



KEMPER SENIOR SOLUTIONS

Application for Individual Life Insurance
Insurance Benefits Provided by
Reserve National Insurance Company
601 East Britton Road, Oklahoma City, OK 73114

APPLICANT
Full Legal Name of Proposed Insured
Gender Male Female Social Security No. Date of Birth
Legal Residence Address Street City State Zip
Mailing Address Street City State Zip
Phone No. E-mail
Alternate Addressee Name and Address (if we are otherwise unable to contact you):
Name
Mailing Address Street City State Zip

MODIFIED WHOLE LIFE POLICY

HOME OFFICE USE: Policy Number(s)

GUARANTEE ISSUE
Policy Amount: \$25,000 \$20,000 \$15,000 \$10,000 \$5,000
1. Do you have existing life insurance or annuity contracts in force?
2. Will this insurance replace in whole or in part any other insurance?
3. Do you elect to pay delinquent premiums pursuant to the Automatic Premium Loan Provision?
4. Do you understand that a reduced death benefit amount may be payable during the first two policy years according to the terms of the policy?
Agent Statement: To the best of my knowledge the proposed insured does does not have any existing life insurance or annuity contracts.

Payment Mode:

Annual Monthly (Automated Bank Account Withdrawal)

Initial Premium \$

Primary Beneficiary (If more space is needed, list on a separate sheet.)

Name Relationship to Insured Date of Birth
Mailing Address Street City State Zip

AGREEMENTS & SIGNATURES

IT IS REPRESENTED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND CORRECTLY RECORDED AND THAT: 1. I understand that I have the right to designate a secondary addressee. If I choose not to designate a secondary addressee at this time, I am aware that I may do so at any time the policy is in force, by submitting a written notice to Reserve National Insurance Company containing the name and address of the secondary addressee. 2. This application and any supplements thereto will be the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief. 3. The insurance applied for in this application will not be considered in force until issued by the Company and the first premium paid during the insured's lifetime. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith. For purposes of insurability and underwriting determinations by Reserve National Insurance Company, I hereby authorize any physician, medical practitioner, hospital, clinic, pharmacy benefit manager, pharmacy related service organization, or other medical or medically-related facility, insurance company or MIB, Inc. ("MIB"), that has any health or medical records or knowledge concerning me or any members of my family named in this application, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. I authorize the Company or its reinsurers to make a brief report of my personal health information to MIB. I, or my authorized representative, am/is entitled to receive a copy of this authorization upon request. This authorization shall remain valid for a period of 24 months from the date hereof. I understand that I may revoke this authorization at any time by mailing written notice thereof to the Company at 601 East Britton Road, Oklahoma City, OK 73114.



**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

**This document must be signed by the applicant and the producer, if there is one,
and a copy left with the applicant.**

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? **YES** **NO**
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? **YES** **NO**

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contractor Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____.

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

(Continued on Reverse Side)

(Complete this form if the applicant has existing life insurance or annuity contracts in force.)

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

- PREMIUMS:**
 - Are they affordable?
 - Could they change?
 - You're older—are premiums higher for the proposed new policy?
 - How long will you have to pay premiums on the new policy? On the old policy?
 - New policies usually take longer to build cash values and to pay dividends.
- POLICY VALUES:**
 - Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
 - What surrender charges do the policies have?
 - What expense and sales charges will you pay on the new policy?
 - Does the new policy provide more insurance coverage?
 - If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- INSURABILITY:**
 - You may need a medical exam for a new policy.
 - Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
 - Suicide limitations may begin anew on the new coverage.
- IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**
 - How are premiums for both policies being paid?
 - How will the premiums on your existing policy be affected?
 - Will a loan be deducted from death benefits?
 - What values from the old policy are being used to pay premiums?
- IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**
 - Will you pay surrender charges on your old contract?
 - What are the interest rate guarantees for the new contract?
 - Have you compared the contract charges or other policy expenses?
- OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**
 - What are the tax consequences of buying the new policy?
 - Is this a tax free exchange? (See your tax advisor.)
 - Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
 - Will the existing insurer be willing to modify the old policy?
 - How does the quality and financial stability of the new company compare with your existing company?

Insurance Benefits Provided by **Reserve National Insurance Company**
A **Kemper Life & Health Company**