Ladder

LadderLife™ Application

Fidelity Security Life Insurance Company
[3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624]
A STOCK COMPANY

Plan

Plan
Individual Level Term Life Insurance

Coverage Amount
[$0,000]

Term
[☐ 10][☐ 15][☐ 20][☐ 25][☐ 30] years

Payment Frequency
[☐ Monthly][☐ Quarterly][☐ Semi-Annually][☐ Annually]

Personal

Name
[Name]

Address
[Street Address
City, State Zip code]

Sex
[Male][Female]

Phone Number
[xxx-xxx-xxxx]

Date of Birth
[mm/dd/yyyy]

Email
[email@domain.com]

Social Security Number
[xxx-xx-[xxxx]]

Where were you born?
[City,][State][Country]

[Do you have a valid driver's license?]
[Yes][No]

[Driver's license state]
[State]

[Driver's license number]
[DL Number]

Are you a U.S. Citizen or lawful permanent resident who has lived in the U.S. for more than [2 years]?
[Yes][No]

Are you currently employed?
[Yes][No]

[What is your occupation?]
[Occupation]

[What is your annual income?]
[$0,000]

[What is your annual household income?]
[$0,000]

[What is your net worth?]
[$0,000]

Do you currently have life insurance or an annuity, not including life insurance through an employer?
[Yes][No]

[How much life insurance do you currently have?]
[$0,000]

[Will the coverage applied for replace or change any existing life insurance or annuity contract?]
[Yes][No]

Have you applied for any other life insurance, a reinstatement, or a renewal in the last [5 years]?
[Yes][No]

[Was your application for any other life insurance postponed or declined, or were you offered insurance with substandard risk pricing?]
[Yes][No]

Activities

[When was the last time you used tobacco or a nicotine product?]
[Examples may include cigarettes, chewing tobacco, smokeless tobacco, cigars, nicotine gum, patch, vaping, or electronic cigarettes.]

[□ never used]
[□ within the last 12 months]
[□ 12-23 months]
[□ 24-35 months]
[□ 36 months or greater]

[Have you used any form of tobacco or nicotine in the last [3 years]?]
[Yes][No]

[When was the last time you used marijuana?]

[□ never used]
[□ within the last 12 months]
[□ 12-23 months]
[□ 24-35 months]
[□ 36 months or greater]

[Have you used marijuana in the last [12 months]?]
[Yes][No]

Have you used cocaine, heroin, narcotics, hallucinogens, or other controlled substances (not prescribed by a physician) in the last [10 years]?
[Yes][No]

[Has your driver's license been suspended or revoked in the last [10 years]?]
[Yes][No]

[Have you been convicted of driving under the influence or reckless driving in the last [10 years]?]

How many moving violations or convictions have you had in the last [5 years]?
[0]

In the last [5 years], have you been convicted of a misdemeanor or felony or have you served in a probationary or parole program, or do you have any criminal charges pending?
[Yes][No]

[Do you have plans to travel, live, or work outside of the U.S. within the next [2 years]?]
[Yes][No]

[Do you have plans to engage in any of the following activities within the next [2 years]?]

[□ Skydiving]
[□ Scuba diving]
[□ Racing]
[□ Mountain climbing]
[□ Hang gliding]
[□ Ultralight flying]
[□ Extreme activities
including cave exploration, rodeo, or bungee jumping]
[□ None of these]

Do you have plans to fly as a student pilot, licensed pilot, or crew member in any aircraft within the next [2 years]?
[Yes][No]

Activities

Health

Do you have a regular physician?
[Yes][No]

[Physician's Name]	[Address]	[Phone Number]
[Name]	[Street Address City, State, Country, Zip code]	[xxx-xx-xxxx]

[Date Last Seen]
[mm/yyyy]

[Date Last Seen]

[☐ with the last year]	[☐ between 1-2 years]	[☐ more than 2 years ago]

How tall are you?	How much do you weigh?
[0] ft [0] in	[0] lbs

Has your weight changed by more than [10] pounds in the [last year]?

Health (Continued)

Have you been diagnosed, treated, hospitalized, or prescribed medication by a physician for any of the following in the last [10 years]?

[☐ Heart disorder
including hypertension (high blood pressure), a heart attack (myocardial infarction), angina, irregular heartbeat or abnormal heart rhythm (arrhythmia), chest pain, heart murmur, cardiomyopathy, congestive heart failure, implanted pacemaker or implanted cardioverter defibrillator, any blockage or narrowing of the arteries or any aneurysm][

[☐ Diabetes, thyroid disorder, elevated cholesterol or other endocrine or metabolic disorder]
including high blood sugar, sugar in the urine, impaired glucose, pre-diabetes, hypothyroidism, hyperthyroidism, Hashimoto's disease, thyroid nodule, thyroid goiter, Addison's Disease, Cushing's syndrome, hyperparathyroidism, or pituitary gland disorder]

[☐ Anemia, leukemia, other blood or clotting disorder]
including anemia, aplastic anemia, thrombocytosis, hemophilia, polycythemia, thalassemia, thrombocytopenia, leukopenia, or Von Willebrand's Disease]

[☐ Lung or respiratory disorder
including asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, narcolepsy, or other sleep disorder]

[☐ Cancer, tumor, polyp, or cyst
including melanoma, Hodgkin's disease, lymphoma, multiple myeloma, basal cell carcinoma, squamous cell carcinoma, or dysplastic nevus or other malignant disease or disorder]

