

Disclosure Statement

(Applicable if face amount of insurance applied for is \$1,000 or more)

This Disclosure statement with all applicable blanks filled in is for your protection. It gives you basic information about the cost and coverage of the insurance being solicited. Read it carefully before signing any agreement to buy life insurance.

This Disclosure statement shall not be considered as an offer to contract or as altering or modifying any policy or rider that may be issued.

Name of Proposed Insured: _____ Age _____ Sex _____

Name of Agent preparing disclosure: _____

Agent home or agency address: _____

Telephone number of Agent: _____

Name of Insurer: Senior Life Insurance Company
PO Box 2447
Thomasville, GA 31799-2447

All correspondence should be directed to the above address.

	Descriptive Title of Coverage	Face Amount of Coverage	Annual Premium
Policy			
Rider(s)			
Supplemental Benefit(s)			

The face amount of coverage of the policy changes as follows: _____

The annual premium changes as follows: _____

Total annual premium for policy and riders will be _____

Guaranteed Cash Value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value. You may borrow against this cash value at an annual ____% loan interest charge.

Number of Years Policy Has Been in Force	5	10	20	Age 65
Total Accumulated Cash Value Per \$1,000				

A Surrender Comparison index will be provided upon delivery of the policy or earlier if requested. This index provides one means of comparing the relative costs of two or more similar policies.

The prospective insured has ____ has not ____ requested an earlier delivery of the Index.

Upon request either the company or agent will furnish you with additional information about the insurance described.

I certify that a copy of this disclosure statement was given to the applicant at the time the application was signed.

Date _____ Agent Signature _____