

5. HEALTH INFORMATION

SINCE THIS POLICY IS ISSUED WITH MINIMAL OR NO MEDICAL UNDERWRITING, THE PREMIUM RATE CHARGED INCLUDES AN EXTRA MORTALITY RISK CHARGE. IF YOU ARE HEALTHY ENOUGH TO QUALIFY AS A "STANDARD" RISK, PREMIUMS WOULD LIKELY HAVE BEEN LOWER IF YOU HAD APPLIED FOR A FULLY UNDERWRITTEN POLICY.

- 1. Within the past two (2) years have you been confined to or been advised by a licensed medical professional to be admitted to a nursing home, hospice, extended care, special treatment facility, required the use of oxygen equipment to assist in breathing, or do you need ongoing personal assistance performing your Activities of Daily living (ADL's) eating, bathing, dressing, toileting, transferring (walking) and continence? Yes No
- 2. Within the past two (2) years have you been diagnosed by a member of the medical profession with any cancer (excluding Basal or Squamous cell skin cancer), heart attack (myocardial infarction), heart surgery, cardiomyopathy, congestive heart failure, stroke, Alzheimer's disease or dementia, or have undergone major organ transplant surgery? Yes No
- 3. Have you been advised by a licensed medical professional that your life expectancy is less than 24 months? Yes No

6. INSURANCE APPLIED FOR

Face Amount \$ _____

7. RIDERS APPLIED FOR

- Accidental Death Benefit Rider 1X Amount of Insurance

8. PREMIUM AND BILLING INFORMATION

- 1. Premium Information:
 - a. Premium \$ _____
 - b. Billing Type EFT (complete Payment Form) Direct Bill Other (complete Payment Form)
 - c. Premium Mode

NOTE: If you choose to pay your policy premium in semi-annual, quarterly or monthly payments, you will pay more over the year than if you choose to pay your premium in one annual premium payment.

- Monthly (Not available for direct bill) Quarterly Semi-Annual Annual

2. Payment with Application \$ _____

3. Premium notices sent to: Proposed Insured Owner Other (indicate below)

Name	Relationship to Insured	Social Security # or Tax ID #	
Address	City	State	Zip Code

4. Automatic Premium Loan Yes No
I understand that by selecting this option a loan may be made against the cash value of my policy to pay premiums due.

9. HOME OFFICE ENDORSEMENTS

SPECIAL REQUESTS

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