Lincoln Heritage
LIFE INSURANCE COMPANY

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

PLEASE PRINT LEGIBLY

Executive Offices:
4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705

OWNER INFORMATION

First Name | M.I. | Last Name

Email @ | Phone - -

Address | Apt # | City | State | Zip

APPLICANT INFORMATION – *All applicants must permanently reside in the United States.*

First Name | M.I. | Last Name | Relationship to Owner

Address | Apt # | City | State | Zip

Phone - - | Social Security # - - | Age | Date of Birth - - | Sex ☐ Male ☐ Female

BENEFICIARY INFORMATION

Primary First Name | M.I. | Last Name | Relationship

Address | Phone - -

Contingent First Name | M.I. | Last Name | Relationship

RIDER OPTIONS Child Rider ☐ Yes ☐ No ____ # of Unit(s) Per Child | AD&D Rider ☐ Yes ☐ No ____ # of Unit(s)

PLAN ☐ Final Expense ☐ 20 Year Pay ☐ Modified Death Benefit

PAYMENT METHOD ☐ Monthly Draft ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly Direct

DUE DATE ____ (1st thru 28th only)

Coverage Amount $ 0 0

Monthly Premium $

Rider Premium $

TOTAL MONTHLY PREMIUM $

TOBACCO QUESTION In the past twelve (12) months, has the applicant used any form of tobacco? ☐ Yes ☐ No

UNINSURABLE CONDITIONS

1. Has the applicant tested positive for HIV or been diagnosed by a physician as having AIDS or a life expectancy of twelve (12) months or less? ☐ Yes ☐ No
2. Is the applicant currently bedridden, hospitalized, in a care facility, or receiving hospice care? ☐ Yes ☐ No

SIGNIFICANT HEALTH CONDITIONS – *If the answer to any health question is "Yes", your death benefit will be modified.*

In the past two (2) years, has the applicant been diagnosed with, been treated by a physician, or taken medication for any of the following conditions:

1. Disease of the heart, including heart attack, heart surgery, or congestive heart failure? ☐ Yes ☐ No
2. Disease of the circulatory system, including stroke, aneurysm, or been advised to have surgery to improve circulation? ☐ Yes ☐ No
3. Cancer, other than basal cell skin cancer? ☐ Yes ☐ No
4. Disease of the lungs, including COPD or emphysema, other than asthma? ☐ Yes ☐ No
5. Disease of the liver or kidney, or had an organ transplant? ☐ Yes ☐ No
6. Alzheimer's disease, dementia, organic brain syndrome, or ALS (Lou Gehrig's disease)? ☐ Yes ☐ No
7. Alcohol or drug abuse? ☐ Yes ☐ No
8. Complications of diabetes, including amputation, diabetic coma, blindness, or kidney disorder? ☐ Yes ☐ No
9. Has the applicant had or been advised to have a diagnostic test relating to any of the questions listed above, except for those relating to the Human Immunodeficiency Virus (AIDS virus), for which results have not yet been received? ☐ Yes ☐ No

REPLACEMENT

1. Does the applicant have existing life insurance or annuity contracts? ☐ Yes ☐ No
2. Will this policy replace or change other insurance or annuities? ☐ Yes ☐ No

If question two (2) is answered "yes", list: Company | Policy #

AUTOMATIC PREMIUM LOAN Is Automatic Premium Loan requested? ☐ Yes ☐ No

DELIVERY Mail Policy to: ☐ Owner ☐ Producer

I authorize any pharmacy or pharmacy benefit manager that possesses prescription history about me to furnish such health information to Lincoln Heritage Life Insurance Company or its reinsurers for the purpose of evaluating my application for insurance. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case, it may not be protected under federal privacy rules. This authorization shall be valid for two (2) years from this date and may be revoked by sending written notice to Lincoln Heritage Life Insurance Company.

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. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the Company will rely on my answers in issuing the insurance. I understand that coverage takes effect when this application has been approved by the Company and the first premium is paid.

