

# Application for Life Insurance

(The questions and declarations must be read in person to the Proposed Insured and/or Applicant.)

## 1. Proposed Insured

a. Name \_\_\_\_\_  
LAST FIRST MI MAIDEN/FORMER MARITAL STATUS SEX

b. Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

c. Home Ph. ( \_\_\_\_\_ ) \_\_\_\_\_ Bus. Ph. ( \_\_\_\_\_ ) \_\_\_\_\_ Best time to call  AM  PM

d. E-mail address (optional) \_\_\_\_\_ Best place to call  Home  Work

e. Soc. Sec. # \_\_\_\_\_ f. Date of Birth \_\_\_\_\_ g. Driver's License # \_\_\_\_\_ State \_\_\_\_\_

h. Place of Birth (State/Country) \_\_\_\_\_ i. Are you a U.S. Citizen?  Yes  No If no, how long have you resided in the U.S.? \_\_\_\_\_

j. Height \_\_\_\_\_ ft. \_\_\_\_\_ in. k. Weight \_\_\_\_\_ lbs. l. Amount of weight lost in past year, if any: \_\_\_\_\_ lbs.

m. Employer's Name \_\_\_\_\_

n. Employer's Address \_\_\_\_\_

o. Occupation \_\_\_\_\_ p. How long in occupation? \_\_\_\_\_ q. Annual Income \$ \_\_\_\_\_

r. Beneficiary Designation  
 Primary \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_  
 Contingent \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_

## 2. Ownership

**Primary Owner(s)** (if other than Proposed Insured)

a. Name \_\_\_\_\_

b. Soc. Sec./Tax I.D.# \_\_\_\_\_ c. Date of Birth \_\_\_\_\_

d. Address \_\_\_\_\_

**Contingent Owner(s)** (if any)

e. Name \_\_\_\_\_

f. Soc. Sec./Tax I.D.# \_\_\_\_\_ g. Date of Birth \_\_\_\_\_

h. Address \_\_\_\_\_

## 3. Plan Information

UL=Universal Life WL=Whole Life T=Term

a. **Life Plan** \_\_\_\_\_ **Amount \$** \_\_\_\_\_ **UL:**  Option 1  Option 2  
 Increase Specified Amount for UL Policy # \_\_\_\_\_ by amount stated above

Base Term Plans:  10 Yr.  15 Yr.  20 Yr.  30 Yr. Whole Life Plans:  Single Pay  10 Pay  20 Pay  To Age 65  To Age 121  
 ROP Term Plans:  15 Yr.  20 Yr.  30 Yr.

## b. Optional Benefits/Riders

Waiver of Monthly Deductions (UL)  Accidental Death (UL/WL) \$ \_\_\_\_\_

Waiver of Monthly Amount (UL) \$ \_\_\_\_\_  Spouse/Other Insurance Rider (UL/WL) \$ \_\_\_\_\_

Waiver of Premium (WL/T) (UL/WL)  10 Yr.  15 Yr.  20 Yr.

Payor Waiver of Premium (WL)  Paid Up Additions Rider (WL) \$ \_\_\_\_\_

Guaranteed Insurability/OPI (UL/WL) \$ \_\_\_\_\_  Child Insurance Rider (UL/WL/T) \$ \_\_\_\_\_

Term Insurance Rider (UL/WL) \$ \_\_\_\_\_  Other \_\_\_\_\_

10 Yr.  15 Yr.  20 Yr.

c. **Dividend Option** (WL)  Cash  Accumulate at Interest  Reduce Premium  Buy Paid-Up Additions

## 4. Billing and Payment

a. Effective Date:  Application Date  Issue Date  Date to Save Age  Special Requests \_\_\_\_\_

b. Premium Notices To:  Insured at Residence  Owner at address shown in 2.d.  
 Insured at Business  Other \_\_\_\_\_

c. Premiums Payable:  Annual  Semi-Annual  Quarterly  
 Monthly Authorized Check  Special Billing (number if known \_\_\_\_\_)

d. Premium Amount \$ \_\_\_\_\_

e. Cash with application?  Yes  No \$ \_\_\_\_\_ f. Additional Initial Premium Amount \$ \_\_\_\_\_

g.  Automatic Premium Loan Elected (WL)

