LT10

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)
Administrative Office: 909 North Washington Street, Alexandria, VA 22314
1-800-776-2322 • www.afba.com

Ins Prod Number:

2nd Ins Prod Split:

Insurance Producer Market Code:

Insurance Prod Level:

Source Code:

INTERNAL USE ONLY:

Pymt Enclosed: Yes No Split

Amt: $

CC/Checkmatic Auth Rec'd: Yes No

Attachments: Initials:

CT 1013 1

Children's Group Level Term Life Insurance
Application

USE BLACK OR BLUE INK AND PRINT USING ALL UPPER CASE LETTERS.

Insured Child's Information

Last Name

First Name M.I. D.O.B.

Male
Female

Address Line 1

Address Line 2

City State Zip

SSN Is the child a United States citizen? Yes No

Coverage and Payment Method

Monthly Credit Card	0	Semi-Annual Bill	6
Monthly Checkmatic	0	Annual Bill	12
Monthly Allotment	2	List Bill	1
Quarterly Bill	3		

[$50,000 for $4.00 a month]

Monthly Contribution [$4] x Recurring Contribution Value = Amount payable to AFBA. $

Sponsor/Owner

SSN

Name:

Address:

City, State, Zip:

Phone No.:

Email:

Relationship to child:
- Parent
- Step-parent
- Grandparent
- Legal Guardian
- Other

If Contingent Owner is desired, check here and a form will be sent to the Owner. If not, the Contingent Owner will be the Sponsor.

CT 2 1013

Beneficiary

Check here ☐ if you would like an additional beneficiary form sent to you.

First Name | Last Name | SSN | Relationship to Child | DOB

Other Insurance

Answer only if this is an agent or broker initiated sale:

Does the child have any existing life insurance or annuity contracts with another company? ○ Yes ○ No

If yes, and the child lives in AK, AL, AR, AZ, CO, IA, KS, KY, LA, MD, ME, MS, MT, NC, NE, NH, NJ, NM, OH, OR, RI, SC, TX, UT, VA, VT, WI or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. The Notice must be ***presented*** and ***read*** to you by your agent at the time he/she takes your application.

If approved, will this coverage replace any existing life insurance or annuity contracts? ○ Yes ○ No

If yes, what is the company name, address, and policy number of the child's existing coverage?

If yes, and the child does not live in the above listed states, please complete and sign the applicable state-specific Notice: Replacement of Life Insurance and Annuity.

Statement of Health

Answer each question and initial in box to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers in the section below.

Sponsor/Owner's Initials Here

Child's Height ☐☐ Ft ☐☐ In Child's Weight ☐☐☐ Lbs

	Yes	No
I. Has the child been diagnosed, treated, or prescribed medication by a member of the medical profession for specified symptoms such as: heart trouble, elevated blood pressure, gynecological or genitourinary disorders, ulcers, cancer, diabetes, mental or nervous disorder or psychotherapeutic treatment, epilepsy, respiratory disorder, kidney or liver disorder (including hepatitis), enlarged lymph nodes or immune deficiency disorder, thyroid disorder, blood disorder, albumin, blood or sugar in urine, back trouble/disorder, arthritis, or unexplained weight loss?	○	○
II. List each prescribed medication the child takes regularly or frequently:		
III. Has the child been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?	○	○
IV. Has the child proposed for insurance received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	○	○

Details:

Conditions Relating to this Application

Agreement: I represent that all statements and answers in this application are complete, true and correctly recorded **TO THE BEST OF MY KNOWLEDGE AND BELIEF**. I agree that: 1) upon approval of this application by 5Star Life Insurance Company, it, and the certificate will constitute the entire insurance contract; 2) except as provided, **insurance applied for will not become effective until approved by 5Star Life Insurance Company and is subject to the child's health being as described in this application, and upon receipt of the full contribution in which case the coverage shall take effect as of the effective date as shown in the certificate;** 3) if within 60 days of receipt of all required documentation this application is not approved, it will become void and all contributions paid will be refunded; I will be so notified.

Signatures must be personal:

Sign Here

Sponsor/Owner (Parent, step-parent, grandparent, legal guardian, other) Date MM/DD/YYYY

Signed at (City) (State) ☐☐

Insurance Producer Name

Insurance Producer Signature

Date MM/DD/YYYY

Note: 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 may be guilty of a crime and may be subject to fines and confinement to prison.