

Policy Number

INTERVIEW REQUEST FORM

Proposed Primary Insured ☐ Proposed Other Insured ☐

Name Last First MI ☐ Male
☐ Female

Street

City State Zip

Social Security number Occupation

Birthplace Birthdate Age at nearest birthday

Home phone () Business phone ()

Where can you be reached for additional information?

☐ Home ☐ Work Best days: Best times: ☐ a.m. ☐ p.m.

Initial death benefit \$

Best Class Applied for:

Plan of insurance:

Riders: ☐ WP ☐ ADB ☐ CR ☐ Other:
(complete separate application for each CR)

Special Request:

NO CASH WITH APPLICATION ON THIS FORM.

Owner, if other than proposed insured
(N/A for CR)

Owner's address

Relationship to Proposed Insured

Social Security or Tax ID #

Primary Beneficiary

Relationship to Proposed Insured

Does the proposed insured have life insurance inforce other than group insurance? ☐ Yes ☐ No

Is this policy to replace any existing insurance or annuity(ies)? ☐ Yes ☐ No
If yes, indicate Company name(s):

Has the owner been provided a written illustration which conforms to this application? ☐ Yes ☐ No

If "no," owner acknowledges that owner will receive an illustration conforming to the policy as issued no later than at the time of the policy delivery for policies that are illustrated.

Is Proposed Insured a U.S. Citizen? ☐ Yes ☐ No (If No:)

Country of citizenship

Permanent Visa? ☐ Yes ☐ No How long in U.S.?

Has Proposed Insured used tobacco in any form in the past 12 months? ☐ Yes ☐ No 60 months? ☐ Yes ☐ No

Has the proposed insured ever been told he had or been treated for: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does proposed insured have any other health problems, habits, or hobbies that may affect insurability? (If yes, preferred rates are unlikely.)
☐ Yes ☐ No

Mode of premium payment:

☐ Annual ☐ SA ☐ Qtrly ☐ COM

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.

Interview Request Received at: _____
(city and state)

Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? ☐ Yes ☐ No
(If "Yes," complete any required replacement forms.)

Has the Owner been provided an illustration which conforms to this application? ☐ Yes ☐ No
If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for.

Print BGA's name

Print Agent's name/Social Security Number or Agent Number

Date Agents Telephone number

BGA's telephone: BGA email address: