



800 Crescent Centre Dr.
Suite 200
Franklin, TN 37067
800 264.4000
aetnaseniorproducts.com

Telephone Interview - Required

M - F 8am-8pm CT

877.568.2759 opt 1

AGES 60-89

Application

Whole Life Insurance

Underwritten by

An Aetna Company **American Continental
Insurance Company**

Texas



American Continental Insurance Company

An Aetna Company

800 Crescent Centre Dr.
Suite 200
Franklin, TN 37067

Application for Whole Life Insurance

from American Continental Insurance Company

Page 1 of 5

- Print clearly and use blue or black ink.
- Use Section 4 for additional remarks, requests, or explanations.

1. Proposed insured information

Full name of proposed insured *First, M.I., Last*

Address _____ Phone _____

City _____ State _____ Zip _____

E-mail _____ Social Security Number _____

Write the date of birth that is on the birth certificate. Birth date *mm/dd/yyyy* _____ Age _____

Height *Feet and inches* _____ Weight *Pounds* _____ Male Female

Are you a legal resident of the United States? Yes No

Have you used any form of tobacco in the past 12 months? Yes No

2. Benefits, beneficiary and owner information

Initial amount of insurance applied for: \$ _____

To determine which Plan the applicant qualifies for, complete the health questions in Section 3.

Plan requested: Modified benefit plan Graded benefit plan Level benefit plan

Riders requested (if available): _____

If a nonforfeiture option is not selected, extended term insurance is the default.

Nonforfeiture options: Automatic premium loan Paid-up insurance Extended term insurance

Amount paid with this application: \$ _____

You have a choice of four payment modes for paying your premium. The Company does not charge you more based on the premium mode you select. There may be reasons, such as the time value of money, you would want to consider in making a decision on which premium mode to choose. Your agent can explain the differences in modes and help you decide which is best for you.

Payment mode: Annually Quarterly Semi-Annually Monthly EFT (Electronic Funds Transfer)

Full name of primary beneficiary *First, M.I., Last* _____ Relationship to insured _____

Contingent beneficiary *First, M.I., Last* _____ Relationship to insured _____

Does the proposed insured currently have any life insurance or annuity in force? Yes No

Will insurance applied for in this application replace, reduce or modify premiums paid for any existing life insurance or an annuity in force? Yes No

If the answer to either question is "yes", please provide the information below:

Company name _____ Face amount _____ Policy number _____

Application for Whole Life Insurance

3. Health questions

A. Modified benefit plan

If you answered “yes” to any questions in Section A, you are not eligible for insurance coverage.

1. Do any of the following apply to you?
 - A. currently hospitalized, in a nursing facility, confined to a bed, receiving hospice care Y N
 - B. require use of oxygen for any lung or respiratory disorder Y N
 - C. have been diagnosed by a medical professional to have an aneurysm that has not been surgically repaired Y N
2. At any time have you been diagnosed or treated by a medical professional or had surgery for any of the following?
 - A. any condition requiring bone marrow, stem cell, or organ transplant Y N
 - B. kidney disease requiring dialysis Y N
 - C. Alzheimer’s Disease, dementia, mental incapacity Y N
 - D. Lou Gehrig’s Disease (ALS) Y N
 - E. a life expectancy of 12 months or less Y N
 - F. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV) Y N

B. Graded benefit plan

If you answered “yes” to any questions in Section B, you qualify for the Modified benefit plan.

3. Do you have diabetes?
 - A. diagnosed by a medical professional before age 40 Y N
 - B. in combination with any heart or circulatory disorder diagnosed by a medical professional (excluding high blood pressure) Y N
 - C. requiring 40 or more units of insulin daily Y N
4. Within the past 12 months, have you been diagnosed or treated by a medical professional or had surgery for any of the following?
 - A. heart attack, heart valve disorder, heart blockage, stroke or transient ischemic attack (TIA) Y N
 - B. any lung or respiratory disorder requiring the use of a nebulizer Y N
 - C. any lung or respiratory disorder and currently use tobacco Y N
 - D. internal cancer, melanoma, lymphoma, multiple myeloma, leukemia, systemic lupus (SLE) Y N
 - E. chronic pancreatitis, chronic hepatitis, cirrhosis Y N
5. Within the past 12 months, have you been recommended by a medical professional to have any of the following?
 - A. treatment or counseling for alcohol or drug abuse Y N
 - B. test, surgery, treatment or further evaluation that has not been performed or are there any test results pending Y N

C. Level benefit plan

If you answered “yes” to any questions in Section C, you qualify for the Graded benefit plan.