**5. Spouse Rider/Joint Insured or Payor Benefit**

a. Name \_\_\_\_\_  
LAST FIRST MI MAIDEN/FORMER MARITAL STATUS SEX

b. Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

c. Soc. Sec. # \_\_\_\_\_ d. Date of Birth \_\_\_\_\_ e. Driver's License # \_\_\_\_\_ State \_\_\_\_\_

f. Place of Birth (State/Country) \_\_\_\_\_ g. Are you a U.S. Citizen?  Yes  No If no, how long have you resided in the U.S.? \_\_\_\_\_

h. Height \_\_\_\_\_ ft. \_\_\_\_\_ in. i. Weight \_\_\_\_\_ lbs. j. Amount of weight lost in past year, if any: \_\_\_\_\_ lbs.

k. Employer's Name \_\_\_\_\_

l. Employer's Address \_\_\_\_\_

m. Occupation \_\_\_\_\_ n. How long in occupation? \_\_\_\_\_ o. Annual Income \$ \_\_\_\_\_

p. Beneficiary Designation  
 Primary \_\_\_\_\_ Relationship to Proposed Rider/Joint Insured \_\_\_\_\_  
 Contingent \_\_\_\_\_ Relationship to Proposed Rider/Joint Insured \_\_\_\_\_

**6. Child Insurance Rider**

a. Proposed Insured Children (must be unmarried and under age 19)

Full Name	Date of Birth	Relationship	Full Name	Date of Birth	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. Are all dependent children listed?  Yes  No c. Are all dependent children living with the proposed insured?  Yes  No  
 If b. or c. is no, explain: \_\_\_\_\_

QUESTIONS 7, 8 AND 9 APPLY TO ANY PERSON TO BE INSURED

**7. Other Life Coverage**

a. Does proposed insured(s) have or is he/she applying for other life insurance coverage?  Yes  No If yes, list below.

Name	Company or Source	Pending or In Force (P/I)	Face Amount	ADB	Will coverage be replaced?
_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. If replacement is indicated, give company address and policy number. Forward replacement forms, if required. \_\_\_\_\_

**8. General Information**

a. Has proposed insured(s) used any form of tobacco products during the past 12 months?  Yes  No

b. Does proposed insured(s) engage in personal aviation activity, mountain or rock climbing, vehicle racing, scuba or sky diving or hang gliding? If yes, circle all that apply and complete Aviation/Avocation Questionnaire.  Yes  No

c. In the past 10 years, has proposed insured(s) been convicted of a felony?  Yes  No

d. Has proposed insured(s) been convicted of driving while intoxicated or had his/her driver's license suspended or revoked in the last 5 years?  Yes  No

e. Give details to all "Yes" answers.

Question #	Name	Details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9. Medical Information** (Circle conditions that apply and give details below.)

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| <b>a.</b> Has proposed insured(s) ever been treated for or had any known indication or symptom of:  |                          |                          |
| (1) Disease or disorder of the back, neck, joints, bones, muscles; brain or central nervous systems; arthritis or skin?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) High blood pressure, stroke, chest pain; disease or disorder of the heart, circulatory system, respiratory system; prostate, genital or reproductive organs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Cancer, tumor, fainting spells, diabetes; disease or disorder of the kidney, bladder, stomach, intestines, liver, pancreas or glands?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Mental or nervous conditions, anxiety, depression, stress or psychiatric treatment or counseling?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b.</b> Has proposed insured(s) ever used heroin, cocaine, marijuana, barbiturates or controlled substances other than those prescribed by a physician; or received counseling or treatment for excess use of alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c.</b> In the past 10 years has proposed insured(s):   |                          |                          |
| (1) been diagnosed or treated by a medical practitioner for Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) tested positive for antibodies to the AIDS virus?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>d.</b> In the past 5 years, has proposed insured(s):   |                          |                          |
| (1) had any insurance application rejected or modified?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) had an electrocardiogram, stress test, echocardiogram, angiography, x-ray, blood studies or other diagnostic test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) had any medical advice, hospitalization, physical exam, illness, or injury not listed above?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>e.</b> Is proposed insured(s) currently receiving any medical advice or treatment or taking any medication?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>f.</b> Has proposed insured(s) had any parent, brother or sister who has had cancer, heart trouble, stroke, high blood pressure, diabetes or tuberculosis?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>g.</b> If proposed insured(s) is under age 1, was his/her birth abnormal or premature?<br>Weight at birth _____ lbs. _____ oz.      Number of months premature _____   | <input type="checkbox"/> | <input type="checkbox"/> |

