Application Resource Sheet

❑ Super Preferred ❑ Preferred

❑ Standard ❑ Modified ❑ Easy Issue

❑ 20 Year Term

SENIOR LIFE INSURANCE COMPANY

Proposed Insured: _____
First Middle Last

Address: _____
Street Apt. # City State Zip

Date of Birth: _____ Age: _____ Gender ❑ Male ❑ Female Height: _____ Weight: _____

Home Telephone: ( ) _____ Email Address: _____

Primary Beneficiary Name: _____
First Middle Last Relationship

Secondary Beneficiary Name: _____
First Middle Last Relationship

ADB Rider ❑ Yes ❑ No $_____ Amount of Insurance $_____ Premium Amount_____

Physician Name & Address: _____

Medications & Usage: _____

APL ❑ Yes ❑ No Existing Insurance ❑ Yes ❑ No _____ Replaced or Changed ❑ Yes ❑ No
Company Name

Banking Info ❑ Checking ❑ Savings

Name on Account: _____ Bank Name: _____

Routing Number: _____ Account Number: _____

SSN: _____/_____/_____ Initial Withdrawal: _____ Future Draft Dates: ❑ 1st ❑ 3rd ❑ 5th ❑ 10th ❑ 15th ❑ 20th ❑ 25th

A. If there are Insurable Interest or replacement issues, refer to the application or proper replacement form.

B. When recording, refer to recording script and use the Automated Health Questions.

C. When qualifying, refer to Underwriting guidelines.

❑	❑	❑
Death Benefit	Death Benefit	Death Benefit
Premium	Premium	Premium

Notes: _____

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