Signature of Owner | Signature of Applicant | Signed in State | Date - -

PRODUCER'S CONFIRMATION Are there existing life insurance and/or annuity contracts on the life of the applicant? ☐ Yes ☐ No To the best of my knowledge, replacement ☐ is ☐ is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.

Signature of Producer | Producer's Number -

First Name | Last Name

FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS) ENROLLMENT – *Free Benefit* Please enroll me as a non-voting FCGS member: ☐ Yes ☐ No

Lincoln Heritage®
LIFE INSURANCE COMPANY

Mailing Address:
PO Box 29045
Phoenix, Arizona 85038-9045
Telephone: (855) 706-2396
Fax: (602) 808-8845

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT DISCLOSURE

This disclosure provides a brief description of the available Terminal Illness Accelerated Death Benefit and the effect on the Policy. This disclosure is not an insurance contract, but only a summary of the coverage provided. There is no additional premium charge or cost for this benefit, and it is not intended to qualify as long-term care insurance.

Terminal Illness Accelerated Death Benefit, referred to in the Policy as Terminal Illness Benefit, is a one-time benefit which allows You to receive an advance payment of up to fifty percent (50%) of the death benefit during the lifetime of the Insured if the Insured named on the Policy Schedule page is diagnosed with a Terminal Illness after the Date of Issue. Terminal Illness means a medical condition that is reasonably expected to result in the Insured having a life expectancy of twelve (12) months or less, and from which there is no reasonable prospect for recovery.

The death benefit, any cash value and Life Policy Premium will be reduced proportionally to the percentage elected if a Terminal Illness Benefit is paid. Prior to, or concurrent with any election to receive a Terminal Illness Benefit, You and any Irrevocable Beneficiary will be given a statement explaining the effect of the payment on the Policy's Cash Value, Death Benefit, Policy Life Premium, and Policy loans. Please see Page 2 of this disclosure for an example of the effects.

Taxability of Benefits – The amount paid under the Terminal Illness Benefit may be taxable. We are not responsible for any tax on, or other effects of, any Terminal Illness Benefit paid. As with all tax matters, consult Your personal tax advisor to assess the impact of this benefit. This benefit is intended to qualify for favorable tax treatment.

Receiving payment of the Terminal Illness Benefit may adversely affect Your, Your spouse's or Your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary Social Security Income (SSI), and drug assistance or other public assistance programs. You should consult a qualified advisor with social services agencies regarding how receipt of the Terminal Illness Benefit payment may affect eligibility for such programs.

The portion of the Death Benefit remaining after payment of the Terminal Illness Benefit will be paid upon the Insured's death, pursuant to the Policy.

ACKNOWLEDGMENT
I have received a copy of this disclosure.

Owner Signature: _____ Date: _____
Agent Signature: _____ Agent Number: _____

If You decide to request the one-time Terminal Illness Benefit, this is an example of the changes Your request will have on the Policy Death Benefit, Policy Life Premium, Policy Cash Value, and Policy Outstanding Loan Balance.

Example Policy information for a Female, Age 35 with a Policy in force for 10 years:

Example of effects on Policy values

Example Benefit Percentage fifty percent (50%)	**Before** Payment of Terminal Illness Benefit	**After** Payment of Terminal Illness Benefit
Policy Death Benefit	$ 10,000.00	$ 5,000.00
Policy Life Premium Per Month	$ 25.70	$ 14.35
Policy Cash Value	$ 717.56	$ 358.78
Policy Outstanding Loan Balance	$ 100.00	$ 50.00

Example of Calculation of Payment Amount

Terminal Illness Benefit Payment	$ 5,000.00
Administration Fee*	$ 0.00
Unpaid Premium Due	$ 25.70
Outstanding Loan Payment	$ 50.00
Amount of Check:	$ 4,924.30

*An administrative fee may apply at the time of acceleration. The administration fee is subject to change but will not exceed $250. No interest charge will be made.

Your Terminal Illness Benefit will be different based on the Benefit Percentage requested and Your Policy specifics.

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