



There is a terrific sense of **security** knowing that as your children or grandchildren grow, they will have **guaranteed whole life insurance** they can never outgrow.

At the incredibly low price of **only \$25 per year**, you can afford to insure all your children or grandchildren with The Youth Life Plan!

Mail this application, together with the first year's premium, to American Savings Life at 935 E. Main St., Mesa, AZ 85203



Application For Life Insurance

whole life insurance with modified premium at age 25
AMERICAN SAVINGS LIFE INSURANCE COMPANY

You may also apply online at
www.YouthPlan.com

| SELECT DESIRED PLAN: | | Amount of Insurance | Annual Premium Through Age 24 | Annual Premium Ages 25 to 100 |
|-----------------------|-----------------|---------------------|-------------------------------|-------------------------------|
| <input type="radio"/> | Basic Benefits | \$10,000 | \$25 | \$90 |
| <input type="radio"/> | Double Benefits | \$20,000 | \$50 | \$180 |

| PROPOSED INSURED(S): List persons ages 6 months to 24 years. | | | Current | | Gender | Date of Birth Month / Day / Year |
|--|-------------|-----------|---------|--------|--------|-------------------------------------|
| First Name | Middle Name | Last Name | Height | Weight | | |
| (1) | | | | | | |
| (2) | | | | | | |

BENEFICIARY: Name: _____ Relationship to Proposed Insured(s): _____

Have any Proposed Insured(s) received any medical advice, examination or treatment during the past 3 years? ☐ Yes ☐ No

If Yes, explain: _____

Do any of the Proposed Insured(s) have any existing impairments, diseases, health or medical conditions? ☐ Yes ☐ No

If Yes, explain: _____

If more space is needed for explanations, include a separate sheet of paper with this application and check this box: ☐

Will you replace or change any existing life insurance or annuities when this policy is issued? If yes, please list ☐ Yes ☐ No below the name of the Company and the policy number so we can notify them.

APPLICANT &

POLICY OWNER: Name: _____ Relationship to Proposed Insured(s): _____

Address: _____

I am enclosing the first year's premium shown above for each Proposed Insured. I understand that the insurance applied for will become effective on the date this application is approved in the Home Office of American Savings Life Insurance Company. I represent that my above answers are true and complete to the best of my knowledge and belief, and I understand that this application shall be the basis for and a part of the policy.

Date _____ Applicant's Signature _____ Phone: _____

If any of the proposed insured(s) are 18 or older, he/she acknowledges this application and represents the above answers are true and complete to the best of his/her knowledge and belief:

Date _____ Proposed Insured's Signature(s): _____

Print Agent's Name (If Applicable) _____ Agent Signature _____