SENIOR LIFE
INSURANCE COMPANY

APPLICATION FOR
GUARANTEED ISSUE WHOLE LIFE INSURANCE

POLICYOWNER INFORMATION

Name:	SSN:	Relationship to Insured:
Email:	Phone:	Cell Phone:
Address:	City:	State: Zip:

INSURED INFORMATION - *All applicants must permanently reside in the United States.*

Name:	Phone:	Age:
Address:	City:	State: Zip:
SSN:	Date of Birth:	Sex: Ht: Wt:

BENEFICIARY INFORMATION

Primary:	Relationship:	Phone:
Address:	City:	State: Zip:
Contingent:	Relationship:	Phone:
Address:	City:	State: Zip:

PLAN INFORMATION

Face Amount:	Base Plan Premium:

RIDER INFORMATION

Accidental Death	❏YES ❏NO	Charitable Benefit ❏YES ❏NO	Rider Premiums:
Child	❏YES ❏NO		Total Premium:

HEALTH QUESTIONS

GUARANTEED ISSUE – NO HEALTH INFORMATION REQUIRED

AUTOMATIC PREMIUM LOAN

Do you want the Automatic Premium Loan Provision?.. ❏YES ❏NO

REPLACEMENT

1. Does the applicant have existing life insurance or annuity contracts?.. ❏YES ❏NO

2. Will this policy replace or change other insurance or annuities?.. ❏YES ❏NO

    If "yes", list Company and Policy No.

THIRD PARTY NOTIFICATION

If you would like to provide copies of notices concerning lapse or cancellation for non-payment of premium to a third party, please provide the following.

Name:	Relationship to Insured:
Address:	City: State: Zip:

FIRST YEAR……………..………	**110% of premiums paid**	**THIRD YEAR**……………..………	**110% of premiums paid**
SECOND YEAR……………..………	**110% of premiums paid**	**FOURTH YEAR**……………..………	**Amount of Insurance**

ARBITRATION

1. THE POLICY FOR WHICH YOU ARE APPLYING INCLUDES A BINDING ARBITRATION AGREEMENT. 2. THE ARBITRATION AGREEMENT REQUIRES THAT ANY DISAGREEMENT RELATED TO THIS POLICY MUST BE RESOLVED BY ARBITRATION AND NOT IN A COURT OF LAW. 3. THE RESULTS OF THE ARBITRATION ARE FINAL AND BINDING ON THE INSURED AND THE INSURANCE COMPANY. 4. IN AN ARBITRATION, AN ARBITRATOR, WHO IS AN INDEPENDENT, NEUTRAL PARTY, GIVES A DECISION AFTER HEARING THE POSITIONS OF THE PARTIES. 5. WHEN THE INSURED ACCEPTS THE INSURANCE POLICY THE INSURED AGREES TO RESOLVE ANY DISAGREEMENT RELATED TO THE POLICY BY BINDING ARBITRATION INSTEAD OF A TRIAL IN COURT INCLUDING A TRIAL BY JURY. 6. ARBITRATION TAKES THE PLACE OF RESOLVING DISPUTES BY A JUDGE AND JURY AND THE DECISION OF THE ARBITRATOR CANNOT BE REVIEWED IN COURT BY A JUDGE AND JURY.

ACKNOWLEDGMENT OF APPLICATION

I have read or have been read all questions and answers. I affirm that they are true to the best of my knowledge and belief. I understand that for this 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 will rely on my answers above in issuing any life insurance. The agent does not have the authority to waive or modify any question or answer. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

BANKING AUTHORIZATION

I authorize, until I revoke in writing, my bank/financial institution to deduct future payments for this insurance by electronic or other means directly from my account identified below. If I provide a check as an initial premium payment, I authorize the Company to either use information from my check to make a one-time electronic fund transfer from my account or to process the payment as a check transaction. I understand funds may be withdrawn from my account as soon as the same day and my check will not be returned by my financial institution.

Initial Withdrawal Date: _____ or as soon as possible thereafter   Draft Day: _____

Names on Account: _____   Payment Mode: ❑ Monthly ❑ Semi-Annual ❑ Annual

❑ Checking ❑ Savings   Financial Institution Name: _____

Routing Number (9 digits): _____   Account Number: _____

Credit Card Number: _____   Expiration Date: _____   CVV Code: _____

POLICYOWNER, INSURED, & PAYOR MUST SIGN HERE

_____   _____   _____
Policyowner's Signature   City, State Signed In   Date

_____   _____
Insured's Signature   Payor's Signature

AGENT'S CONFIRMATION

Are there existing life insurance and/or annuity contracts on the life of the applicant?.. ❑ YES ❑ NO

If replacement is involved or otherwise required, I presented and read the applicant a notice regarding replacement.

_____   _____   _____
Agent's Signature   Printed Name   License Number