SENIOR DIRECT PREFERRED SIMPLIFIED ISSUE WHOLE LIFE INSURANCE APPLICATION



SENIOR LIFE INSURANCE COMPANY PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808

Proposed Insured	d			SSN		/	/		
Address									
	Street	Apt. #	City		State	Zip			
Date of Birth		Age	Gender 🗖 Male	☐ Female	Height _		_Weight		
Policy Owner Nat	me			SSN_		/	/		
Relationship to F	Proposed Insured		Home	Telephone ()			
Owner's Email A	.ddress								
Secondary Addre	essStreet								
			City		State	Zip			
Primary Beneficia	ary NameFirst	Middle	2	Last		Relationship			
Secondary Benef	ficiary NameFirst	JEE:M	e	Last		Relationship			
	ADB Rider \$]	-			
						·			
PLEASE ANSW	ER THESE HEALTH QU	DESTIONS (Must answe	er "NO" to each qu	estion to qua	lity):				
■ YES ■ NO	Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, or incarcerate have you been hospitalized two or more times in the past three years; or do you expect to be admitted to a hospital or nursing facility								
■ YES ■ NO	Have you tested positive for exposure to the HIV (Human Immunodeficiency Virus) Infection; have you been diagnosed as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV (Human Immunodeficiency Virus) Infection; or have you been diagnosed as having any other sickness or condition derived from such infection?								
□ YES □ NO		,							
☐ YES ☐ NO	In the past six months, have you experienced any unexplained weight loss or weight gain? In the past year, have you used any form of tobacco or nicotine product or had a blood pressure reading over 135/85?								
☐ YES ☐ NO	In the past five years, have you been advised or recommended to have any tests, surgery or hospitalization which has not bee								
	received or completed; or in the past five years, have you been advised to take medications and have not been compliant?								
☐ YES ☐ NO	In the past five years, have you had, been treated, received medical advice or prescribed medication for, or been diagnosed with uncontrolled diabetes, including any complications from such; uncontrolled high blood pressure; stroke; paralysis; cancer; an heart, organ, or lung disease, including COPD or Emphysema; mental disorder; disorder of the brain or nervous system; or an impairment, disorder, disease, transplant or chronic illness?								
☐ YES ☐ NO	In the past ten years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, or been noted to excessively consume alcohol; or in the past ten years, have you been arrested for any reason								
PHYSICIAN NA	AME AND ADDRESS: _								
	S AND USAGE:								
	Do you want the Autom								
☐ YES ☐ NO	Do you have any existing	g life insurance or annuit	y contracts?						
☐ YES ☐ NO	Will this cause any other	insurance or annuity to	be replaced or chan	ged?					
effect the Propose policy is issued. I that the agent doe reason for an adve	all questions and answers. I a ed Insured's health condition understand that Senior Life es not have the authority to erse underwriting decision. ormation in an application fo	ffirm that they are true to n must remain as describe Insurance Company will waive or modify any quest Any person who knowing	the best of my knowled in the application rely on my answers a tion or answer. I underly presents a false or	edge and belic at the time th bove in issuin lerstand that u fraudulent cla	ef. I underste first prer g any life ir upon reque tim for pay	stand that for mium is hone nsurance here est I may rece ment of a los	r this insurance to go into ored by the bank and the eunder. I also understand ive in writing the specific s or benefit or knowingly		
Signed In			Date			Time			
Signature of Owne	or.		Signature of Propo	nead Incured					

SDPFD10_22 MA

Payment Type	Pavm	ent Mode		D	ue Date
		☐ Semi-Annual ☐ Annual	□ 1 st □ 3 rd		1 10 th 15 th 20 th 25 th
BANK SERVICE PLAN AUTHORIZAT	TON				
As a convenience to me, I authorize my directly from my account identified below this request and authorization shall appresent to it, will be the same as if it we Life Insurance Company will not be und until either Senior Life Insurance Company	bank/financial institution or down and payable to Senior Life Ir bly as well. I agree that Senior e signed or initiated personaller any liability even though disl	nsurance Company, Thomasville r Life Insurance Company's tre ly by me. I also agree that if any nonor results in forfeiture of insu	, Georgia. If said atment of each of check or ACH of rance. I understa	d account in theck or A debit is dist	s replaced by another account, CH debit, and their rights with nonored for any reason, Senior
☐ Checking ☐ Savings		Initial Wit	hdrawal Date	(or oc	
Name(s) on Account:				(01 a5	
Bank/Financial Institution Name:					
Name of Bank Employee verifying savir	gs information:	Routing Number (9 digits): Bank Account #			
Address:					
Phone: ()					
□ Visa □ MasterCard					
Name on Card:					
Traine on ourd.		1			
Debit Card Account Number:					
Χ			(3 - Digit S	ecurity Co	ode located on back of card
Signature of Payor					
☐ YES ☐ NO Do you have compl ☐ YES ☐ NO If you are insuring g	ble interest in the person to be ete knowledge of the health hi grandchildren, are all such dep	e insured? istory of the person to be insure pendents being insured, and are	d? you responsible	for their fi	• •
The Proposed Insured is my: \square Paren					
Best time to reach Proposed Insured by					
My insurable interest in the Proposed In	sured's life is as follows:				
☐ The Proposed Insured is legally in	debted to me in an amount not	t less than the face amount of th	e policy applied	for.	
AGENT STATEMENT Are there any existing life insurance or a l certify that each question in all parts of the answers in full as they were given. The state, I presented and read the applements of the state, I presented and read the applements.	this application was asked; I controlled the best of my knowledge, r	certify that the answers are true eplacement \Box is \Box is not in	and complete. I		
Agent's Signature:		Agent Nu	mber:		
Drinted Names		I Samura N	lumbo		
Printed Name:		License N	iumber:		MA
SDPFD10_22					M/