## SENIOR LIFE INSURANCE COMPANY

P. O. Box 2447 • Thomasville, GA 31799 • 1-877-777-8808

SEINIOR EILE INSORVINCE	COMITAIN	i. C. Don 2111 Inomastine,	21131177 101111110000
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 Pres	mium \$
	SSUE - NO HEALTH INFOR	MATION REQUII YEAR - FULL FACE AMOU	
REPLACEMENT		TEAR TOLLTAGE ANTOC	
Do you have any existing life insurance policies Is this insurance intended to replace or characteristics, list Company and Policy Number			
<b>AUTOMATIC PREMIUM LOAN</b> Do you want the Automatic Premium Loan P	Provision?		
AUTHORIZATION	10/18/011:		<u>a les a No</u>
Any person who knowingly and with intent to false, incomplete, or misleading information is my knowledge and belief. I understand that the when this application has been approved by the my bank/financial institution to deduct future Senior Life Insurance Company's treatment of einitiated personally by me. I also agree that if a under any liability even though dishonor results	guilty of a felony of the third degree. I affirm a Company will rely on my answers in issuing Company, the first premium is paid, and the payments for this insurance by electronic or each check or ACH debit, and their rights with any check or ACH debit is dishonored for an in forfeiture of insurance. I understand this	n that the answers I have give the insurance. I understand e policy is issued. As a conver- r other means directly from 1 th respect to it, will be the sa may reason, Senior Life Insuran	en are true to the best of that coverage takes effect nience to me, I authorize my account. I agree that me as if it were signed or nce Company will not be
Life Insurance Company or I cancel by sending	the other party a written request to do so. $\Box$ <i>Checking</i> $\Box$ <i>Savings</i> $\Box$ <i>L</i>	Dunft Data (simple and), 1st 2	rd 5th 10th 15th 20th 25th
	☐ Initial Withdrawal Date		nium as soon as possible
Financial Institution Name	☐ Monthly EFT ☐ Semi-Ar		•
Names on Account	Routing Number (9 digits)		Account Number
Trumes on Account			Account Number
	□ Visa □ MasterCard		Security Code Number
			/
Names on Card	Credit Card Account Number		Exp. Date
OWNER INSURED & PAYOR MU	ST 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 apparswers in full as they were given. To the best of			e accurately recorded the

Agent (Signature)
Name (Print)
Agent/License Number

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