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|---|---|--|
| Payment Type <input type="checkbox"/> BSP <input type="checkbox"/> DB <input type="checkbox"/> IW <input type="checkbox"/> CC | Payment Mode <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual | Due Date <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th |
|---|---|--|

BANK SERVICE PLAN AUTHORIZATION

As a convenience to me, I authorize my bank/financial institution or credit card issuer to deduct future payments for this insurance by electronic or other means directly from my account identified below and payable to Senior Life Insurance Company, Thomasville, Georgia. If said account is replaced by another account, this request and authorization shall apply as well. I agree that Senior Life Insurance Company's treatment of each check or ACH debit, and their rights with respect to it, will be the same as if it were signed or initiated personally by me. I also agree that if any check or ACH debit is dishonored for any reason, Senior Life Insurance Company will not be under any liability even though dishonor results in forfeiture of insurance. I understand this authorization is to remain in effect until either Senior Life Insurance Company or I cancel by sending the other party a written request to do so.

| | |
|--|--|
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Initial Withdrawal Date _____ (or as soon as possible thereafter) |
| Name(s) on Account: _____ | |
| Bank/Financial Institution Name: _____ | |
| Name of Bank Employee verifying savings information: _____ | Routing Number (9 digits): _____ |
| Bank Account # _____ | |
| Address: _____ | City: _____ State: _____ Zip: _____ |
| Phone: (_____) _____ | |

| | | | | | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | | | | | | | | | | | | |
| Name on Card: _____ | | | | | | | | | | | | |
| Credit Card Account Number: <table><tr><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td></tr></table> Expiration Date: ____/____/____ | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
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X

Signature _____

STATEMENT OF INSURABLE INTEREST - Complete if insuring any person other than self and/or spouse.

| | |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you have insurable interest in the person to be insured? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you have complete knowledge of the health history of the person to be insured? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | If you are insuring grandchildren, are all such dependents being insured, and are you responsible for their financial support? |
| If no, please explain: _____ | |

The Proposed Insured is my: ☐ Parent ☐ Child ☐ Other _____

Best time to reach Proposed Insured by phone: _____

My insurable interest in the Proposed Insured's life is as follows:

☐ The Proposed Insured is legally indebted to me in an amount not less than the face amount of the policy applied for.

AGENT STATEMENT

I certify that each question in all parts of the application were asked and the answers are true and complete and that I have accurately recorded the answers in full as they were given. To the best of my knowledge, replacement ☐ is ☐ is not involved in this transaction.

| | |
|--------------------------|-----------------------|
| Agent's Signature: _____ | Agent Number: _____ |
| Printed Name: _____ | License Number: _____ |