

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: _____

Sex: _____ Social Security #: _____ Phone: _____

Address: _____

2. Owner: Complete this section only if owner is someone other than proposed insured

Name: _____

Social Security #: _____ Relationship to proposed insured: _____

Address: _____

3. Plan: Single Premium Pure Endowment Life Insurance

Maturity to occur at policy anniversary nearest age: _____.

Amount Paid with this application: \$ _____*

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

4. Beneficiary: Show full name and relationship to insured. Designations are irrevocable.

Primary: _____

Contingent: _____

5. 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? Yes No

6. Remarks:

The undersigned: (1) **REPRESENT** that the information shown in this application is, to the best of their knowledge and belief, complete and true; (2) **AGREE** that this application shall be the basis for and a part of any contract issued; and (3) **UNDERSTAND** that: (A) **the contract will be effective on the date the Company approves issue of the contract or the date of its receipt of the single premium for 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.

Fraud Statement

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 is guilty of insurance fraud, which is a crime.

Signed at: _____ this _____ day of _____, 20 _____

Proposed Insured

Applicant/Owner (if other than proposed insured)

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: _____

Form App. PE-04

Ed. 03/04

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. _____

Owner's Signature

Date

PROXY 2002