## SENIOR DIRECT 20 PAY STANDARD WHOLE LIFE INSURANCE APPLICATION



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

Proposed Insure	ed				S	22N	/	/		
Address	treet									
				City		tate		Zip		
Date of Birth		Age	Gender 🗖	Male 🗖 Female	Height		Weigh	t		
Policy Owner N	ame				S	SN	/	/		
Relationship to	Proposed Insured			_ Home Telephone	e (	)				
Secondary Addr (If different than Insure	ress ed) Street		Apt. #	City		State	Zip			
Primary Benefic	iary Nama									
	First		Middle	La	st	Relati	onship			
Secondary Bene	ficiary NameFirst		Middle	La	st	Relati	onship			
☐ YES ☐ NO	ADB Rider \$		Amount of Insurance \$			Premium \$				
PLEASE ANSW	ER THESE HEALTI	H QUESTIONS	(Must answer "N	O" to qualify):						
☐ YES ☐ NO	Are you currently ho terminally ill, incarc be admitted to a hos	erated or have yo	u been hospitalize							
☐ YES ☐ NO	Have you tested posi other sickness or co	itive for the HIV I	Infection or been o	diagnosed as having n?	g ARC or AII	OS caused	l by the H	IV Infection or		
☐ YES ☐ NO	In the past six mont				or weight ga	uin?				
☐ YES ☐ NO	In the past two years diagnosed with unco paralysis, cancer, any of the brain or nerv	ontrolled diabetes y heart, organ or l	s including any co ung disease (inclu	mplications from so ding COPD/Emph	uch, unconti nysema), mer	rolled hig ntal disorc	h blood p ler/retard	ressure, stroke		
☐ YES ☐ NO	In the past two years been received or cor	s, have you been a	ndvised or recomn	nended to have any	tests, surger	y or hosp		n which has no		
☐ 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 ADDRE	SS:								
MEDICATIONS	S & USAGE:									
☐ YES ☐ NO	Do you want the Au	itomatic Premiun	n Loan Provision?							
☐ YES ☐ NO	Do you have any exi	sting life insuran	ce or annuity con	tracts?						
☐ YES ☐ NO	Will this cause any o	other insurance o	or annuity to be re	placed or changed?	Compar	ny		Policy #		
insurance to go it is honored by the any life insurance any person who k	all questions and ans nto effect, the Propose bank and the policy is hereunder, and the a knowingly and with int or misleading informa	d Insured's health issued. I also und gent does not hav tent to injure, defi	n condition must re derstand that Senion e the authority to versuld or deceive an	emain as described or Life Insurance Co waive or modify any y insurer files a state	in the application or question or	ation at th rely on my answer.  I	ne time th answers a further ac	e first premium above in issuing cknowledge that		
Signed In			Date			Time_				
Signature of Owner			Signature of Proposed Insured							

STDWL0720\_09

Payment Type		Payme	ent Mode				Due	Date		
□ BSP □ DB □ IW □ CC	☐ Monthly		☐ Semi-Annual	☐ Annual	□1 <sup>st</sup>	<b>□</b> 5 <sup>th</sup>	□10 <sup>th</sup>	□15 <sup>th</sup>	□20 <sup>th</sup>	□25 <sup>th</sup>
BANK SERVICE PLAN AUTHORIZA	ATION									
As a convenience to me, I authorize means directly from my account idea another account, this request and aut their rights with respect to it, will be the any reason, Senior Life Insurance Conis to remain in effect until either Senior	my bank/financia ntified below and norization shall ap e same as if it we npany will not be u	payable to Seply as well. I a ere signed or in ander any liabili	enior Life Insuran gree that Senior L nitiated personally ity even though dis	ce Company, Ti ife Insurance Co by me. I also aq honor results in	homasville ompany's to gree that if forfeiture o	, Georg reatmer any che finsurar	ia. If sai nt of each eck or AC nce. I und	d accour check of CH debit derstand	nt is repla or ACH de is dishon	aced by ebit, and ored for
☐ Checking ☐ Savings				Initial Withd	Irawal Da	te	or as soor	n as nossi	/ ble theres	after)
Name(s) on Account:										
Bank/Financial Institution Name:										
Name of Bank Employee verifying sa	vings information	ı:	Routing Number (9	digits):						
			Bank Account #_							
Address:			_City:			_State:		Zip:		····
Phone: ()										
Credit Card Account Number:  X Signature					Ехрі	ration [	Date: _		<u> </u>	
STATEMENT OF INSURABLE INTE	REST - Complete	e if insuring a	ny person other	than self and/or	spouse.					
☐ YES ☐ NO Do you have insured and YES ☐ NO Do you have com ☐ YES ☐ NO If you are insuring If no, please explain the Proposed Insured is my: ☐ Pare Best time to reach Proposed Insured My insurable interest in the Proposed ☐ The Proposed Insured is legally	grandchildren, a  in:  Child   py phone:  Insured's life is a	of the health hire all such dep	story of the person endents being ins	ured, and are yo	ou responsi			•		
AGENT STATEMENT I certify that each question in all parts in full as they were given. To the best				•			e accura	itely reco	rded the	answers
Agent's Signature:		· · · · · · · · · · · · · · · · · · ·		Agent Num	ber:					
Printed Name:				License Nu	mber:				· · · · · · · · · · · · · · · · · · ·	