4. EXISTING AND PENDING INSURANCE INFORMATION (Continued)

Company and Policy Number (if known)	Product Type (Life or Annuity)	Replacement	Face Amount	Accidental Death Benefit	Year Issued
Foresters Financial unknown	Life	☐ Yes ☒ No	$150,000.00	☐ Yes ☒ No	2021
		☐ Yes ☐ No		☐ Yes ☐ No	
		☐ Yes ☐ No		☐ Yes ☐ No	
		☐ Yes ☐ No		☐ Yes ☐ No	

5. PHYSICIAN INFORMATION

Please list the last physician consulted by Proposed Insured:

Last Name	First Name	MI	Is this your primary physician? ☐ Yes ☐ No

Mailing Address (Number, Street, Apt. #)	City	State	Zip Code

Phone	Fax	Email Address

Date last consulted:	Reason for consultation:

Results:

6A. HEALTH INFORMATION

- Please state the Proposed Insured's height 5´6 and weight 153.
- In the past 36 months, has the Proposed Insured used tobacco or nicotine products in any form (including but not limited to cigarettes, e-cigarettes, vaping, cigars, pipe tobacco, chewing tobacco and snuff)? ☐ Yes ☒ No

6B. HEALTH INFORMATION

If any question in this section is answered "Yes", coverage cannot be issued.

1. Has the Proposed Insured ever been diagnosed by a member of the medical profession or tested positive for HIV (Human Immunodeficiency Syndrome) or AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex (ARC) caused by the HIV infections? ☐ Yes ☒ No
2. Has the Proposed Insured (i) ever been diagnosed by a member of the medical profession with, or (ii) been advised within the past 5 years by a member of the medical profession to seek treatment for:
   a. Bipolar Depression, Schizophrenia, Alzheimer's Disease, Dementia, Parkinson's Disease, Sickle Cell Anemia, Lou Gehrig's Disease (ALS), Muscular Dystrophy, Demyelinating Disease including Multiple Sclerosis, Huntington's Disease, Hydrocephalus, Quadriplegia, Paraplegia, Down's Syndrome, Autism, mental incapacity, or any other disease of the central nervous system? ☐ Yes ☒ No
   b. Organ failure or received an organ or bone marrow transplant? ☐ Yes ☒ No
   c. Insulin dependent diabetes; any form of diabetes (other than gestational diabetes) diagnosed before the age of 50; or Diabetes at any age with complications of Neuropathy (nerve), Retinopathy (eye), Nephropathy (kidney) or Peripheral Vascular Disease (PVD or PAD)? ☐ Yes ☒ No
3. In the last 5 years, has the Proposed Insured: (a) been hospitalized for high blood pressure or any mental or nervous disorder? (b) used, tested positive for or been convicted of possession of cocaine, heroin, barbiturates, amphetamines, hallucinogenic, narcotics or other habit-forming drugs or had medical treatment or counseling for the use of alcohol, or drugs (illegal or prescribed)? (c) been convicted of or pled guilty to a felony or are currently on parole or probation, or awaiting trial? ☐ Yes ☒ No
4. In the last 5 years, has the Proposed Insured been diagnosed or treated by a member of the medical profession for, or hospitalized for:
   a. Coronary Artery Bypass Surgery, Stroke, Aneurysm, Coronary Artery Disease, Heart Attack, Angioplasty, Stent Placement, Valvular Heart Disease with Repair or Replacement, Cardiomyopathy, Congestive Heart Failure (CHF), Congenital Heart Disease, Transient Ischemic Attack (TIA), stroke/mini stroke, abnormal heart rhythm, or Cerebral, Aortic or thoracic Aneurysm? ☐ Yes ☒ No
   b. Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Cystic Fibrosis or any other Chronic Lung Disorder (except mild Asthma)? ☐ Yes ☒ No
   c. Cancer, Tumor, Leukemia, Lymphoma, or Melanoma (excluding basal cell or squamous cell skin cancer)? ☐ Yes ☒ No
   d. Chronic Kidney Disease, end stage Renal Disease, or Liver Disease including Cirrhosis, Hepatitis B or Hepatitis C? ☐ Yes ☒ No
   e. Any disease or disorder of the immune system or Rheumatoid arthritis (RA), Scleroderma, Granulomatosis with polyangiitis (GPA), Churg-Strauss syndrome, Lupus, Microscopic polyangiitis, Polymyositis/dermatomyositis or Marfan syndrome? ☐ Yes ☒ No

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6B. HEALTH INFORMATION (Continued)

5. Has the Proposed Insured been advised by a licensed medical professional that their life expectancy is less than 24 months? ☐ Yes ☒ No
6. In the last 2 years, has the Proposed Insured had any convictions for reckless driving, driving under the influence of alcohol or drugs (DUI or DWI), or been convicted of or plead guilty to 3 or more moving violations? ☐ Yes ☒ No
7. Within the last 12 months, has the Proposed Insured:
   a. used, or been advised by a member of the medical profession to use, any of the following: wheelchair, walker, electric scooter, catheter or oxygen? ☐ Yes ☒ No
   b. received, or been advised by a member of the medical profession to receive, any of the following types of care: hospice, assisted living, nursing home, adult day care, home health , or is the Proposed Insured currently confined to any hospital or other medical facility? ☐ Yes ☒ No
   c. required the assistance of another person or device with activities of daily living (eating, dressing, bathing, or toileting) or transferring (getting in and out of a chair, bed, shower or tub), or have you been diagnosed by a member of the medical profession with bowel or bladder incontinence? ☐ Yes ☒ No
8. In the last 12 months, has the Proposed Insured been advised or referred by a member of the medical profession to see a specialist or, have surgery, diagnostic testing (other than for routine screening purposes or tests related to the Human Immunodeficiency Virus (AIDS virus)) or treatment which has not yet started, been completed or for which results are not known? ☐ Yes ☒ No
9. In the last 12 months, has the Proposed Insured: (a) consulted with a member of the medical profession for chronic cough, unexplained weight loss greater than 10 pounds (other than due to diet or exercise), fatigue or unexplained gastrointestinal bleeding? (b) had dialysis or been advised by a member of the medical profession to have dialysis? ☐ Yes ☒ No
10. In the last 12 months, has the Proposed Insured applied for or received disability, hospital or medical benefits from any insurance company, government, employer, or other source (other than for maternity, fractures, spinal or back disorders or hip or knee replacement)? ☐ Yes ☒ No
11. In the next 2 years, does the Proposed Insured plan to: (a) live or work outside of the US? (b) engage in any motor sports racing, boat racing, parachuting/skydiving, hang gliding, base jumping, rock or mountain climbing? ☐ Yes ☒ No

7. INSURANCE APPLIED FOR

Level Term Period ☐ 10 year ☐ 15 year ☒ 20 year ☐ 25 year ☐ 30 year

Amount of Insurance $75,000.00

Select Optional Riders:

☐ Accidental Death Benefit Rider $

☐ Children's Term Rider $

☐ Waiver of Premium Rider in the Event of Total Disability

Included Riders:

Accelerated Death Benefit for Chronic Illness Rider

Accelerated Death Benefit for Critical Illness Rider

Accelerated Death Benefit for Terminal Illness Rider

8. PREMIUM AND PAYMENT METHOD

Premium Amount: $22.19

Payment Options:

Who will be the payor?: ☒ Proposed Insured ☐ Owner ☐ Other *(indicate below)*

Name	Relationship to Insured	Social Security # or Tax ID #	
Address (Number, Street, Apt. #)	**City**	**State**	**Zip Code**

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