If you answered “no” to ALL questions in Section C, you qualify for the Level benefit plan.

6. Within the past 24 months, have you been diagnosed or treated by a medical professional or had surgery for any of the following?
 - A. aneurysm, heart attack, any circulatory disorder, stroke or transient ischemic attack (TIA) Y N
 - B. emphysema, chronic obstructive pulmonary disease (COPD) Y N
 - C. internal cancer, melanoma, leukemia Y N
 - D. neuromuscular disorder including, but not limited to, cerebral palsy, multiple sclerosis, muscular dystrophy Y N
 - E. any connective tissue disorder, ulcerative colitis, Crohn’s disease Y N
7. At any time, have you been diagnosed or treated by a medical professional or had surgery for any of the following?
 - A. congestive heart failure, cardiomyopathy, Parkinson’s disease Y N
 - B. any permanent paralysis, amputation caused by disease Y N
8. Are you dependent on a wheelchair or motorized mobility device? Y N

Application for Whole Life Insurance

4. Remarks

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.....
.....

5. Privacy notice

Your application and telephone interview are American Continental Insurance Company's primary sources of information in determining whether to provide coverage to you. The Company, its affiliates, or its reinsurer(s) may also in certain circumstances release information collected by us to third parties without authorization from you. Upon written request, we will provide you with the information contained in your file. Should you wish to request correction, amendment or deletion of any information in your file, which you believe inaccurate, please contact us and we will advise you of the necessary procedures.

6. Producer compensation

When you purchase insurance from us, we pay compensation to the licensed agent, who represents us for such limited purposes as taking your insurance application, collecting your initial premiums and delivering your policy, and to any intermediaries through which the licensed agent works. This compensation may include commissions when a policy is purchased or renewed, and fees for marketing and administrative services and educational opportunities. The compensation may vary by the type of insurance purchased, or the particular features included with your policy. Additionally, some licensed agents and/or their intermediaries may also receive discounts on their own policy premiums and bonuses, and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume of an agent or intermediary with our companies, or for the percentage of completed sales. (Generally, this will not be the case for registered variable insurance products or for fixed products sold through banks or broker-dealers.) Intermediaries may also pay compensation directly to the licensed agent. If the licensed insurance agent can sell insurance policies from other insurance carriers, those carriers may pay compensation that differs from ours.

7. Applicant agreement

I hereby apply to American Continental Insurance Company for a policy to be issued in reliance on my answers to the questions in this application. The applicant and agent represent that the applicant has read, or had read to applicant, the completed application, and the applicant understands that any false statements or misrepresentations made in the application may result in loss of coverage under the policy to which this application is a part.

I, the applicant, represent that the statements and answers given in the application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that no insurance shall be in effect until the application has been accepted and approved by the Company and the first full modal premium has been paid. I understand that no insurance agent is authorized to waive any part of any answer on the application, to approve insurability, make or modify any contract or waive any of the Company's rights or requirements.

I understand and agree that, if I choose to pay my premium by electronic funds transfer (EFT) from my checking or savings account, I am accepting the terms and conditions of the EFT authorization attached to this application.

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.

Applicant signature

Date signed

X

·

Owner signature (if not proposed insured)

X

Signed in *City and State*

·

Application for Whole Life Insurance

8. Account information

Complete this section if you are requesting electronic funds transfer (EFT) for premium payment.

Include a voided check with the application.

Proposed insured's name

Account owner name, if different than proposed insured's

Account owner relationship to proposed insured: Business owned by proposed insured Living trust Employer Power of Attorney Conservator/guardian Family member; specify

Financial institution name

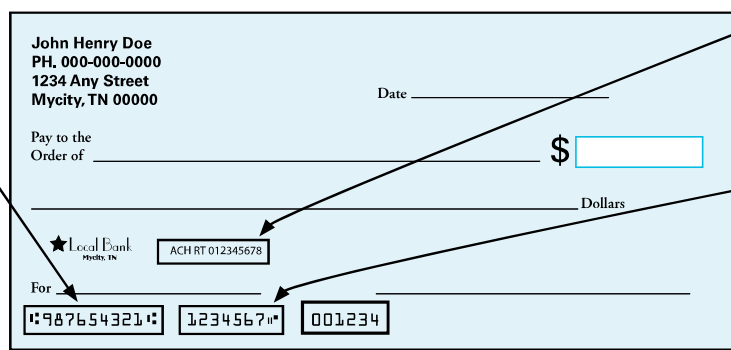
Checking Savings

Routing number

Account number

This is an example of a personal check. A business check may be different.

