS AND USAGE: _____

YES NO Do you want the Automatic Premium Loan Provision?

YES NO Do you have any existing life insurance or annuity contracts?

YES NO Will this cause any other insurance or annuity to be replaced or changed? _____
Company Policy #

I have been read all questions and answers, and I affirm that they are true to the best of my knowledge and belief. 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 also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signed In _____, _____ Date _____ Time _____

Signature of Owner _____
SDSTD10_05

Signature of Proposed Insured _____

