

Application for Individual and Joint Life Insurance - Part 1 Supplemental

1. Proposed Joint Insured or Other Insured

First Name MI Last Name

Male Female _____
Date of Birth Age Social Security Number/TIN

Street Address City State ZIP Code

Telephone Number Alternate Telephone Number (optional) Email Address

Driver's License Number State of Issue

Place of Birth United States (state) _____ Other (country) _____

Are you currently employed? Check one

- Yes, full-time (more than 30 hours per week) Yes, part-time (30 hours per week or less)
 Self-Employed, please check one Full-time Part-time
 No, homemaker, student, or retired Not currently employed

If employed, please provide your current:

- a. Employer's name: _____
b. Job title and type/line of business: _____
c. Length of employment: _____
d. Is this a U.S. based company? Yes No

Please provide the financial information below:

\$ _____ \$ _____
Annual Earned Income Annual Unearned Income Please indicate source of unearned income

\$ _____
Spouse's/Domestic Partner's/Civil Union Partner's Annual Income

\$ _____ \$ _____ \$ _____
Household Net Worth Household Liquid Assets Household Annual Expenses

1. Proposed Joint Insured or Other Insured (continued)

Have you ever filed for bankruptcy?

- No
- Yes, provide dates and details for each bankruptcy filing: _____

2. Replacement and Insurance Activity - Proposed Joint Insured or Other Insured

If replacing existing coverage, complete the applicable state **Replacement Notification**

Amount of life insurance currently in force? \$_____ None

Amount of life insurance currently applied for, other than the amount being applied for on this application? \$_____ None

Will this insurance replace any existing annuities and/or life insurance? No Yes, provide details below

If coverage will be replaced, will there be a surrender charge on the annuity or life insurance product? No Yes

If yes, what is the surrender charge percentage?

Replacement 1: _____% Replacement 2: _____% Replacement 3: _____% Replacement 4: _____% Replacement 5: _____%

Provide details of life insurance policy(s) or annuity contract(s) that are in force or applied for below:

1. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

Name of Company \$_____ Face Amount _____ Date Issued or Applied For

2. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

Name of Company \$_____ Face Amount _____ Date Issued or Applied For

3. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

Name of Company \$_____ Face Amount _____ Date Issued or Applied For

4. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

Name of Company \$_____ Face Amount _____ Date Issued or Applied For

2. Replacement and Insurance Activity - Proposed Joint Insured or Other Insured (continued)

5. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

Name of Company

\$ _____
Face Amount

Date Issued or Applied For

3. Beneficiary Designation - Proposed Joint Insured or Other Insured Rider

- Percentages must total 100%; if you do not indicate the percentage, the surviving beneficiary(s) will share equally.
- If the Beneficiary For is not indicated, the beneficiary(s) listed will be assigned to the Base Policy.
- If beneficiary(s) are a Trust, include Trustee Name(s) and Trust Date.

a.

Beneficiary For: Base Policy Other Insured Rider
Beneficiary Designation: Individual Trust Corporation Type: Primary Contingent _____
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

b.

Beneficiary For: Base Policy Other Insured Rider
Beneficiary Designation: Individual Trust Corporation Type: Primary Contingent _____
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

3. Beneficiary Designation - Proposed Joint Insured or Other Insured Rider (continued)

c.

Beneficiary For: Base Policy Other Insured Rider
Beneficiary Designation: Individual Trust Corporation Type: Primary Contingent _____
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

d.

Beneficiary For: Base Policy Other Insured Rider
Beneficiary Designation: Individual Trust Corporation Type: Primary Contingent _____
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)