

EMPLOYEES LIFE COMPANY (MUTUAL)

LAKE BLUFF, IL 60044-2285 1-800-321-ELCO

Annuity Application

Please print in dark ink

1. Proposed Annuitant

Name: _____ Date of Birth: _____

Sex: _____ Social Security No.: _____ Phone No.: _____

Address: _____

2. Proposed Co-Annuitant: (Complete for SPIA Joint Plan Only)

Name: _____ Date of Birth: _____

Sex: _____ Social Security No.: _____ Phone No.: _____

Relationship, if any, to proposed annuitant: _____

3. Plan: (Check one only)

Flexible Premium Deferred Annuity. Payments to start on anniversary nearest age _____. *
Premium Notices: Mode: _____ Amount: \$ _____

Single Premium Deferred Annuity. Payments to start on anniversary nearest age _____. *

Single Premium Immediate Annuity. Single Life Joint Life with _____% to Survivor (Complete #2)

* If maturity age is not shown, payments will start on the later of: (1) the anniversary nearest age 65; or (2) the 10th anniversary. Unless otherwise elected, annuity payments will be made monthly for the lifetime of the annuitant and any co-annuitant and, for single life plans, will be guaranteed for a period of the lesser of (1) 10 years; or (2) the life expectancy of the proposed annuitant.

Will this be a tax qualified plan? No Yes. If yes, show basis (such as IRA): _____

4. Premium (Make all payments to the Company. Do not make check payable to agent or leave payee blank.)

Amount Paid with this application: \$ _____

5. Beneficiary: (Complete for single life plans only. Show name, age and relationship to annuitant.)

Primary: _____

Contingent: _____

6. Replacement: (If replacement is involved, list name of company(s) and policy number(s) in Remarks section.)

Will the plan now applied for replace or change any existing insurance or annuity? No Yes

7. Remarks:

The proposed annuitant shall be the Owner of any policy issued; except when the Applicant is an entity other than a person, the Applicant shall be the Owner. The policy will be effective on its Policy Date.

I (we) do hereby represent that the answers and statements that I (we) have included in this application are, to the best of my (our) knowledge and belief, full, complete and true. I (we) agree that this application shall be the basis for and a part of any policy issued. I (we) understand that only an officer of the company may, in writing: (1) make or modify contracts; or (2) waive any of the Company's rights or requirements.

Fraud Statement:

Any person who, knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at: _____ this _____ day of _____, _____

Proposed Annuitant

Proposed Co-Annuitant (if any)

Applicant-Owner

by _____ (title)

Agent's Statement: Do you have knowledge or reason to believe that replacement of existing life insurance or annuities may be involved? Yes No .

Witness (licensed agent): _____

Agency code number: _____

Agent's printed name: _____

Agent's Florida license number: _____

PROXY

Do you hereby constitute and appoint the proxy committee of Employees Life Company (Mutual) as established in the by-laws as your lawful attorney and proxy and in your name and stead hereby authorize and empower it to cast your vote at any meeting of the policyholders of the company? This proxy shall continue in force except when you are present in person or revoke it by giving the company written notice in accordance with the Employees Life Company (Mutual) by-laws. Answer: Yes No .

Signed at: _____ on _____ 19 _____.
City, State

Form: Proxy 1995 _____
Applicant