

EMPLOYEES LIFE COMPANY (MUTUAL)

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

Life Insurance Application

Please print in dark ink.

1. Proposed Insured:

Name : _____ Date of Birth: _____ Phone: _____

Address: _____ S.S.#: _____

2. Owners Information (if other than Proposed Insured):

Name : _____ Date of Birth: _____ Phone: _____

Address: _____ S.S.#: _____

3. Plan/Dividend Option/Premium:

Plan: _____ Face Amount: \$ _____ Mode: Single Premium

Dividend Option: (Select One) Cash Purchase Paid-up Additions Accumulate (Leave on Deposit)

Single Premium: \$ _____ Amount submitted with this application: \$ _____

Make Checks Payable to: EMPLOYEES LIFE COMPANY (MUTUAL). Do NOT pay to agent or leave payee blank.

4. Replacement: (If other policies/certificates exist, list name of company(s) and policy number(s) in Remarks section.)

Do you have an existing life insurance or annuity policy/certificate? Yes No.

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

5. Beneficiary: (Show full name and relationship to owner.)

Primary: _____

Contingent: _____

6. Remarks:

The undersigned: (1) **REPRESENTS** that the information shown in this application is, to the best of their knowledge and belief, complete and true; (2) **AGREES** that this application shall be the basis for and a part of any contract issued; and (3) **UNDERSTANDS** that: (A) **the contract will be effective on the date the Company approves issue of the contract**; and (B) only an officer of the Company may, in writing: (a) make or modify contracts; or (b) waive any of the Company's rights or requirements. **See Fraud Warning on reverse side of this application.**

 Proposed Insured's Signature: _____ Date: _____

 Applicant/Owner's Signature: _____ Date: _____

Agent Information:

Does the proposed annuitant have existing life insurance or annuity policies or contracts? Yes. No.

Do you have knowledge or reason to believe that replacement of existing life insurance or annuity contracts may be involved? Yes. No.

I Attest that I have witnessed all signatures. Application signed at (City/State): _____

 Agent's Signature: _____ Date: _____

Agent's printed name: _____ Agent Code #: _____

Agent's phone #: _____ Agent's Fax #: _____

Agent's Email Address: _____ Agent's Florida Lic. # (if applicable): _____

Life Insurance Application *(Continued)*

FRAUD WARNINGS *(Please review the notice that applies in your state. If your state is not listed, review the notice found immediately below.)*

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 information, for the purpose of misleading, concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

AR: Any person who knowingly, or with intent to defraud, presents a false or fraudulent claim for payment of a loss or benefit or knowingly, or with intent to do fraud, presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

FL: 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.

KS/KY/NE/PA: 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.

LA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or a benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME/WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OH: Any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim, containing any false, incomplete or misleading information, for the proceeds of an insurance policy, is guilty of a felony.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TX/VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

App. GIWL-0809

PROXY

Do you hereby constitute and appoint the proxy committee of Employees Life Company (Mutual), as established in the bylaws, 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) bylaws.

Answer: Yes. No. _____

Proposed Owner's Signature

Date