

SENIOR LIFE INSURANCE COMPANY

Life Insurance That Gives You Peace Of Mind

Whole Life Policy

Ages

- ☐ Ultimate Preferred Whole Life....50-75
Full Benefit
- ☐ Super Preferred Whole Life.....40-80
Full Benefit
- ☐ Preferred Whole Life.....0-80
Full Benefit
- ☐ 10 Pay with 5% Growth.....40-85
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.....40-78 Female
110% of premiums paid in first 2 years 40-73 Male

Your Policy Benefits

- ✓ 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
(Not Available on 10 Pay with 5% Growth Product)



Natural Death Benefit	
Accidental Death Benefit	
Age	\$ Premium

Natural Death Benefit	
Accidental Death Benefit	
Age	\$ Premium

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.**

In connection with the application, which bears the same date as this receipt, made to Senior Life Insurance Company (and referred to in this paragraph as the "Company") for a policy on the life of _____, a payment of \$ _____ has been received for the _____ plan. Insurance under the terms of the policy applied for in the above referenced application shall not become effective unless actually issued by the Company and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated in the application. Otherwise, there shall be no liability on the part of the Company except to refund this payment upon surrender of this receipt.

Date ____/____/____ Agent's Signature_____

SENIOR LIFE INSURANCE COMPANY

PO Box 2447 • Thomasville, GA 31799 • 877.777.8808

www.SeniorLifeInsuranceCompany.com