

# SENIOR LIFE INSURANCE COMPANY

## APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE

Executive Office:  
1 Senior Life Lane  
Thomasville, GA 31792

### 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

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. 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): 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup>**  
 **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*

### INSURED, OWNER, & PAYOR MUST SIGN HERE!



*Insured - Payor and Owner, if different than Insured, must sign here.*

*State Signed In*

*Date*

### AGENT MUST SIGN HERE!

I certify that each question in all parts of the application were asked. I further certify that 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*  
AZ, CO, GA, HI, NE, NV, ND, RI, WV