

Primary Insured

SS # - -

First Name M.I.

Last Name

Child 4 **Whole Life** Life Face Amount Premium
 21 Pay Whole Life \$, \$, .

Child 5 **Whole Life** Life Face Amount Premium
 21 Pay Whole Life \$, \$, .

Child 6 **Whole Life** Life Face Amount Premium
 21 Pay Whole Life \$, \$, .

Child 7 **Whole Life** Life Face Amount Premium
 21 Pay Whole Life \$, \$, .

<p>Child 4</p> <p>First Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Last Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Age <input type="text"/> <input type="text"/> Date of Birth (mm-dd-yyyy) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>M.I. <input type="text"/></p> <p><input type="radio"/> Male Height (ft. in.) <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Female Weight (lbs.) <input type="text"/> <input type="text"/></p> <p>I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Child 5</p> <p>First Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Last Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Age <input type="text"/> <input type="text"/> Date of Birth (mm-dd-yyyy) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>M.I. <input type="text"/></p> <p><input type="radio"/> Male Height (ft. in.) <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Female Weight (lbs.) <input type="text"/> <input type="text"/></p> <p>I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Child 6</p> <p>First Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Last Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Age <input type="text"/> <input type="text"/> Date of Birth (mm-dd-yyyy) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>M.I. <input type="text"/></p> <p><input type="radio"/> Male Height (ft. in.) <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Female Weight (lbs.) <input type="text"/> <input type="text"/></p> <p>I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Child 7</p> <p>First Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Last Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Age <input type="text"/> <input type="text"/> Date of Birth (mm-dd-yyyy) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>M.I. <input type="text"/></p> <p><input type="radio"/> Male Height (ft. in.) <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Female Weight (lbs.) <input type="text"/> <input type="text"/></p> <p>I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No</p>



IF THE ANSWER IS "YES" TO ANY ONE OF QUESTIONS 1-5 BELOW FOR ANY CHILD, THEN THAT CHILD IS NOT ELIGIBLE FOR COVERAGE.

CHILD 4
YES/NO

CHILD 5
YES/NO

CHILD 6
YES/NO

CHILD 7
YES/NO

- | | | | | | |
|----|---|-----|-----|-----|-----|
| 1. | Is any Proposed Insured bedridden, hospitalized or a resident of a nursing facility? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| 2. | Has any Proposed Insured: | | | | |
| a. | Been advised that they have a terminal illness? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| b. | Had a toe, foot or leg amputated due to illness or disease? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| c. | Been advised to have or had a heart, lung, liver or bone marrow transplant? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| d. | Been diagnosed or treated for cirrhosis or Amyotrophic Lateral Sclerosis (ALS)? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| e. | Been diagnosed as having or received treatment for chronic kidney failure, which includes dialysis? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| f. | Been diagnosed, treated, or ever taken medication for:
Chronic kidney disease, Alzheimer's disease, Senile dementia, Muscular dystrophy or atrophy, Parkinson's disease, Multiple sclerosis, Cerebral palsy, Sickle cell anemia, Cystic fibrosis, Down's syndrome or Lupus? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| 3. | Within the past year, has the Proposed Insured been advised to be or been hospitalized for a heart or circulatory condition including stroke, heart attack, congestive heart failure or heart valve disorder? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| 4. | Within the past two (2) years, has the Proposed Insured: | | | | |
| a. | Been diagnosed as having, received treatment for, or been advised to take tests to determine if they have cancer (other than skin), leukemia, lymphoma, melanoma, sarcoma or other malignant tumor or growth? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| b. | Had Chronic Lung Disease which requires oxygen equipment to assist in breathing in a home setting? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| 5. | "Answer this question "NO" if you have tested positive for HIV and have not developed symptoms of the disease AIDS". Has the Proposed Insured ever had or been told by a member of the Medical Profession that he or she had Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| 6. | Has any Proposed Insured used tobacco in any form within the past 12 months? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| 7. | Will the life insurance being applied for replace or change any existing life insurance? | ○ ○ | ○ ○ | ○ ○ | ○ ○ |
| 8. | Does any Proposed Insured have any existing (or pending application for) life insurance? If yes, list coverage type. _____ | ○ ○ | ○ ○ | ○ ○ | ○ ○ |

