

Policy Number

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

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 \$

Issue Best Rate Class

Plan of insurance:

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

Special Request:

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.

Authorization To Obtain And Disclose Information: I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the proposed insured; and a policy has been issued; and the full first premium has been received by the company; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. I (we) hereby authorize: any licensed physician or medical practitioner; any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health, to give West Coast Life Insurance Company, its affiliates, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this authorization is as valid as the original.

Signed at: (city and state) _____

Signature of Proposed Insured (if age 18 or over) _____

Date signed: (month/day/year) _____

Signature of Owner/Applicant, if other than Proposed Insured _____

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.

Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application?
☐ Yes ☐ No

Print BGA's name

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

Agent's Signature

Date

Agent's Telephone number

BGA's telephone: _____

BGA email address: _____



343 Sansome Street, San Francisco, CA 94104
PO Box 193892, San Francisco, CA 94119-3892
1-800-366-9378

TEMPORARY INSURANCE AGREEMENT

THIS RECEIPT IS TO BE GIVEN TO THE APPLICANT AT THE TIME OF APPLICATION IF ANY MONEY IS TAKEN

Received from _____ in connection with the application
dated _____ for life insurance totaling \$ _____, on the life (lives) of _____.

☐ A check, ☐ Credit Card Authorization, or ☐ Check-O-Matic Plan (COM), as conditional payment of the first premiums
in the amount of \$ _____.

1. TEMPORARY INSURANCE COVERAGE WILL BECOME EFFECTIVE UPON RECEIPT OF AN INITIAL PREMIUM SUBJECT TO THE FOLLOWING:
 - (a) No coverage will be provided if the insured commits suicide during the period this agreement is in effect;
 - (b) No coverage will be provided if the application contains any material misrepresentation or if the application is fraudulently completed;
 - (c) No coverage will be provided if the check or draft received in payment of the premium is not honored for payment when presented.
 - (d) The initial premium is defined as an amount equal to the first full premium for the mode of payment selected in the application for the lesser of the face amount applied for or \$500,000 of face amount.
2. The total amount of insurance which may become effective on any person proposed for insurance shall not exceed \$500,000 of life insurance, including any accidental death insurance benefits.
3. If medical examinations, tests, x-rays and electrocardiograms required by the company are not completed and received by the home office within 60 days of the date of completion of Part 1 of this application, it will result in an adverse underwriting decision and your premium paid with this receipt will be returned to you.
4. This insurance will remain in effect until we have either issued a policy to you based on the application made for insurance coverage or until we notify you in writing that your temporary coverage has terminated and we have refunded any unearned premium to you.
5. NO AGENT OR ANY OTHER PERSON IS AUTHORIZED BY THE COMPANY TO WAIVE OR MODIFY IN ANY WAY ANY OF THE PROVISIONS OF THIS TEMPORARY INSURANCE AGREEMENT.

Dated at _____

Signature of Agent

this _____ date of _____, 20____

I acknowledge possession of this receipt and I certify that I have read it and the agreement in the application. The terms and conditions of this receipt, to which I agree, and the agreement in this application have been explained to me fully by the agent and I understand them.

Signature of Applicant

BANK DRAFT INFORMATION

WEST COAST LIFE INSURANCE COMPANY

The company above will withdraw the premiums from the specified account. This company will be referred to hereafter as "Company".

"You", "your", "I" and "me" refer to the bank account owner whose name appears below.

How automatic bank draft works: Automatic bank draft is a debit service that offers a convenient way to pay life insurance premiums. The Company will collect the life insurance premiums from your bank account electronically – you do not need to write checks or mail in any payments. Premium withdrawals will appear on your bank statement, and your statements will be your receipts for payment of your premium.

Automatic Bank Draft Agreement

I hereby authorize and request the Company to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the insurance policy, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s). I hereby agree to indemnify and hold the Company harmless from any loss, claim or liability of any kind by reason or dishonor of any debit.

I understand that this authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable nonforfeiture provision. I acknowledge that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment.

I agree that this authorization may be terminated by me or the Company at any time and for any reason by providing written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This must be dated and signed by the bank account owner(s) as his/her name appears on bank records for the account provided on this authorization.

Financial Institution Name _____

Financial Institution Address _____ City, State _____ ZIP _____

Routing Number | :

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Account Number

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Type of Account: ☐ Checking ☐ Saving Credit Union: ☐ Yes ☐ No

Name of Primary Proposed Insured _____ Policy Number(s): _____

Premium Amount \$ _____

Frequency: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Preferred Withdrawal Date (1st – 28th) _____ ☐ Please debit my account for all outstanding premiums due.

Print Bank Account Owner(s) Name _____

Signature(s) of Bank Account Owner(s) ☒ _____

Please attach a voided check.