



A division of Thrivent Financial
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www.brightpeakfinancial.com · 855-348-3001

brightpeak financial Individual Term Life Insurance Application

"You", "your" and "yourself" in sections A–I refer to the proposed insured. The proposed insured is the owner of the policy. If you would like to change the owner designation, please contact brightpeak.

A Product Information

1. Coverage amount: _____ 2. Coverage period: _____ 3. Cost: _____
4. How would you like your dividends to be paid? [☐ Cash ☐ Reduce premium ☐ Hold Interest]
5. Would you like to add a waiver of premium on yourself? ☐ Yes ☐ No
6. Would you like your coverage and cost to automatically increase by 3% each year to keep up with the cost of living?
☐ Yes ☐ No

B Proposed Insured's Personal Information

1. Full legal name: _____
2. Gender: ☐ Female ☐ Male 3. Date of birth: _____
4. Phone number: _____ 5. Email Address: _____
6. Current Address: _____

7. Are you a citizen or permanent resident of the United States of America (USA)? ☐ Yes ☐ No
8. Were you born in the United States of America (USA)? ☐ Yes ☐ No
9. State of birth: _____ 10. Country of birth: _____
11. Social security #: _____
12. ID type: ☐ Driver's license ☐ US passport ☐ State ID ☐ Other ID
13. ID number: _____ 14. State (territory) of issue: _____
15. Are you a member, previous member, or have you entered into a written agreement to become a member of the military? This includes, but is not limited to, Reserve and National Guard. ☐ Yes ☐ No
16. What is your occupation? _____
17. What is your annual income (before taxes)? _____

C Replacement Information

1. Do you currently have any life insurance coverage or annuity contracts? ☐ Yes ☐ No

2. Is this new policy intended to replace, discontinue, or change any existing policy or annuity contract? ☐ Yes ☐ No

If yes, please list the company name, policy or contract number, coverage amount or current annuity value, and product type for any policies or contracts you wish to replace.

Company Name	Policy or Contract Number	Coverage Amount or Current Annuity Value	Product Type

D Beneficiary Information

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Primary beneficiaries

Full legal name: _____ Date of birth: _____

Relationship to insured: _____ Distribution %: _____

Phone number: _____ Social security #: _____

Current Address: _____

Contingent beneficiaries

Full legal name: _____ Date of birth: _____

Relationship to insured: _____ Distribution %: _____

Phone number: _____ Social security #: _____

Current Address: _____

E Health & Behavior Information

See Form ICC17-33000 – brightpeak financial Health & Behavior Questions Supplement to Application.

F Special Requests

G Disclosures

brightpeak financial is a division of Thrivent Financial for Lutherans. Thrivent Financial for Lutherans is a fraternal benefit society. To comply with laws affecting fraternal benefit societies, proceeds must be paid for the benefit of the member, the member's family, dependents or other eligible beneficiaries as permitted by the bylaws of Thrivent Financial. When naming a trust beneficiary, the beneficiaries of the trust must qualify and continue to qualify at the time of death as eligible beneficiaries. If the trust beneficiaries are ineligible under the bylaws, the proceeds will not be paid to the trust. The proceeds will be paid as if the trust was no longer in existence. Payment according to the terms of the contract shall

fully discharge Thrivent Financial from all liability.

The words "children," "issue," "grandchildren" and "children of a deceased child" shall include adopted children, adopted grandchildren, and adopted children of a deceased child unless otherwise specified.

Beneficiary designations which include the terms "or" or "and/or" will be administered as if the term "and" was used.

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[THRIVENT FINANCIAL FOR LUTHERANS IS LICENSED TO DO BUSINESS IN THE STATE OF ILLINOIS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN THE ILLINOIS LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CONTRACT HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CONTRACT ISSUED BY THE SOCIETY.]

H Agreements & Signature

I understand and agree to the following:

I have read the application and all statements and answers as they pertain to me. Once locked and submitted, these cannot be changed. Any change can be made only in writing signed by me.

I have given these statements and answers to obtain insurance. They are true and complete to the best of my knowledge.

The entire application consists of this Individual Term Life Insurance Application and any supplemental application forms required by the company. The entire application will become part of any contract issued.

No Representative of the company has the authority to change or waive any question contained in the application or to modify the application in any way.

No Representative of the company has the authority to accept risks or determine insurability for the company.

The date of the application is the latest of the date shown on the Individual Term Life Insurance Application or the date shown on any required supplemental application forms.

Any change to this application regarding plan of insurance, amount, age at issue, sex, class, or benefits requires my written consent.

If the answers on this application are incorrect or untrue, the company may have the right to deny benefits or rescind the contract. I understand that all information must be stated in the application. If not stated in the application, it is not considered given to the company.

I consent for the company to use my signature for electronic processing of this application. This electronic signature will have the same effect as a physical wet signature associated with paper applications and will appear on all records related to the purchase of this policy. Your consent also permits the general use of electronic records and electronic signatures in connection with the policy applied for. By giving your consent, the company can deliver any required information to you electronically. You may change your mind and withdraw consent for electronic delivery or e-signature at any time. If you withdraw your consent prior to electronic delivery of the policy, the company cannot continue to process the application. To withdraw your consent, you can send an email or notice to us by U.S. mail to our service center.

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[I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, consumer reporting agency, insurance company, or other organization that has any records or knowledge of my medical or prescription history, credit attributes, public records, driving record, or social security number, to give any such information to the company, its reinsurer(s) or any entity retained by the company to collect and transmit such information. The company will not use or disclose medical information for any purpose other than stated above except as may be required or permitted by law. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations; however, they may be protected by state regulations.]

Information regarding your insurability will be treated as confidential. brightpeak financial, a division of Thrivent Financial for Lutherans, or its reinsurers may make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply each company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

brightpeak financial, a division of Thrivent Financial for Lutherans, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at www.mib.com.

In addition:

Except as provided in the Receipt for Payment and Conditional Temporary Coverage Agreement (which is issued if the first premium for the contract applied for is paid), no insurance will take effect unless and until:

- A. A contract of insurance is issued and delivered;
- B. The first full premium is paid during the lifetime of the person to be covered; and
- C. The health of the proposed insured remains as stated in this application.

My signature applies to all sections and statements in this application.

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

Signature of Proposed Insured: _____

Date: _____

Signed in state: _____