**h.** Give details to all "Yes" answers.

Question #	Name	Illness, Injury or Other	Date	Details and Degree of Recovery	Complete Name of Physician, Hospital or Clinic and Current Address

**Home Office Endorsement Only.** Question # \_\_\_\_\_ corrected to read as follows:

**Agreement and Declaration**

I represent and agree that all statements and answers recorded in this application are true, complete and correctly recorded to the best of my knowledge and belief. I understand that this application and any medical examination which may be required will become a part of any policy issued. I understand that acceptance of any policy issued on this application indicates my agreement to any amendments made by the Company in the "Home Office Endorsement Only" space except changes in the amounts of insurance or premium, classification of risk, and plan of insurance shall require my written acceptance. I understand and agree that no policy issued on this application shall become effective until I have received and accepted it and the first full premium paid. However, if a Life Insurance Receipt has been delivered, then liability of the Company shall be as stated in the receipt. I have received a MIB Notice and Fair Credit Reporting Act Notice.

I declare that I paid to Illinois Mutual Life Insurance Company the sum of \$ \_\_\_\_\_ and that I hold a receipt for same. I agree to the terms of such receipt.

**Authorization:** I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, Veteran's Administration, MIB, Inc., Social Security Administration, my employer, consumer reporting agency, insurance or reinsuring company, or insurance support organization who possesses medical or other information on me, to furnish such information to Illinois Mutual Life Insurance Company, hereinafter called the Company, or its legal representative upon presenting this Authorization or a photocopy. The Company, its reinsurers, insurance support organizations and their authorized representatives may obtain medical and other information, in order to evaluate my application for insurance or my eligibility for benefits under an existing policy. This Authorization shall include information concerning drugs, alcoholism, AIDS, or mental illness. I understand that the Company or its reinsurers may make a brief report concerning me to other insurance companies to whom I have applied or may apply for coverage. I authorize the Company to obtain an investigative consumer report on me if necessary to evaluate my application for insurance.

- I elect to be interviewed if an investigative consumer report is prepared in connection with this application.
- I elect not to have personal information disclosed to non-affiliates of the Company for marketing purposes and to affiliates of the Company for purposes other than the marketing of insurance products and services.

I have read this Authorization and understand that I may receive a copy upon request. I understand and agree that this Authorization shall be valid for two years from the date signed below.

Signed at \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_  
SIGNATURE OF PROPOSED INSURED OR PARENT  
IF PROPOSED INSURED UNDER AGE 18

\_\_\_\_\_ \_\_\_\_\_  
SIGNATURE OF PROPOSED JOINT INSURED OR PROPOSED RIDER INSURED SIGNATURE OF OWNER/APPLICANT, IF OTHER THAN PROPOSED INSURED  
(If business insurance, show title of person signing for business.)

Date \_\_\_\_\_

**Agent's Certification**

I certify that I asked the above questions of the Proposed Insured(s) in person and have recorded the information correctly. I  do  do not have knowledge that the insurance applied for will replace any existing life insurance.

\_\_\_\_\_ \_\_\_\_\_  
PRINT WRITING AGENT'S NAME AGENT'S SIGNATURE

Agent's Code # \_\_\_\_\_ Agent's Phone # \_\_\_\_\_

Form 5409

Is Proposed Insured/Owner related to Agent?  Yes  No Relationship \_\_\_\_\_

**Split Commission Information**

For proper recording of split commission business, please complete the following: (Print all names.)

Name \_\_\_\_\_ Code # \_\_\_\_\_ % of Commission \_\_\_\_\_  
 Name \_\_\_\_\_ Code # \_\_\_\_\_ % of Commission \_\_\_\_\_

**Examination Requirements**

- Non-Medical  Blood Profile (Informed Consent must be signed.)
- Exam Required (Check Type Arranged -  Basic Paramedical  Expanded Paramedical  M.D.)
- Agent will schedule.  Home Office will schedule.



