



APPLICATION FOR  
GUARANTEED ISSUE WHOLE LIFE INSURANCE

Executive Office:  
1 Senior Life Lane  
Thomasville, GA 31792

<b>POLICYOWNER INFORMATION</b>					
Name:		SSN:		Relationship to Insured:	
Email:		Phone:		Cell Phone:	
Address:		City:		State: Zip:	
<b>INSURED INFORMATION</b> - All applicants must permanently reside in the United States.					
Name:		Phone:		Age:	
Address:		City:		State: Zip:	
SSN:		Date of Birth:		Sex: Ht: Wt:	
<b>BENEFICIARY INFORMATION</b>					
Primary:		Relationship:		Phone:	
Address:		City:		State: Zip:	
Contingent:		Relationship:		Phone:	
Address:		City:		State: Zip:	
<b>PLAN INFORMATION</b>					
Face Amount:				Base Plan Premium:  Rider Premiums:  Total Premium:	
<b>RIDER INFORMATION</b>					
Accidental Death <input type="checkbox"/> YES <input type="checkbox"/> NO		Charitable Benefit <input type="checkbox"/> YES <input type="checkbox"/> NO			
Child <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>HEALTH QUESTIONS</b>					
<b>GUARANTEED ISSUE – NO HEALTH INFORMATION REQUIRED</b>					
<b>AUTOMATIC PREMIUM LOAN</b>					
Do you want the Automatic Premium Loan Provision?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>REPLACEMENT</b>					
1. Does the applicant have existing life insurance or annuity contracts?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
2. Will this policy replace or change other insurance or annuities?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
If "yes", list Company and Policy No.					
<b>THIRD PARTY NOTIFICATION</b>					
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 a notice regarding replacement.

\_\_\_\_\_  
Agent's Signature\_\_\_\_\_  
Printed Name\_\_\_\_\_  
License Number