



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 <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					
HEALTH QUESTIONS					
GUARANTEED ISSUE – NO HEALTH INFORMATION REQUIRED					
AUTOMATIC PREMIUM LOAN					
Do you want the Automatic Premium Loan Provision?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
REPLACEMENT					
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.					
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 knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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