300 S.W. Adams Street Peoria, IL 61634  
800.437.7355

HIPAA COMPLIANT  
HEALTH INFORMATION AUTHORIZATION

I hereby authorize any physician, medical practitioner, hospital, clinic, pharmacy or pharmacy benefit manager, or other medical or medically related facility, MIB, Inc. or insurance company that possesses health information, including prescription history and medications prescribed about me, to furnish all such health information to Illinois Mutual Life Insurance Company, hereinafter called the Company. Health information includes any medical treatment records which includes treatment for drug abuse, alcoholism, AIDS or mental illness but specifically excludes psychotherapy notes. Illinois Mutual Life Insurance Company may specify the name of the practitioner or facility below.

The Company may obtain health information about me in order to evaluate my application for insurance or my eligibility for benefits under an existing policy. Health information obtained by this Authorization will not be re-disclosed by the Company without my authorization except to reinsurers who may be involved with my application for insurance or otherwise permitted or required by law in which case it may not be protected under federal privacy rules. This Authorization is required for the underwriting of an insurance policy and failure to provide a signed Authorization may result in a decline of the coverage applied for.

I acknowledge that I have read this Authorization and I will receive a copy of it. I understand and agree that this Authorization shall be valid for two years from the date of signature below. I may revoke this Authorization by sending written notice to Privacy Officer, Illinois Mutual Life Insurance Company, 300 SW Adams St., Peoria, IL 61634. Action taken in reliance of this Authorization will not be affected until written notice of revocation is received by the Company.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Proposed Insured or Parent  
if Proposed Insured under 18

\_\_\_\_\_

Print Name of Proposed Insured

\_\_\_\_\_

Date of Birth

Social Security Number

\_\_\_\_\_

Application Number, if known

Home Office Use Only:

\_\_\_\_\_

Practitioner or Facility

NOTE TO MEDICAL PROVIDERS: This Authorization is designed to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 also known as HIPAA.

**AUTHORIZATION FOR MONTHLY AUTHORIZED CHECK.** (Attach VOID check and pay 1 full monthly premium.) I hereby authorize and direct the financial institution named below, hereafter referred to as "you," to honor and charge to my account checks or pre-authorized electronic debits drawn on my account by and payable to Illinois Mutual Life Insurance Company. Should any of the above items be dishonored, either with or without cause and whether intentionally or inadvertently, you will be under no liability whatsoever, even though such dishonor will result in the forfeiture of insurance. I agree that your rights in respect to each of the above items shall be the same as if it were a check drawn on you and signed personally by me and that you shall be fully protected in honoring any of the above items.

This authorization shall continue in force until revoked by me in writing and received by you, a copy of which revocation shall be sent by me to Illinois Mutual Life Insurance Company.

Financial Institution Name \_\_\_\_\_

Policy Numbers \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings Account Number \_\_\_\_\_ Financial Institution Routing Number \_\_\_\_\_

Draft premium on day \_\_\_\_\_ of each month. (Only days 1 thru 28 are valid due to February.)

Account Title, if applicable \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Form 2534-D (5/09)

**Proxy** (Do not use in IA, MD, OK, SC or TN.)

Having made application for policy in Illinois Mutual Life Insurance Company and if same is issued, KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned, holder of said policy, do hereby constitute and appoint M. A. McCord, K. M. Jenkins, M. E. Martin, J. K. McCord, and T. P. Jenkins, or a majority of them in attendance, my proxy for me and in my name, place and stead to vote for me and cast the number of votes to which I am or may be entitled at all regular and special meetings of the policyholders of the Company, at which I am not personally present, upon all matters coming before any such meeting with like effect as if I had been personally present and voting. I hereby waive notice of any regular or special meeting of the policyholders of the Company, unless further request in writing is made that notice be given to me. This proxy shall remain in force until revoked in writing or superseded by written proxy of later date given to any other policyholder or policyholders of the Company. I agree to notify the Secretary of the Company of such change in proxy, and to abide by the by-laws of the Company governing proxy voting.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Form 561-K (1/06)



300 S.W. Adams Street Peoria, IL 61634  
800.437.7355

LEAVE THIS PAGE WITH THE APPLICANT.

