Life Insurance Company of the Southwest®

Term Life Insurance Application

Part A - Proposed Insured Information ***(The insured must be the same as the insured on your Underlying Life Insurance Policy.)***

1. Name (*print first, middle, last*)				2. Sex ☐ M ☐ F
3. Home Address (*Street, City, State & ZIP. If mailing address different, provide in Remarks*)		4. Date of Birth	5. Issue at Age	6. SS No.
7. Home Phone ( )	Mobile Phone ( )	Work Phone ( )	8. Email Address	9a. Driver's License #	9b. State

Part B - Owner Information ***(The owner must be the same as the owner on your Underlying Life Insurance Policy.)***

Owner is: ☐ Proposed Insured ☐ Individual ☐ Business (*LLC, LP*) ☐ Partnership ☐ Trust

1. Full Name of Owner (*if trust - provide trustees, grantor[s], date of trust agreement and trust name*)

2. Date of Birth	3. SSN or Tax ID	4. Relationship	
5. Mailing Address (*Street, City, State & ZIP*)		6. Email Address	7. Telephone # ( )

8. Full Name of ☐ Joint Owner or ☐ Contingent Owner (*if applicable*)

8a. Date of Birth	8b. SSN or Tax ID	8c. Relationship

Survivorship Language for Ownership, unless otherwise provided: Individual owner, while living; thereafter the Proposed Insured. Joint Owners, the survivors or survivor, while living; thereafter the Proposed Insured. Business Entity, while existent; thereafter the Proposed Insured. While Trust is existent; thereafter the Proposed Insured.

Part C - Beneficiary Information ***(If a trust - include trustees, trustor, date and tax ID#.)***

Primary: The beneficiary is the Owner, unless otherwise provided. (*Name, Relationship, Address, Telephone #, E-mail, DOB & SSN*)

Contingent: (*Name, Relationship, Address, Telephone #, Email, DOB & SSN*)

A deceased beneficiary's share shall be paid equally to the surviving beneficiaries of the same class, unless otherwise provided.

Part D - Agreement & Authorization

To the best of my knowledge and belief, all information in this application or an amendment, including all Social Security numbers, and any medical exam is complete and true. I understand all such information and this application shall be part of any policy issued.

I understand and agree that all answers given above and in any medical exam are to the best of my knowledge and belief complete and true. All such answers and this application shall be part of any contract issued.

I have read the PRENOTIFICATIONS, including the notices required by the Fair Credit Reporting Act and MIB, Inc. ("MIB").

To the extent allowed by law, I waive all rights governing disclosure of medical exams or treatment. For purposes of underwriting this risk and verifying answers on this application, I authorize any medical practitioner or facility, insurer, MIB, or credit bureau to give such information to the Company or its reinsurers. I authorize the Company to request a copy of my driving record(s) from the state motor vehicle department. I understand and I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. This authorization is valid for 30 months from the date signed and a photocopy shall be as valid as the original. This authorization is subject to revocation by the applicant at any time.

I also certify, under the penalties of perjury, that the Social Security number of the Proposed Insured and Applicant/Owner (if different) is correct.

☐ I wish to be interviewed if an investigative consumer report is prepared.

☐ I wish to receive a copy of the investigative consumer report if one is prepared.

The Company may make administrative corrections and changes to this application and attach them as an amendment to the policy at issue. Acceptance of any policy issued on this application will ratify and will be notice of any such change made. I understand and agree that (1) I will notify the Company if any statement or answer given in this application changes prior to delivery and acceptance of the policy; and (2) Except as otherwise stated in any Conditional Receipt, no insurance will take effect unless the first full modal premium is paid and a policy is delivered and accepted while the health and insurability of any proposed insured continues, without material change, to be as represented in the application.

The Agent taking this application has no authority to make, change, or discharge any contract hereby applied for. The Agent may not extend credit on behalf of the Company. No statement made to or information acquired by any representative of the Company shall bind the Company unless set out in writing in this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of criminal offense and subject to penalties under state law.

Part E - Signatures

Caution: If your answers on this application are misstated or untrue, and the answers were made with the intent to deceive the insurer, or the answers materially affected its acceptance of risk or hazard, the insurer may have the right to deny benefits, including the denial of your accelerated death benefit coverage.

Signed at (*City & State*) _____ Date (*mm/dd/yyyy*) _____

Proposed Insured age 18 & up
(*Under 18, Parent or Legal Guardian*)

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Applicant/Owner
(*If Owner is other than Proposed Insured or a Minor.*)

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