

CERTIFICATE OF INSURANCE  
GUARANTEE TRUST LIFE INSURANCE COMPANY  
1275 Milwaukee Avenue - Glenview, Illinois 60025  
(Herein called the Company, or we, or us)

GROUP POLICY NUMBER LOAN/ACCT#: 01-00002-413				CERTIFICATE NUMBER 59927	
SCHEDULE					
INSURED DEBTOR (Herein called you) TEST TEST		BIRTHDATE 1/1/1990	SOCIAL SECURITY #	EFFECTIVE DATE 11/21/2014	SECOND BENEFICIARY ESTATE
JOINT INSURED (Spouse or Business Partner Only) Wife		BIRTHDATE	SOCIAL SECURITY #	SCHEDULED TERM (LIFE INSURANCE) 7 Months	SCHEDULE TERMINATION DATE (LIFE INSURANCE) 06/20/2015
ADDRESS OF INSURED DEBTOR 123 TEST TEST, TX 77777			SCHEDULED TERM (DISABILITY INSURANCE) 7 Months	SCHEDULE TERMINATION DATE (DISABILITY INSURANCE) 06/20/2015	
FIRST BENEFICIARY (CREDITOR) ACCT #: , TEST LENDER					
COVERAGES		Interest Rate      %			
LIFE Single ( )   Joint ( X )		Total Disability Single ( )   Joint ( X )		MAXIMUM AMOUNT OF INSURANCE AVAILABLE	INITIAL AMOUNT OF INSURANCE PURCHASED
GROSS DECREASING LIFE		\$                      100,000.00		\$                      1868.79	\$                      6.71
NET PAYOFF DECREASING LIFE		\$                      50,000		\$	\$
LEVEL LIFE		\$		\$	\$
DISABILITY WAITING PERIOD                      14                      DAYS BENEFITS COMMENCE                      1st                      DAY		MONTHLY BENEFIT \$                      1,000.00		MONTHLY BENEFIT \$                      266.97	\$                      68.37
MAXIMUM AGE: INSURANCE IS NOT AVAILABLE TO DEBTORS AGE 76 OR OVER ON THE SCHEDULED TERMINATION DATE				TOTAL PREMIUM \$                      75.08	
IMPORTANT NOTICE: THIS THIS INSURANCE MAY NOT COVER YOUR DEBT IN FULL. YOUR DEBT IS COVERED FOR THE AMOUNT AND TERM OF INSURANCE IN THE SCHEDULE					

APPLICATION

You are applying for the credit insurance marked in the Schedule above, and agree to pay the premium. If question #1 is answered "Yes", you are **NOT** eligible for life or disability insurance. If question #1 is answered "No", but question #2 is answered "Yes", you **ARE** eligible for life insurance but **NOT** disability insurance. To be eligible for life or disability insurance you must meet all of the Eligibility Requirements set forth below.

ANSWER THE QUESTION:

1. Within the past [five (5)] years have you been medically treated for, or diagnosed as having any of the following: cancer or malignant tumor, insulin dependent diabetes, nervous, mental or seizure disorders, acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), alcoholism or drug addiction, or any condition involving an abnormality of the heart, central nervous system, circulatory system (including high blood pressure or hypertension for which you are taking two or more medications), brain, liver, kidneys, stomach, or lungs?

<u>Insured</u>	<u>Debtor</u>	<u>Joint</u>	<u>Insured</u>
Yes ( )	No ( X )	Yes ( )	No ( X )

ANSWER THIS ADDITIONAL QUESTION IF APPLYING FOR DISABILITY INSURANCE (Insured Debtor Only)

2. Within the past [five (5)] years have you been medically treated for, or diagnosed as having any of the following: any back trouble or back pain, or any disease or disorder of the bones, joints, back or spine?

<u>Insured</u>	<u>Debtor</u>	<u>Joint</u>	<u>Insured</u>
Yes ( )	No ( X )	Yes ( )	No ( X )

**To be eligible for Life insurance, You and the Joint Insured:** (1) must be within the age requirements shown in the Certificate Schedule (2) must be able to perform all the normal activities of a person of the same age and sex; and (3) if employed, must be able to perform all the essential and customary duties of Your occupation on the Effective date of this Certificate.

**To be eligible for Total Disability insurance You and the Joint Insured:** (1) must be within the age requirements shown in the Certificate Schedule; (2) must be able to perform all the normal activities of a person of the same age and sex; and (3) must be Gainfully Employed currently and for the previous two weeks.

IMPORTANT NOTICE: ANY PERSON WHO, WITH 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 THE CRIMINAL ACT OF INSURANCE FRAUD AS DETERMINED BY A COURT OF COMPETENT JURISDICTION.

I hereby request this insurance and certify to the best of our knowledge and belief that these answers and statements are true and correct.

SIGNATURE OF INSURED DEBTOR		DATE		SIGNATURE OF JOINT INSURED (SPOUSE OR BUSINESS PARTNER ONLY)		DATE	
I hereby certify that the above named applicant(s), in my presence, read or was asked all of the questions on this application and then personally answered them as recorded herein. I have no information or knowledge about this applicant(s) health in addition to the answers given above.							
SIGNATURE OF WITNESS OR LICENSED AGENT		DATE		PRINTED NAME OF WITNESS OR LICENSED AGENT			

SINGLE PREMIUM CREDITOR-DEBTOR INSURANCE  
TERM LIFE WITH TOTAL DISABILITY INSURANCE