For all other checks, use the nine-character bank routing number, which appears between the **Ⓜ** symbols, usually at the bottom left corner of the check.



For checks with an **ACH RT (Automated Clearing House Routing) number**, please use this number.

The **account number** is up to 17 characters long and appears next to the **Ⓜ** symbol at the bottom of the check and usually to the right of the bank routing number.

9. Electronic funds transfer (EFT) authorization

I understand and accept these terms and conditions:

- We are authorized to withdraw funds periodically from your account to pay insurance premiums for the insured.
- If your financial institution does not honor an EFT request, we will NOT consider your premium paid.
- If your financial institution does not honor an EFT request, we may make a second attempt within five business days.
- We have the right to end EFT payments at any time and bill you directly either quarterly or less frequently for premiums due.
- Information as to each EFT charge will be provided by entry on your account statement or by any other means provided by your financial institution. You will not receive premium notices from us.
- If you want to cancel or change this authorization, you must contact us at least three business days before a scheduled withdrawal.
- Any refund of unearned premium will be made to the policy owner or the policy owner's estate.

Signature only required if the account owner is different than the proposed insured.

Signature of account owner _____ Date _____

X _____

Application for Whole Life Insurance

10. Agent Statement

I represent the following:

1. That the insurance being applied for is suitable for the owner's insurance needs.
2. I have explained to the applicant the premium mode options.
3. I have provided all required forms on or before the date the application was taken.
4. I have accurately recorded the information supplied by the applicant.

Number 4 is applicable only if agent has personally recorded the information on the application.

Does the proposed insured have any existing life insurance or annuity contracts? Yes No

Will the policy applied for be a replacement or change existing life insurance or an annuity? Yes No

If the answer to either question is "yes", have you complied with the requirements of the Company and your state regarding this replacement? Yes No

The writing number reflects where commissions will be paid.

Agent name *Printed*

Writing number (agent or company)

.....

Agent signature

X

Phone

E-mail

.....

11. Agent request to split commissions

This section must be completed with this application in order to split commissions.

If this application results in an issued policy through American Continental Insurance Company (ACI), the agents listed below have agreed to split the commissions earned on the policy.

- Both agents must be properly licensed and appointed with ACI in the policy's state of issue.
- Split commissions are calculated as a percentage of commissionable premium and will apply while the policy remains inforce.
- The percentage of the premium split can be for any amount but must be stated in whole numbers and total 100%. (For example, the percentage for the premium split can be from 1% to 99% but cannot be 0% or 100%.)
- Calculation of each agent's commissions are based on their respective ACI commission schedule.

Writing agent *Printed*

Percentage

..... %

Secondary agent *Printed*

Writing number

Percentage

..... %

Writing agent signature

X

By signing this form, the writing agent agrees to split his/her commission with the secondary agent as indicated above.



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office hours 7:30 a.m. - 4:30 p.m. CST

Receipt

from **American Continental Insurance Company**

Page 1 of 1

- Print clearly and use blue or black ink.
- Applicant keeps this receipt for their records.

Proposed insured's name *Printed*

Date of application

•

•

Initial payment collected (if applicable)

\$

Check

Money order

EFT draft amount

\$

This acknowledges receipt of your application for an American Continental Insurance Company Whole Life insurance policy.

Agent name *Printed*

Phone

•

•

Agent signature

X

- Payment will be refunded for any coverage not issued.
- All premium payments must be made payable to American Continental Insurance Company.
- DO NOT make any check payable to the agent and do not leave the payee blank on the check.
- A recorded interview may be required as part of the underwriting on your application for insurance.

Thank you for choosing American Continental Insurance Company!

American Continental Insurance Company

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IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, 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 interest. 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, and the contract number if available) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY	# INSURED	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 document 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:

Date Applicant's Signature Applicant's Printed Name

Date Producer's Signature Producer's Printed Name

I do not want this notice read aloud to me. _____ (Applicant 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 or 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?

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.
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?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
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?

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