

Southland National Insurance Corporation - Application for Life Insurance (800)277-8762

1. Proposed Insured/Owner (Please Print)				5. Plan Selection					
First		M.I.		Last		(To be answered by Proposed Insured) 1. Are you now a patient in a hospital of any kind, or receiving hospice care, bedridden, or have you been advised by a medical practitioner to be hospitalized, but have chosen not to follow that advice? Have you been diagnosed with a terminal illness or condition? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you ever tested positive for HIV? Have you ever been diagnosed or tested positive as having AIDS or ARC? Have you ever been diagnosed, treated, or taken medication for Alzheimer's? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. During the last five years, have you been diagnosed as having, or have you received treatment from a medical practitioner for any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No (Only check ailments that you have had or take medication for.) <input type="checkbox"/> Kidney disorder or dialysis <input type="checkbox"/> Heart disease or condition <input type="checkbox"/> Lung disorder <input type="checkbox"/> Diabetes <i>in combination with</i> High Blood Pressure <input type="checkbox"/> Amputation <i>due to disease</i> <input type="checkbox"/> Circulatory disorder <input type="checkbox"/> Cancer <i>except basal cell skin cancer</i> <input type="checkbox"/> Liver disorder <i>including</i> Hepatitis <input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> Brain or neurological disorder, <i>including</i> stroke or tumor <input type="checkbox"/> Mental disorder, <i>including</i> Down's Syndrome or depression <input type="checkbox"/> Organ transplant			
Street		City		State				Zip Code	
Telephone:		2 nd Phone # (required):		Social Sec #:					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Height:		Weight:				Age:	
Date of Birth / /		City of Birth		State of Birth					
<input type="checkbox"/> Owner <input type="checkbox"/> Payor (if different from Proposed Insured) _____ Relationship to Insured _____									
Street		City		State		Zip Code			
Telephone:									
2. Beneficiary									
Primary		Relationship							
Contingent		Relationship							
3. Coverage Amount & Initial Payment									
Funeral Amount:		Initial Payment:							
Initial Face Amount:		Periodic Pmt Amt:							
4. Billing Information (see page 2 for agreement)									
Billing Mode: <input type="checkbox"/> Direct Bill <input type="checkbox"/> EFT (Complete EFT section below)		Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		EFT Date: <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th					
4a. Electronic Funds Transfer (EFT) Information /Authorization									
Customer Name: _____									
Account Holders Name: _____									
Relationship to Insured: _____									
Name of Bank: _____									
Routing Number: _____		<input type="checkbox"/> Checking <input type="checkbox"/> Savings							
Account Number: _____									
I authorize SOUTHLAND NATIONAL to initiate debit entries to my checking or savings account, or credit card account indicated above and authorize the financial institution (bank) named above to debit my account for payment of my SOUTHLAND NATIONAL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.									
Account Holder's Signature: _____									
6. Replacement									
Do you have any existing life insurance policies or annuity contracts? <input type="checkbox"/> YES <input type="checkbox"/> NO									
By applying for the proposed policy or contract, do you intend to replace, discontinue or change an existing policy or contract? <input type="checkbox"/> YES <input type="checkbox"/> NO									
If yes, give name of the existing insurer and policy number: _____									
Southland National Insurance Corporation or its reinsurers may also release limited information in its file to other properly authorized life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.									
WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.									

7. Agreement/Authorization

I have read the questions and answers shown above. They are complete and true to the best of my knowledge. I understand that the agent does not have the authority to waive an answer to any of the above questions. No insurance shall take effect until the premium has been paid and a policy has been issued while the insured is living.

If the health questions are answered, then I authorize my doctor, hospital, or related facility, pharmacy benefit manager, insurance company, person or organization, having records of me or my family, to give Southland National Insurance Corporation and its representatives any such information. Such records or information will be used by Southland National Insurance Corporation personnel to determine eligibility for insurance and/or benefits. There may be certain circumstances under which the information received may be disclosed to third parties who are not subject to the regulators under federal health privacy law. A reproduction of this authorization shall be valid as the original. This authorization shall be valid for two (2) years from the date signed. This authorization may be revoked upon submission of a written notice to the Home Office.

Signed at: City _____ State _____ Effective Date (Mo/day/yr) ____/____/____

Proposed Insured's Signature: _____ Owner's Signature (if different) _____

8. Agent's Statement

Is there an existing life insurance policy or annuity contract? Yes No

If the optional health questions and Bank information are completed, I certify that the information was provided directly by the Proposed Insured.

Agent's Signature _____ Agent's Printed Name _____ Date (mo/day/yr) _____

Agent # _____ Funeral Home Name: _____ Funeral Home # _____

9. Electronic Funds Transfer (EFT) Authorization Agreement to Southland National Insurance Corporation (SOUTHLAND NATIONAL)

TERMS AND CONDITIONS

1. This arrangement may be terminated by SOUTHLAND NATIONAL, or by me upon written notice to the other party. Until such notice is actually received by SOUTHLAND NATIONAL, SOUTHLAND NATIONAL shall be fully protected in drawing the EFT.
2. I understand that if any EFT is dishonored by my bank, and if any monthly amount due SOUTHLAND NATIONAL is not paid within the time stipulated on the contract, the contract shall lapse except as otherwise provided therein.
3. During the continuance of this arrangement, SOUTHLAND NATIONAL shall not be required to send any payment notices on any contract I have authorized to be included hereunder.
4. If I change banks or bank accounts and I want to continue using EFT, I must sign a new Authorization Agreement.
5. This Authorization shall not be effective for any contract for which application is pending until such contract is actually issued.
6. I will pay a returned-item fee as specified by the bank or SOUTHLAND NATIONAL for any debit entry that is returned to SOUTHLAND NATIONAL for insufficient funds.

This Authorization is to be accompanied by a voided check, deposit slip, or bank statement that contains the name on the account and the bank account and routing numbers.

10. Conditional Premium Receipt

THIS RECEIPT PROVIDES COVERAGE ONLY IF CONDITIONS BELOW ARE MET.

The company hereby acknowledges receipt of the initial premium from the proposed insured for which an application for insurance is made to Southland National Insurance Corporation on the date of application and for the premium collected as shown on page 1.

CONDITIONS OF LIFE INSURANCE COVERAGE

(Please read carefully)

Subject to the limitations of this receipt and the terms and conditions of the policy that may be issued by the company on the basis of the application, the life insurance and any additional benefits applied for will not be deemed to take effect unless the company, after investigation and such medical examination (if any) as it may require, is satisfied that on the date of the application the person proposed for insurance was insurable for the amount of life insurance and any additional benefits applied for according to the company's rules and practice of selection; provided, however, that approval by the company of the insurability of the proposed insured for a plan of insurance other than that applied for shall not invalidate the terms and conditions for the receipt relating to life insurance and any other additional benefit applied for.

The amount received shall be refunded if the application is declined or if a policy is issued other than as applied for and is not accepted. Any check, draft, or money order is received subject to collection.