

SENIOR LIFE INSURANCE COMPANY

INSURED INFORMATION

Insured:	Email:	Phone:	
Address:	City:	State:	Zip:
SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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:
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BENEFICIARY INFORMATION

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

PLAN INFORMATION

Amount of insurance \$	Accidental Death Benefit \$	Monthly Premium \$
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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

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony. 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