**Life Receipt** (Do not complete receipt unless payment is made. No payments accepted on face amounts greater than \$500,000.)

Received from \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_ the sum of \$ \_\_\_\_\_ toward the premium for life insurance with the application to Illinois Mutual Life Insurance Company which contains the same date as this receipt. No coverage will become effective prior to delivery of the policy unless and until all the conditions of this receipt have been exactly fulfilled. If the full first premium in accordance with the Company's published rates for the policy applied for is paid at the time of application, the policy applied for shall take effect on the date of this receipt, provided:

- (1) the application and any required medical examinations, tests and personal history interviews are completed, and
- (2) the person to be insured is on this date a risk acceptable to the Company under its rules, limits and standards without modifications, on the plan and in the amount applied for and at the premium declared paid; otherwise the amount shown shall be returned upon surrender of this receipt.

However, the Company's liability hereunder for life insurance, including any accidental death benefit applied for, shall not exceed \$100,000. If a life policy different than applied for, in coverage, amount or premium, is offered, the life insurance shall not be effective unless and until the full first premium is paid and the policy is delivered to and accepted by the applicant.

Agent \_\_\_\_\_

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO ILLINOIS MUTUAL. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK. VOID UNLESS PAYMENT IS MADE AND RECEIPT IS SIGNED BY AGENT.

Form 5403 (1/10)

**Medical Information Bureau (MIB, Inc.) Notice**

Information regarding your insurability will be treated as confidential. Illinois Mutual Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866.692.6901 (TTY 866.346.3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Illinois Mutual Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Form 2826

(1/10)

**Fair Credit Reporting Act Notice**

The Fair Credit Reporting Act requires that Illinois Mutual Life Insurance Company, 300 S.W. Adams Street, Peoria, Illinois 61634 notify you that, as a regular part of processing your Application for Insurance, investigative consumer reports may be obtained which will include information as to your character, general reputation, personal characteristics, mode of living, health, medical treatment and other applicable information. Such information for said reports will be obtained through personal interviews with your family members, friends, associates, neighbors, financial sources and others. Upon written request to the Home Office, further information will be provided as to how you may obtain a complete and accurate disclosure of the nature and scope of such investigative consumer reports.

Form 2825



300 S.W. Adams Street Peoria, IL 61634  
800.437.7355

## NOTICE AND INFORMED CONSENT

### NOTICE TO PROPOSED INSUREDS

At this time we are unable to provide insurance at any price to persons who have been exposed to the AIDS virus. Until medical science is able to develop a cure or vaccine, we cannot accept persons who have AIDS Related Complex (ARC) or persons who have progressed to a diagnosis of AIDS itself, or persons who have tested positive for the AIDS virus. We have an obligation to our insureds not to jeopardize the financial stability of Illinois Mutual by accepting uninsurable risks.

To protect our reserves against the potential for persons infected with AIDS obtaining insurance, we are doing two types of screening:

1. The application asks specific questions about ARC and AIDS.
2. As a part of our normal underwriting process, you are being asked to sign the INFORMED CONSENT below. This form will allow us to order tests to detect the presence of the AIDS virus.

We have stringent procedures to protect proposed insureds against the improper distribution of AIDS related information. We release that information only to persons or entities authorized by statute or regulations to receive test results.

Thank you for your cooperation in working with us to protect everyone's interest regarding this serious health problem.

### INFORMED CONSENT

I (we) understand that, as a part of the underwriting requirements for the insurance for which I (we) have applied to Illinois Mutual Life Insurance Company, I (we) may be required to take ELISA and Western blot assay tests to detect the presence of the HTLV virus, also known as the HIV or Human Immunodeficiency Virus. I (we) do hereby consent to such tests.

I (we) further understand that the results of such tests may be disclosed to Illinois Mutual's reinsurance companies, the Medical Information Bureau, Inc., and as otherwise permitted or required by law. I (we) do hereby consent to such disclosures.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Other Person Proposed for Insurance





ILLINOIS MUTUAL®  
Life Insurance Company

300 S.W. Adams Street Peoria, IL 61634  
Phone 309.674.8255

NOTICE REGARDING REPLACEMENT  
REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY

Are you thinking about buying a new Life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

List below the identification of policies which  
are involved in the replacement transaction.

