

SENIOR LIFE INSURANCE COMPANY

INSURED INFORMATION

Insured: _____ Email: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 SSN: _____ Gender: Male Female DOB: _____ Age: _____

POLICYOWNER INFORMATION IF DIFFERENT THAN INSURED

Policyowner: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

FOR PAST DUE PREMIUM NOTICES

Secondary Address: _____ City: _____ State: _____ Zip: _____

BENEFICIARY INFORMATION

Primary Beneficiary: _____ Relationship: _____ City: _____ Ph: _____
 Contingent Beneficiary: _____ Relationship: _____ City: _____ Ph: _____

PLAN INFORMATION

Amount of Insurance \$ _____ Accidental Death Benefit \$ _____ Monthly Premium \$ _____

GUARANTEED ISSUE - NO HEALTH INFORMATION REQUIRED
FIRST THREE YEARS - 110% OF PREMIUMS PAID FOURTH YEAR - FULL FACE AMOUNT

REPLACEMENT

Do you have any existing life insurance policies or annuity contracts? Yes No
 Is this insurance intended to replace or change any existing life insurance or annuity plan? Yes No
 If yes, list Company and Policy Number _____

AUTOMATIC PREMIUM LOAN

Do you want the Automatic Premium Loan Provision?..... Yes No

AUTHORIZATION

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the Company will rely on my answers in issuing the insurance. I understand that coverage takes effect when this application has been approved by the Company, the first premium is paid, and the policy is issued. As a convenience to me, I authorize my bank/financial institution to deduct future payments for this insurance by electronic or other means directly from my account. I agree that Senior Life Insurance Company's treatment of each check or ACH debit, and their rights with respect to it, will be the same as if it were signed or initiated personally by me. I also agree that if any check or ACH debit is dishonored for any reason, Senior Life Insurance Company will not be under any liability even though dishonor results in forfeiture of insurance. I understand this authorization is to remain in effect until either Senior Life Insurance Company or I cancel by sending the other party a written request to do so.

- Checking Savings Draft Date (circle one): 1st, 3rd, 5th, 10th, 15th, 20th, 25th
 Initial Withdrawal Date _____ Draft First Premium as soon as possible
 Monthly EFT Semi-Annual Annual

Financial Institution Name _____

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Names on Account _____

Routing Number (9 digits) _____

Account Number _____

Visa MasterCard

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Security Code Number _____

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Names on Card _____

Credit Card Account Number _____

Exp. Date _____

OWNER INSURED & PAYOR MUST SIGN HERE



 Insured - Payor/Owner if different than Insured

 Signed In State

 Date

AGENT MUST SIGN HERE

I certify that each question in all parts of the application were asked and the answers are true and complete and that I have accurately recorded the answers in full as they were given. To the best of my knowledge, replacement is is not involved in this transaction.



 Agent (Signature)

 Name (Print)

 Agent/License Number