

P.O. Box 2447 Thomasville, GA 31799-2447 877-777-8808 www.SeniorLifeInsuranceCompany.com

KANSAS BINDING RECEIPT AND TEMPORARY INSURANCE AGREEMENT

All premium checks must be made payable to Senior Life Insurance Company. Do not make checks payable to the agent or leave the payee blank.

Proposed Insured:	

Payment Amount Received:

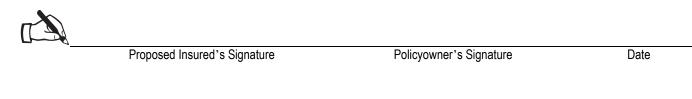
Plan Type Applied For:

Application Date:

This agreement provides temporary insurance coverage as of the date the initial premium is received; it does not guarantee that a life insurance policy will be issued. In the event of an adverse underwriting decision, the Company will mail to the Policyowner notice of the declination and refund the premium, thereby terminating this Agreement.

Fraud or material misrepresentation in the application voids this Agreement and the Company's only liability is for refund of the payment made. If all requirements are not met, or if the Proposed Insured(s) dies by suicide, the liability of the Company shall be limited to a full refund of the payment received by the Company. If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement. This Agreement provides no insurance for riders or additional benefits. No agent or broker is authorized to alter the terms of this Agreement, waive any terms or conditions, or pass on insurability. The aggregate amount of life insurance provided on the life of any Proposed Insured which may become effective under the Agreement and any other receipt issued by the Company on the life of that person, shall be the lesser of the amount applied for or \$500.00. I have read this Agreement and understand and agree to its terms.

I understand this Agreement provides no insurance unless all conditions are met. I declare that the answers to the questions in the application are true and correct to the best of my knowledge.





Agent's Signature

License Number

Date