

I have read or have been read all questions and answers, and I affirm that they are true to the best of my knowledge and belief. **I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued.** I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder and that the agent does not have the authority to waive or modify any question or answer. I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Sign Here **X** _____ / ____ / ____ Signed In _____
 (Signature of Proposed Insured) (Date) (City, State)

Payment Type	Payment Mode	Due Date
<input type="checkbox"/> BSP <input type="checkbox"/> IW	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 3 rd <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th

BANK SERVICE PLAN AUTHORIZATION

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 identified below and payable to Senior Life Insurance Company, Thomasville, Georgia. If said account is replaced by another account, this request and authorization shall apply as well. I agree that Senior Life Insurance Company's treatment of each check or ACH (Automated Clearing House) 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 (Automated Clearing House) 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 Initial Withdrawal Date _____ / _____ / _____
 (or as soon as possible thereafter)

Name(s) on Account: _____

Bank/Financial Institution Name: _____

Name of Bank Employee verifying savings information: _____ Routing Number (9 digits): _____

_____ Bank Account # _____

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

X _____ Phone: (_____) _____

Signature of Payor

AGENT STATEMENT

Are there any existing life insurance policy or annuity contracts on the life of the Proposed Insured? YES NO
 I certify that each question in all parts of the application was 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. When required by the laws of the state, I presented and read the applicant a notice regarding replacement.

Agent's Signature: _____ Agent Number: _____

Printed Name: _____ License Number: _____