

LIFE INSURANCE APPLICATION

Individual Assurance Company, Life, Health & Accident
 [2400 West 75th Street, Prairie Village, Kansas 66208-3509]
 [1-800-821-5434]



APPLICANT

Name Date of Birth / / Male Female
First / Middle / Last Month Day Year

Home Address Social Security Number

City State Zip

Daytime Phone () Evening Phone ()

BENEFICIARY

Primary - Name Relationship

Contingent - Name Relationship

COVERAGE

Term Life \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 Yes No

MEDICAL

Do you currently use or have you used any type of tobacco product within the past 12 months? Yes No

As of the date you sign this application and **within the past 5 years** has a medical professional diagnosed you as having or treated you for:

1) Stroke, paralysis, brain, spinal cord or central nervous system disorders, multiple sclerosis or epilepsy? Yes No

2) Cancer or malignancy (other than basal cell carcinoma of the skin)? Yes No

3) Mental or emotional disorders including depression, anxiety, alcoholism, drug or substance use? Yes No

4) Positive test for HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Yes No

5) Any of the following diseases or disorders: heart disease or disorder; lung disease; kidney disease or failure; liver disease or hepatitis (other than type A); ulcerative colitis or Crohn's disease; blood disorders; lymphoma; diabetes? Yes No

PAYMENT

Please indicate your payment method below (**check only one box**).

Automatic Monthly Account Deduction If selecting monthly auto deductions, enclose your first monthly premium payment with your signed application. For your convenience, premium payments will be deducted from your bank account each month. Please complete the following information and attach a voided check to this application. If your application is accepted, your monthly premium will be deducted on the fifth day of each month, unless otherwise noted below.

Name of Bank City State

Account Number Routing Number

Payment Due Date 5th or 20th of each month.

Automatic Monthly Premium Amount \$

Annual Direct Bill If selecting annual direct bill, enclose your first annual premium payment with your signed application.

Annual Premium Amount (Automatic Monthly Premium X 11) \$

SIGNATURE

I declare and agree that: 1) All statements and answers to the questions in this application and any supplement to it are true and have been completed to the best of my knowledge and belief; 2) This application will form a part of the insurance contract with Individual Assurance Company; 3) No information or answer to any question will be presumed as communicated to the Company nor will it be binding on the Company unless it has been answered in this application; 4) The policy applied for never takes effect unless, during my lifetime: a) the policy has been issued, delivered to, and accepted by me; and b) the required first premium has been paid to the Company; and 5) If I have selected automatic monthly account deductions, I hereby authorize the premium amount to be deducted monthly as specified in the payment section. This authorization is limited to payment to the Company for an insurance premium.

SPECIAL INSURANCE DISCLOSURE

The Insurance product applied for:

- Is not a deposit or other obligation of, or guaranteed by, this financial institution.
- Is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, this financial institution, or any affiliate of this financial institution.

This insurance is not intended to replace any life insurance or annuity policies I presently own.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

BY SIGNING THIS APPLICATION I ALSO ACKNOWLEDGE RECEIPT OF THE ABOVE SPECIAL INSURANCE DISCLOSURE.

Applicant's Signature Date

AGENT

This policy will or will not replace any existing annuity or life insurance policy or use the cash value of another policy.

Agent's Name Agent #

Agent's Signature Date

Financial Institution
Name / City / State / Zip

IA 1711A

10 YEAR TERM MONTHLY PREMIUM RATES

NON-TOBACCO

Coverage:	\$50,000		\$75,000		\$100,000		\$125,000		\$150,000	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18-30	\$ 10.25	\$ 9.25	\$ 12.25	\$ 10.50	\$ 13.00	\$ 11.00	\$ 16.00	\$ 13.50	\$ 19.25	\$ 16.25
31-35	\$ 11.75	\$ 10.75	\$ 14.25	\$ 13.00	\$ 16.00	\$ 14.00	\$ 19.75	\$ 17.50	\$ 23.75	\$ 21.00
36-40	\$ 14.50	\$ 13.00	\$ 18.50	\$ 16.75	\$ 21.75	\$ 19.50	\$ 27.00	\$ 24.25	\$ 32.50	\$ 29.25
41-45	\$ 19.75	\$ 16.50	\$ 25.50	\$ 22.50	\$ 30.00	\$ 27.00	\$ 37.50	\$ 33.50	\$ 45.00	\$ 40.25
46-50	\$ 25.50	\$ 20.00	\$ 33.50	\$ 27.00	\$ 43.25	\$ 32.00	\$ 54.00	\$ 40.00	\$ 65.00	\$ 48.00
51-55	\$ 35.00	\$ 25.00	\$ 50.00	\$ 35.00	\$ 59.25	\$ 44.00	\$ 74.00	\$ 55.00	\$ 89.00	\$ 66.00
56-60	\$ 50.00	\$ 32.00	\$ 70.00	\$ 42.00	\$ 84.00	\$ 56.00	\$ 105.00	\$ 70.00	\$ 126.00	\$ 84.00

TOBACCO

Coverage:	\$50,000		\$75,000		\$100,000		\$125,000		\$150,000	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18-30	\$ 15.00	\$ 13.00	\$ 19.25	\$ 17.00	\$ 21.75	\$ 18.00	\$ 27.00	\$ 22.50	\$ 32.50	\$ 27.00
31-35	\$ 17.75	\$ 16.00	\$ 22.50	\$ 20.25	\$ 26.50	\$ 23.25	\$ 33.00	\$ 29.00	\$ 39.75	\$ 35.00
36-40	\$ 23.25	\$ 20.50	\$ 32.00	\$ 27.00	\$ 37.25	\$ 32.00	\$ 46.50	\$ 40.00	\$ 56.00	\$ 48.00
41-45	\$ 31.50	\$ 27.00	\$ 44.00	\$ 38.00	\$ 54.50	\$ 45.75	\$ 68.00	\$ 57.00	\$ 81.75	\$ 68.50
46-50	\$ 44.00	\$ 33.00	\$ 61.00	\$ 45.00	\$ 78.50	\$ 59.25	\$ 98.00	\$ 74.00	\$ 117.75	\$ 89.00
51-55	\$ 58.00	\$ 42.00	\$ 80.00	\$ 58.00	\$ 104.00	\$ 76.00	\$ 130.00	\$ 95.00	\$ 156.00	\$ 114.00
56-60	\$ 92.00	\$ 58.00	\$ 128.00	\$ 84.00	\$ 164.00	\$ 104.00	\$ 205.00	\$ 130.00	\$ 246.00	\$ 156.00