

HomeOffice: 2700 Commerce Street, TX 75226 AdministrativeOffice: 2700 Commerce Street Suite 1000, Dallas, TX 75226
"Company," "We," "Our," and "Us" all refer to DemoLife. Unless otherwise stated, "You" refers to the Proposed Primary Insured.

1.BENEFICIARIES

Totalbetweenallprimarybeneficiariesmustequal100%.Totalbetweenallcontingentbeneficiariesmustequal100%.

Primary First & Last Name Bene Primo	Date of Birth (mm/dd/yyyy) 10/10/1901	Phone Number	Relationship SPOUSE	Benefit % 100%
U.S. Mailing Address			U.S. Social Security Number/ITIN	
<input type="checkbox"/> Primary First & Last Name or <input type="checkbox"/> Contingent	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship	Benefit %
U.S. Mailing Address			U.S. Social Security Number/ITIN	
<input type="checkbox"/> Primary First & Last Name or <input type="checkbox"/> Contingent	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship	Benefit %
U.S. Mailing Address			U.S. Social Security Number/ITIN	
<input type="checkbox"/> Primary First & Last Name or <input type="checkbox"/> Contingent	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship	Benefit %
U.S. Mailing Address			U.S. Social Security Number/ITIN	
<input type="checkbox"/> Primary First & Last Name or <input type="checkbox"/> Contingent	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship	Benefit %
U.S. Mailing Address			U.S. Social Security Number/ITIN	

2. PAYMENT OPTIONS

Choose the premium payor, payment type and mode, and complete the Payment Authorization form.

Premium Payor: ☒ Proposed Primary Insured ☐ Owner ☐ Other (if chosen, complete Premium Payor Supplement)
Payment Type: ☐ Bank Draft ☒ Credit/Debit Card ☐ Social Security Benefits Billing ☐ Direct Bill
Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☒ Monthly

3. OWNER

Complete this section only if the Owner is not the Proposed Primary Insured.

Legal First Name NA	Middle Name NA	Legal Last Name NA	Suffix NA	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
U.S. Social Security Number/ITIN NA		Date of Birth (mm/dd/yyyy) NA	Place of Birth (State/Territory, Country) NA	
Physical Residential Address (No P.O. Boxes) NA			Apartment/Unit NA	
City NA		U.S. State/Territory NA	Zip Code NA	Country NA
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile NA			Email Address NA	

Owner's relationship to Proposed Primary Insured

☐ Spouse ☐ Child ☐ Parent ☐ Grandparent ☐ Domestic Partner ☐ Other _____

Are you a U.S. citizen

☐ Yes ☐ No →

If no, are you a valid U.S. permanent resident
(green card holder)?

☐ Yes ☐ No →

If yes, does your green card expire within the next
90 days

☐ Yes ☐ No

4. SECONDARY ADDRESSEE

Complete this section if you would like to list an additional person to receive copies of notices and letters regarding possible lapses in coverage.

Legal First Name	Middle Name	Legal Last Name	Suffix	
U.S. Mailing Address	City	U.S. State/Territory	Zip Code	Country
Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile	Email Address		

5. PRODUCT DETAILS

Product Name	Coverage Amount	(This is the amount of life insurance coverage you are applying for.)	Planned Premium Amount
DemoLife Final Expense	\$50,000.00		\$109.48

Automatic Premium Loan (subject to policy loan provisions): ☐ Elect ☒ Do Not Elect

FRAUD WARNING: 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.

Signature of Proposed Insured	Date	City	U.S. State/Territory
Christopher R Smith	10/29/2025	Houston	KY
Signature of Applicant/Owner (If other than Proposed Insured)	Date	City	U.S. State/Territory
NA	NA	NA	NA
Print Producer Name	Producer Number	Producer Signature	
Nathan Osborn	AUTOAGENT-TPL	Nathan Osborne	