

SENIOR LIFE INSURANCE COMPANY

Life Insurance That Gives You Peace Of Mind

Whole Life Policy

Ages

Your Policy Benefits

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

- ✓ **Permanent Whole Life Protection**
- ✓ **Policies from \$1,000 - \$30,000**
- ✓ **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**



KANSAS BINDING RECEIPT AND TEMPORARY INSURANCE AGREEMENT

*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 made to Senior Life Insurance Company (the "Company") for a policy on the life of _____, a payment of \$ _____

☐ **has been received with the application** OR ☐ **is scheduled to be received on** _____

for the _____ plan with a face value of \$ _____. This agreement provides temporary insurance coverage as of the date the initial premium is received; it does not guarantee that a life insurance policy will be issued. In the event of an adverse underwriting decision, the Company will mail to the applicant notice of the rejection of the application for insurance and refund the premium, thereby terminating this Agreement.

Fraud or material misrepresentation in the application voids this Agreement and the Company's only liability is for refund of the payment made.

If all requirements are not met, or if the Proposed Insured(s) dies by suicide, the liability of the Company shall be limited to a full refund to the applicant of the payment received by the Company.

If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement.

This Agreement provides no insurance for riders or additional benefits. No agent or broker is authorized to alter the terms of this Agreement, waive any terms or conditions, or pass on insurability.

The aggregate amount of life insurance provided on the life of any Proposed Insured which may become effective under the Agreement and any other receipt issued by the Company on the life of that person, shall be the lesser of the amount applied for or \$500.00

I have read this Agreement and understand and agree to its terms. I understand this Agreement 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 Agreement.

_____/_____/_____
Date

Agent's Signature

Agent Number

SENIOR LIFE INSURANCE COMPANY

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www.SeniorLifeInsuranceCompany.com