Contract No. \_\_\_\_\_

Contract No. \_\_\_\_\_

Contract No. \_\_\_\_\_

Contract No. \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Agent's Signature

\_\_\_\_\_

Date



300 S.W. Adams Street Peoria, IL 61634  
800.437.7355

NOTICE REGARDING PROPOSED REPLACEMENT OF LIFE INSURANCE OR ANNUITY

Dear Sir:

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

Identification

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contract Numbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This notice is given pursuant to 50 Ill. Adm. Code 917.70(c).

Sincerely,

Christopher A. Connor  
Vice President, Underwriting

\_\_\_\_\_  
(Agent's Signature)



300 S.W. Adams Street Peoria, IL 61634  
Phone 309.674.8255

**THIS NOTICE IS FOR YOUR INFORMATION.  
NO RESPONSE IS REQUIRED.**

## DESCRIPTION OF INFORMATION PRACTICES

To Our Applicants:

This description of the information practices of Illinois Mutual Life Insurance Company is being provided in accordance with the requirements of federal and state privacy laws.

### Collection of Information

In order to properly underwrite your insurance coverage, we must collect a certain amount of necessary information. The amount and type of information collected may vary depending on the amount and type of coverage applied for, but in general we will be seeking information about your age, occupation income, physical condition, health history, and avocations. In addition, we or your agent may collect information intended to aid in the updating and improvement of your insurance program.

You are our most important source of information, but we may also collect or verify information by contacting medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and other insurance companies you have applied to. We may collect information by exchanges of correspondence, by phone or by personal contact.

In some cases, we may ask an insurance support organization with your authorization to collect information and submit an investigative consumer report to us. That organization may retain a copy of the report and may disclose its contents to others for whom it performs such services.

### Disclosures by Illinois Mutual

In some circumstances, Illinois Mutual will make disclosures of personal information, without your authorization, to third parties. The following is a brief description of some of the persons or organizations to whom certain items of information might be disclosed.

- Your agent;
- Persons or organizations which perform professional, business or insurance functions for us, such as independent claim examiners or group plan administrators;
- Insurance companies to which you have applied for coverage or benefits;
- Your personal physician or treating medical professional;
- Persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations;

- To comply with a properly authorized civil, criminal or regulatory investigation by federal, state and local authorities.
- To comply with a proper subpoena or summons issued under authority of a court of competent jurisdiction.

Please be assured that the above describes some of the disclosures which may be made, not disclosures which are always or even often made. For example, we would ordinarily disclose only information relating to age, amounts of insurance and claims experience to a research organization. Information relating to physical condition or medical history would ordinarily be disclosed only to your personal physician. In any event, the information that may be disclosed without your authorization will be only as much as permitted by law and reasonably necessary to accomplish the intended purpose.

We do not provide personal information about you to affiliated or nonaffiliated third parties for marketing purposes.

### **Access and Correction**

There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate. If you notify us that the information is incorrect, we will review it. If we agree, we will correct our records. If we do not agree, you may submit a short statement of dispute, which will be included in our files and in any future disclosure of the disputed information.

### **Confidentiality and Security**

Your personal information is restricted to employees who need to know the information to provide our products and services to you. Our employees are trained to understand the importance of customer privacy. Appropriate disciplinary measures are applied to employees who violate our privacy policy. We maintain physical, electronic, and procedural safeguards that comply with all applicable laws.

### **Obtaining Additional Information**

We at Illinois Mutual hope that you find this description of our information practices helpful. We take our responsibilities, and your rights, very seriously. If you have any further questions about the items just discussed, please contact us at Illinois Mutual Life Insurance Company, 300 S.W. Adams Street, Peoria, IL 61634.

## Important Reminder

One of the goals of the National Association of Insurance Commissioners (NAIC) is to ensure that illustrations are more understandable and do not mislead purchasers of life insurance. The NAIC Model Illustration Regulation states that a Basic Illustration must be signed by both the applicant and the agent and sent in its entirety to Illinois Mutual. The Company will maintain a copy of the illustration until three years following the surrender or maturity of the policy. The agent must also give the applicant a signed copy of the Basic Illustration. Receipt of only a signed signature page is not acceptable.

