MiLLiNi INSURANCE COMPANY LTD.

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

150 MAIN STREET, One North Wacker Drive Suite 2000 Chicago IL 60606

PHONE: 1-888-627-5483 FAX: 1-888-627-5483

Name	*First*	*MI*	*Last*	Sex ■ M ■ F	Date of Birth

Residence Address of Proposed Insured: No. & Street | City | State | Zip

Tele. #: _____

Other # _____

Email:

TOBACCO USE INFORMATION

Do you use any form of tobacco or nicotine products? ■ Yes ☐ No

CITIZENSHIP

Are all persons to be insured U.S. Citizens? If NOT a U.S. Citizen, provide details below: ☐ Yes ■ No

Has any person to be insured:

a) any intention within the next 2 years to travel or to reside outside the United States or Canada? ☐ Yes ■ No

b) been convicted of or charged, on probation or awaiting trial for a felony? ■ Yes ■ No

c) within the past 5 years: had a driver's license suspended or revoked; or been convicted of a moving/traffic violation? ☐ Yes ■ No

License # DL122343 State: _____

d) engaged in or intends to engage in, within the next 2 years: aviation; hang gliding; mountain climbing; parasailing; organized racing (any type); rodeo; competitive skiing; scuba; or skydiving? If "Yes", circle activity and complete questionnaire NB-AV-Q or form NB-HA-Q. ☐ Yes ☐ No

e) ever been declined, postponed, rated or charged an extra premium for health, life insurance; been offered a policy different from that applied for; or been refused reinstatement or renewal of life or health insurance? ☐ Yes ☐ No

In the past 10 years has any person to be insured ever been diagnosed, tested positive or been treated by a member of the medical profession, including office visits for; or had any disorder of:

a) the lungs or respiratory system including: allergies; asthma; bronchitis; tuberculosis; emphysema; pleurisy or pneumonia? ☐ Yes ☐ No

b) the heart or circulatory system including: high blood pressure; heart attack; heart murmur; chest pain; coronary artery disease; irregular heartbeat or palpitations; elevated cholesterol; varicose veins; phlebitis; stroke or rheumatic fever? ■ Yes ■ No

c) the digestive system including: ulcer; gastritis; intestinal disorder; colitis; crohn's disease; gall bladder; hemorrhoids; hernia; disorder of the pancreas; spleen or liver *(such as hepatitis)*? ☐ Yes ☐ No

d) the nervous system including: grand mal or petit mal epilepsy; convulsions; seizures; multiple sclerosis; headaches; paralysis; mental or emotional disorders; psychiatric treatment or professional counselling; depression; fainting or dizziness? ☐ Yes ☐ No

e) the genitourinary system including: kidney disorder; kidney stones; cystitis or bladder infections? ☐ Yes ☐ No

f) the endocrine system and glands such as: breast, thyroid, diabetes, elevated blood sugar or sugar in the urine? ☐ Yes ☐ No

g) eyes or ears including: impaired sight or hearing? ☐ Yes ☐ No

h) cancer; leukemia; tumor; cyst or growth of any kind? ☐ Yes ☐ No

i) the muscular or skeletal system including but not limited to: arthritis; gout; rheumatism; back or spine; knee; foot or jaw; spinal manipulations or adjustments; bursitis or amputation? ☐ Yes ☐ No

j) the male or female reproductive organs including: prostate problems; irregular menstruation; abnormal pap test; or pregnancy complications? ☐ Yes ☐ No

k) sexually transmitted diseases including: syphilis; gonorrhea; herpes; chlamydia; or condyloma acuminatum *(anal or genital warts)*? ■ Yes ■ No

l) any blood disorder including: anemia; thrombocytopenia; polycythemia vera; or hemophilia? ☐ Yes ☐ No

m) lupus erythematosus; collagen disease; or any connective tissue disorder? ☐ Yes ☐ No

n) had a chronic cough; significant weight loss or gain; chronic fatigue; diarrhea; or enlarged glands within the last 12 months? ■ Yes ■ No

Is any person to be insured pregnant? .	■ Yes	■ No

Has any person to be insured:

a) Used or currently consumes alcohol? If "Yes", approximately how many drinks per week?	☐ Yes	■ No
b) Used sedatives; hallucinogenic or narcotic drugs; amphetamines; barbiturates; cocaine; opiates; tranquilizers; morphine or is currently using other stimulants or depressants except as medication prescribed by a physician?	☐ Yes	■ No
c) Received or been recommended for professional treatment or counseling for an alcohol or narcotic dependency?	☐ Yes	■ No
d) Taking or used any prescription drugs within the last 90 days?	☐ Yes	■ No
e) Within the last 2 years, had medical treatment or been advised by a member of the medical profession to have any diagnostic test, hospitalization or surgery which was not completed?	■ Yes	■ No
f) Had an electrocardiogram; chest x-ray or blood study of any kind in the past 2 years?	☐ Yes	■ No
g) Within the past 10 years been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or AIDS related conditions or tested positive for HIV?	☐ Yes	■ No
h) Been under medical observation or receiving treatment by a member of the medical profession, had a check-up or surgery during the past 3 years not reported in the above questions?	■ Yes	■ No