SENIOR LIFE
INSURANCE COMPANY

**APPLICATION FOR**
**GUARANTEED ISSUE WHOLE LIFE INSURANCE**

**Executive Office:**
**1 Senior Life Lane**
**Thomasville, GA 31792**

**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 Premiums:

Total Premium:

**RIDER INFORMATION**

| | | | |
|---|---|---|---|
| Accidental Death | ❑YES ❑NO | Charitable Benefit | ❑YES ❑NO |
| Child | ❑YES ❑NO | | |

**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** |

## 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 who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

## 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 the Kansas Replacement Notice.

Agent's Signature | Printed Name | License Number