SENIOR DIRECT STANDARD WHOLE LIFE INSURANCE APPLICATION

SENIOR LIFE INSURANCE COMPANY



PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808

Proposed Insure	d				SSN	//_				
Address	rt									
			City		State	Zip				
Date of Birth	Age	e Gend	er 🗖 Male 🗖 Fei	male Height _	Wo	eight				
Policy Owner Na	nme				SSN/	//				
Relationship to l	Proposed Insured		Home Telep	hone ()					
Secondary Addre	essed) Street	Apt. #	City	S	tate Zip					
	iary NameFirst		,		•					
			le	Last	Relationship	p				
Secondary Benef	ficiary Name First	Midd	1-	Last	Relationshi					
☐ YES ☐ NO										
PI FASE ANSW	FR THESE HEALTH OLIF	STIONS (Must answ	ver "NO" to quali	(f _v).						
☐ YES ☐ NO	terminally ill, incarcerated or have you been hospitalized two or more times in the past six months, or do you expect to be admitted to a hospital or nursing facility? Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by HIV Infection or other sickness or condition derived from such infection?									
☐ YES ☐ NO	Have you tested positive for exposure to the HIV Infection or been diagnosed as having									
☐ YES ☐ NO	•					•				
☐ YES ☐ NO	In the past two years, have y	•		_	_	for or been				
	diagnosed with uncontrolled diabetes including any complications from such, uncontrolled high blood pressure, stroke, paralysis, cancer, any heart, organ or lung disease (including COPD/Emphysema), mental disorder/retardation, disorder of the brain or nervous system, any impairment, disorder, disease, transplant or chronic illness?									
☐ YES ☐ NO	In the past two years, have y					zation which has				
☐ YES ☐ NO	not been received or completed, or advised to take medications and have not been compliant? In the past five years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, noted to excessively consume alcohol or been arrested for any reason?									
PHYSICIAN NA	AME AND ADDRESS:									
MEDICATIONS	S & USAGE:									
☐ YES ☐ NO	Do you want the Automatic	e Premium Loan Pro	vision?							
☐ YES ☐ NO	Do you have any existing life	e insurance or annu	ity contracts?							
☐ YES ☐ NO	Will this cause any other in	surance or annuity t	o be replaced, disco	ontinued or chan	nged? Company	Policy #				
insurance to go premium is hone above in issuing further acknowled an application co	all questions and answers ar into effect, the Proposed Ins ored by the bank and the poli any life insurance hereunder edge that any person who kno ontaining any false, incomplet	sured's health condition is issued. I also ut, and the agent does twingly and with intented or misleading info	tion must remain inderstand that Ser s not have the autlent ent to injure, defrat frmation may be gu	as described in t nior Life Insurand hority to waive or ud or deceive any uilty of a felony of	ge and belief. I the application a ce Company will r modify any que insurer files a st f the third degree	understand that fo at the time the firs I rely on my answer estion or answer. tatement of claim o e.				
signed in			Date		iime					
Signature of Owner			Signature of Proposed Insured							

SDSTD07_45

Payment Type □ BSP □ DB □ IW □ CC	☐ Monthly □		ent Mode Semi-Annual	☐ Annual	☐ 1 st	□ 5 th	Due Date	□ 20 th □ 25 th
BANK SERVICE PLAN AUTHORIZA As a convenience to me, I authorize means directly from my account identif account, this request and authorizatio rights with respect to it, will be the sar reason, Senior Life Insurance Compar is to remain in effect until either Senior	my bank/financial i ied below and paya n shall apply as wo ne as if it were sign ny will not be under	able to Senicell. I agree the ned or initiator any liability	or Life Insurance C hat Senior Life Ins ed personally by r even though dish	ompany, Thomas urance Company ne. I also agree to onor results in fo	payments sville, Georg 's treatme that if any or rfeiture of i	for this gia. If sa nt of ea check o	s insurance by e aid account is re ach check or AC or ACH debit is c ce. I understand	electronic or other placed by another CH debit, and their lishonored for any
☐ Checking ☐ Savings	Initial Withdrawal Date// (or as soon as possible thereafter)							
Name(s) on Account:						(0	or as soon as poss	sible thereafter)
Bank/Financial Institution Name:								
Name of Bank Employee verifying sa	Routing Number (9 digits):							
Address:						State:	Zip: _	
Phone: ()			_					
Name on Card: Credit Card Account Number: X Signature					Expir	ation [Oate:/_	
STATEMENT OF INSURABLE INTERI		0 ,	'	self and/or spous	se.			
☐ YES ☐ NO Do you have insur ☐ YES ☐ NO Do you have comp ☐ YES ☐ NO If you are insuring If no, please explain	olete knowledge of grandchildren, are in:	the health h	istory of the perso pendents being ins	ured, and are yo				
The Proposed Insured is my: ☐ Parel Best time to reach Proposed Insured by My insurable interest in the Proposed ☐ The Proposed Insured is legally in the Proposed Insured is my: ☐ Parel Proposed Insured	oy phone: Insured's life is as	follows:				ied for		
s		amount n		- amount of the	upp	.50 101.		
AGENT STATEMENT Are there existing life insurance and/or I certify that each question in all parts in full as they were given. To the best of the replacement is involved, I presented.	of the application w	vere asked a	and the answers ar	e true and compl	lete and tha	at I hav	e accurately rec	orded the answers
Agent's Signature:				Agent Numb	er:			
Printed Name:				License Nur	mber:			