If the policy is issued other than as applied for, a Revised Basic Illustration will accompany the policy for signatures at policy delivery. If a Supplementary Illustration is used, it must be presented following the presentation of the Basic Illustration.

If you submit an application without a signed illustration or the Delivery Proposal Request form, copies of the application and any related forms will be returned to you. No underwriting will take place.

### **Using Delivery Proposal Request Form (#5406-A) at Point of Sale** (see reverse side)

- *If no illustration is used, you must complete and submit the top section of the Delivery Proposal Request form. Both the agent and the applicant must sign. A Basic Illustration will accompany the policy at issue and the illustration must be signed at delivery and returned to Illinois Mutual.*
- *If the illustration used is different than what is applied for, you must complete and submit the middle section of the Delivery Proposal Request form. Both the agent and the applicant must sign the form. A Revised Basic Illustration will accompany the policy at issue and the illustration must be signed at delivery and returned to Illinois Mutual.*
- *If you use a laptop computer and are unable to print the final proposal, you must complete and submit the bottom section of the Delivery Proposal Request form. Both the agent and the applicant must sign the form. A Revised Basic Illustration will accompany the policy at issue and the illustration must be signed at delivery and returned to Illinois Mutual.*

## At Your Service

Illinois Mutual's POWERPitch® software is in compliance with the Model Illustration Regulation. Software is available for download in the Agent Forum on our website at [www.IllinoisMutual.com](http://www.IllinoisMutual.com), or by calling (800) 437-7355, ext. 789. For additional information and a more thorough discussion of the NAIC Model Illustration Regulation, visit the NAIC website at [www.naic.org](http://www.naic.org).

The NAIC Model Illustration Regulation has been approved in the following states:  
AL, CA, CO, CT, DE, IA, IL, IN, KS, KY, LA, MA, MD, ME, MN, MO, MS, NC, ND, NE,  
NH, NM, NV, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, WA, WI, WV.

### *Questions?*

*contact your regional Life sales team at (800) 437-7355*



## DELIVERY PROPOSAL REQUEST

**PLEASE CHECK THE SECTION THAT APPLIES AND SIGN BELOW.**

**NO ILLUSTRATION WAS PRESENTED TO CLIENT**

By signing below, I certify that no illustration of policy values was presented to me and I understand that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

**THE POLICY IS APPLIED FOR OTHER THAN AS ILLUSTRATED**

By signing below, I certify that I received an illustration of policy values that differs from the policy I am applying for. I understand that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

**A COMPUTER SCREEN ILLUSTRATION WAS USED**

By signing below, I certify that I viewed a computer screen illustration based on the information as stated in the attached application. No hard copy of the illustration was furnished. I understand that an illustration conforming to the policy as issued will be provided to me no later than at the time of policy delivery.

---

Signature of Applicant

---

Signature of Agent

---

Date

---

Date

NOTE: This form must accompany any application that does not have a signed proposal.



## ILLINOIS LIFE INSURANCE BUYER'S GUIDE

This guide can show you how to save money when you for life insurance. It helps you to:

- decide how much life insurance you should buy
- decide what kind of life insurance policy you need, and
- compare the relative cost of similar life insurance policies

This guide has been prepared by the Illinois Department of Insurance, in part using materials developed by the National Association of Insurance Commissioners.



The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various State Insurance Departments to coordinate insurance laws for the benefit of all consumers. You are urged to use this Guide in making a life insurance purchase. **THIS GUIDE DOES NOT ENDORSE ANY COMPANY OR POLICY.**

## Buying Life Insurance

When you buy life insurance, you want a policy which fits your needs without costing too much. Your first step is to decide how much you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy. You can find important differences in the cost of life insurance by using the life insurance cost indexes which are described in this guide. A good life insurance agent or company will be able and willing to help you with each of these shopping steps.

If you are going to make a good choice when you buy life insurance, you need to understand which kinds are available. If one kind does not seem to fit your needs, ask about the other kinds which are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance agent or company or books on life insurance in your public library. Life insurance can be bought either on an individual basis or on a group basis. Group insurance may be inexpensive when compared to individual insurance. It is important to remember that insurance purchased on this basis is usually term insurance, and hence will not develop cash values, and is dependent on your continued membership in the group or employment. Also, the amount of insurance that is available for purchase is usually limited.