[☐ Kidney, bladder, or urinary disorder
including protein or blood in the urine, kidney cyst, polycystic kidney disease (PKD), kidney stones, kidney failure, kidney insufficiency, or bladder stone]

[☐ Depression or anxiety disorder
including anxiety, depression, ADHD/ADD, Bipolar, Schizophrenia, eating disorders, or any other psychological, emotional, or nervous disorder]

☐ Alcohol or drug use
including advice to limit or discontinue the use of alcohol or drugs, counseling for drug use, or participation in a self-help group]

Reproductive organ, breast, or prostate disorder
including abnormal pap smear, abnormal mammogram, HPV, prolapsed uterus, endometriosis, uterine fibroids, polycystic ovary syndrome, pregnancy complications, Paget's disease, prostatitis, benign prostate hypertrophy (BPH), enlarged prostate, or abnormal PSA testing]

[☐ Stomach or gastrointestinal disorder
including hepatitis, cirrhosis of the liver, Crohn's disease, ulcerative colitis, pancreatitis, disease or disorder of the stomach, liver, pancreas, colon, rectum, or other intestinal or digestive tract disease]

Disorder of the brain, muscle, or nervous system
including stroke or transient ischemic attack (TIA or mini-stroke), Alzheimer's disease, dementia, memory loss, seizures, mental retardation, Down Syndrome, multiple sclerosis (MS), muscular dystrophy (MD), paralysis, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis (ALS), cerebral palsy, any form of muscular atrophy, dizziness, fainting spells, falls, loss of consciousness, or any brain or nervous system disorder,]

[☐ Joint or bone disorder
including arthritis, rheumatoid arthritis, psoriatic arthritis, osteoarthritis, osteoporosis, chronic fatigue syndrome, fibromyalgia, ankylosing spondylitis, gout, Sjogrens syndrome, scleroderma, lupus, myositis/polymyositis, or Wegener's Granulomatosis]

[☐ None of these]

Have you consulted a physician in the last [5 years] for anything that has not already been disclosed?
[Examples may include check-ups, illnesses, surgery or hospitalization]
[Yes][No]

[Has a physician recommended any treatment or ordered any diagnostic tests in the last [5 years], excluding tests related to HIV or AIDS?]
[Examples my include Electrocardiograms (ECGs), X-rays or other imaging, blood tests, or other analyses of bodily fluids, tissues, cells, or cellular components.]
[Yes][No]

Have you taken any prescription medications in the last [12 months] for a medical condition that has not already been disclosed?
[Yes][No]

Have you ever been diagnosed or treated by a physician for AIDS, ARC, and/or HIV infection?
Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus (HIV)
[Yes][No]

Health (Continued)

[Have you had or has a physician recommended you undergo an organ, bone marrow, or tissue transplant?]
[Yes][No]

Has a biological parent or sibling been diagnosed by a physician with diabetes, cancer, heart disease, Huntington's Disease, or Lynch Syndrome prior to the age of [60]?
[Yes][No]

[Secondary Addressee]

[Would you like to add a secondary addressee?]
[Yes][No]

[Name]
[Name]

[Phone Number]
[xxx-xxx-xxxx]

[Address]
[Street Address
City, State Zip code]

[Email]
[email@domain.com]

[Primary Beneficiaries]

[Type]
[Person]

[Name]
[Name]

[Address]
[Street Address
City, State Zip code]

[Relationship]
[Relationship]

[Date of Birth]
[mm/dd/yyyy]

[Percentage]
[0 %]

[Primary Beneficiaries]

[Type]
[Trust]

[Name of Trust]
[Name]

[Address of Trust]
[Street Address
City, State Zip code]

[Date of Trust]
[mm/dd/yyyy]

[Name of Trustee]
[Name]

[Birthdate of Trustee]
[mm/dd/yyyy]

[Percentage]
[0 %]

[Contingent Beneficiaries]

[Type]
[Person]

[Name]
[Name]

[Address]
[Street Address
City, State Zip code]

[Relationship]
[Relationship]

[Date of Birth]
[mm/dd/yyyy]

[Percentage]
[0 %]

[Contingent Beneficiaries]

[Type]
[Trust]

[Name of Trust]
[Name]

[Address of Trust]
[Street Address
City, State Zip code]

[Date of Trust]
[mm/dd/yyyy]

[Name of Trustee]
[Name]

[Birthdate of Trustee]
[mm/dd/yyyy]

[Percentage]
[0 %]

[Additional Information]

[Agreement and Signature]

I have read this application for individual term life insurance, including all questions, statements, and answers. I represent that to the best of my knowledge and belief, all statements in this application are true and complete as of the date signed. I understand the statements and answers in this application are the basis for any policy issued by Fidelity Security Life Insurance Company (the "Company"). I also understand that all contractual guarantees are backed by the claims-paying ability of the Company. If I do not name a beneficiary when asked, any payout will be distributed according to my policy.

I understand and agree that, if a policy based upon this application is issued, and I commit suicide within two years from the effective date of coverage, I will not receive any payout and the Company's only obligation will be to refund all premiums I've paid.

I further understand that, if a policy based upon this application is issued, my coverage may be rescinded according to the Incontestability provision in the policy. This means all claims will be denied and the Company's only obligation will be to refund all premiums paid. Notwithstanding the foregoing, any false statement I make in this application will not prevent me from receiving a payout under my policy unless the false statement was made with an actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the Company.

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.

Applicant's Signature	Signed at (city, state)	Signed on