## Choosing the Amount

One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die. Life insurance can provide cash for last expenses, and income for your family's future living expenses.

Your insurance should come as close as you can afford to make up the difference between (1) what your dependents would have if you were to die now, and (2) what they would actually need at some time in the future when needs change.

## Choosing the Right Kind

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance
2. Whole life insurance
3. Endowment insurance

The kind of life insurance you purchase is dependent on the need you are trying to satisfy. Some needs are temporary, i.e., do not exist throughout your life, while other needs are permanent. As an example, the need to finance your children's education is a temporary need. The need to meet mortgage payments is also a temporary need since it exists only while the mortgage exists. On the other hand, the financial needs of your family after your death is a permanent need. Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the agent if it combines more than one kind of life insurance. The following is a brief description of the three basic kinds:

## Term Insurance

Term insurance is death protection for a "term" of one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provides the largest immediate death protection for your premium dollar.

Some term insurance policies are "renewable" for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and the length of time the policy can be continued.

Some term insurance policies are also "convertible." This means that before the end of the conversion period, you may trade the term policy for a whole life or endowment insurance policy even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.



## Whole Life Insurance

Whole life insurance gives death protection for as long as you live. The most common type is called “straight life” or “ordinary life” insurance, for which you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term insurance policy until your later years.

Some whole life policies let you pay premiums for a shorter period, such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums, to begin with, for whole life insurance than for term insurance, whole life insurance policies develop “cash values” which you may have if you stop paying premiums. You can generally either take the cash, or use it to buy some continuing insurance protection. Technically speaking, these values are called “nonforfeiture benefits.” This refers to benefits you do not lose (or “forfeit”) when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it.

A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money which you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

## Endowment Insurance

An endowment insurance policy pays a sum or income to you – the policyholder – if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary. Premiums and cash values for endowment insurance are higher than for the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

## Finding a Low Cost Policy

After you have decided which kind of life insurance fits your needs, look for a good buy.

**YOUR CHANCES OF FINDING A GOOD BUY ARE BETTER IF YOU USE TWO TYPES OF INDEX NUMBERS THAT HAVE BEEN DEVELOPED TO AID IN SHOPPING FOR LIFE INSURANCE.** One is called the “Surrender Cost Index” and the other is the “Net Payment Cost Index.” It will be worth your time to try to understand how these indexes are used, but in any event, use them **ONLY** for comparing the relative costs of similar policies. **LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.**

## What Is Cost?

“Cost” is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called “participating” policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called “guaranteed cost” or “non-participating” policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

## What Are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash values
3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers, which you can get from life insurance agents and companies:

1. **Life Insurance Surrender Cost Index.** This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.
2. **Life Insurance Net Payment Cost Index.** This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Level Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a non-participating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the nonparticipating policy will not change.

## How Do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

1. Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.
2. Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a "Shopper's Guide" tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.
3. Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.
4. In any event, you will need other information on which to base your purchase decision. **BE SURE YOU CAN AFFORD THE PREMIUMS, AND THAT YOU UNDERSTAND ITS CASH VALUES, DIVIDENDS AND DEATH BENEFITS.** You should also make a judgment on how well the life insurance company or agent will provide service in the future, to you as a policyholder.
5. These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for awhile, in favor of a new one. If such a replacement is suggested, you should ask for information from the company which issued the old policy before you take action.

6. An important fact to note is the difference in premium payments paid during one year's time based on an annual premium versus the annualized periodic premium. For example, if you choose to pay premiums on a monthly basis, the annualized periodic premium would be twelve (12) times the monthly premium. There may be a significant difference between the annualized periodic premium and the annual premium and it should be considered when deciding on a payment schedule.

## Important Things to Remember – A Summary

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums most closely meet your needs and ability to pay. Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar competing policies, your chances of finding a relatively good buy will be better than if you do not shop. **REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS.** A good life insurance agent can help you choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you can make cost comparisons of similar policies.

**DON'T BUY LIFE INSURANCE UNLESS YOU INTEND TO STICK WITH IT.** A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of the policy. If you surrender such a policy during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the agent or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.



300 S.W. Adams Street Peoria, IL 61634

800.437.7355

[www.IllinoisMutual.com](http://www.IllinoisMutual.com)