

Your total solution for your loved ones.

Protection SeriesSM—

Final Expense

Individual Whole Life Insurance

**Continental Life Insurance Company
of Brentwood, Tennessee**

An Aetna Company



Our commitment to you and yours

With so many insurance companies offering different types of insurance plans, we know that your choice comes down to not only benefits but the price that fits your budget, the company's financial strength, service, reputation, reliability, and experience.

Our unwavering commitment is to provide the best personal service possible, quick claims payment, quality products with solid financial backing, and helpful, friendly associates with extensive knowledge and experience.

Our valued policyholders and their family members rely on our company to be there when they need us. We take those obligations very seriously. Everything we do is focused on fulfilling our commitments in a timely, hassle-free manner.

Your wishes. Your way.

A Final Expense Whole Life insurance policy can help your loved ones carry out your final wishes.

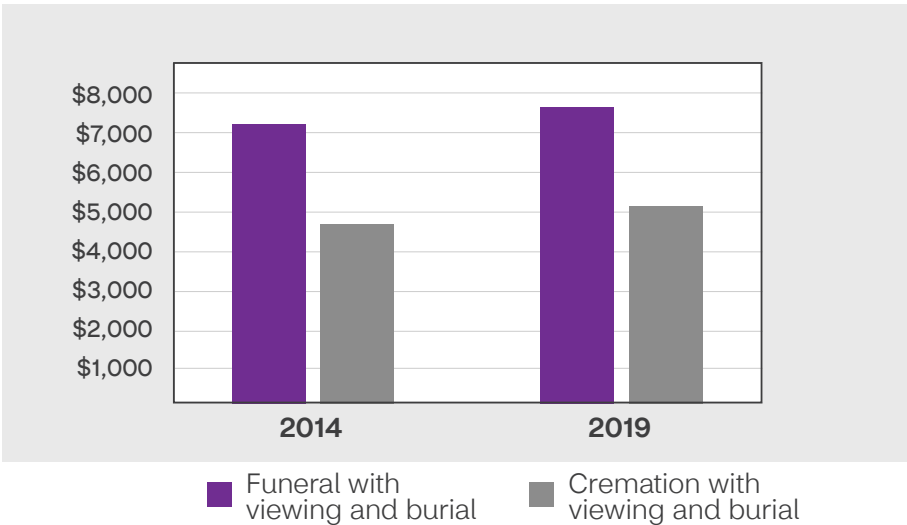
Families could have to make several important decisions soon after the death of a loved one. Along with those decisions, expenses from burial planning, debt balances, and out-of-pocket health care bills can quickly add up.

Planning for tomorrow, today



A funeral can be one of the largest family expenses. On average a funeral can cost \$7,640 or more, not including the cemetery plot, tombstone, and other related fees. Cremation is a somewhat less expensive option, as data shows that the cost is now about 30% less than the traditional funeral.¹ Social Security benefits pay only \$255 to qualified dependents and the Veteran's Administration benefit offers only \$300.² The majority of U.S. health care costs rise in the final phase of life, and living with fatal chronic illnesses have the highest costs associated with the treatments.³

Burial vs. Cremation¹



No one likes to think about this now

Early planning can give you peace of mind knowing that you have taken care of your final expenses, so your loved ones don't have to. This is why final expense insurance was created. A Final Expense whole life insurance plan can help minimize the emotional and financial burden a loss could have on your family. It can help fund your final wishes by providing a cash payment made directly to your beneficiaries. There is no medical exam required for this product and premiums will not increase as long as premiums are paid.

Sources:

¹Rates of Cremation and Burial, www.nfda.org/news/statistics
²Social Security Rules and Regs, www.ssa.gov/pubs/10008.html

³Rand: Living Well at the End of Life, www.medicaring.org

The financial aftermath of a death may put strains on those left to cover the costs. Establishing a Final Expense insurance plan now, will allow you to make choices, plans, and decisions on what is truly appropriate for you and your family – and helps provide the funding when it's needed the most.

Answer the hardest questions now

- Have you considered your final expense needs?
Have you addressed the needs and made all the necessary decisions?
- How will your outstanding health care bills and funeral expenses be paid?
- Could your family afford to pay your total final expenses without significant sacrifices to their savings?
- Will your family be spared the cost and emotional drain at the time of death?

Final Expense insurance can help

Final Expense whole life insurance underwritten by Continental Life Insurance Company of Brentwood, Tennessee, an Aetna Company, can help add certainty to the planning of your final wishes.

- Peace of mind that your family will be better prepared
- No medical exams – the issuance of the policy and plan type will depend upon your answers to the health questions in the application
- Find out today if you are pre-approved
- Renewable for life regardless of changes in health
- Premium rates that never increase
- Coverage and benefits that never decrease*
- Guaranteed non-cancelable – as long as the premiums are paid on time
- 30-day free look period with a right to cancel and 100% refund



* Benefits may be reduced by any loan balance on the policy at the time of death.

Flexible coverage options

The level plan* and optional riders provide flexible coverage options to meet your unique needs. Specific plan details can be found below.

Level Plan

Level benefit amounts

<p>Full face value from policy issue date regardless if death is due to an accident or natural causes.</p> <p>Accidental death Full benefit immediately</p> <p>Non-accidental death All policy years = full benefit</p>	Issue age**	Min. death benefit	Max. death benefit***
	45-55	\$2,000	\$50,000
	56-65	\$2,000	\$40,000
	66-75	\$2,000	\$30,000
	76-89	\$2,000	\$25,000

*Annual policy fee \$40.

**Age as of last birthday.

***Maximum benefit amount varies according to the age of the applicant at the time of policy issue.

Benefit Riders

Accidental Death Benefits Rider

This rider pays 100% of the base policy's face amount for accidental death for issue ages 45 through 70.

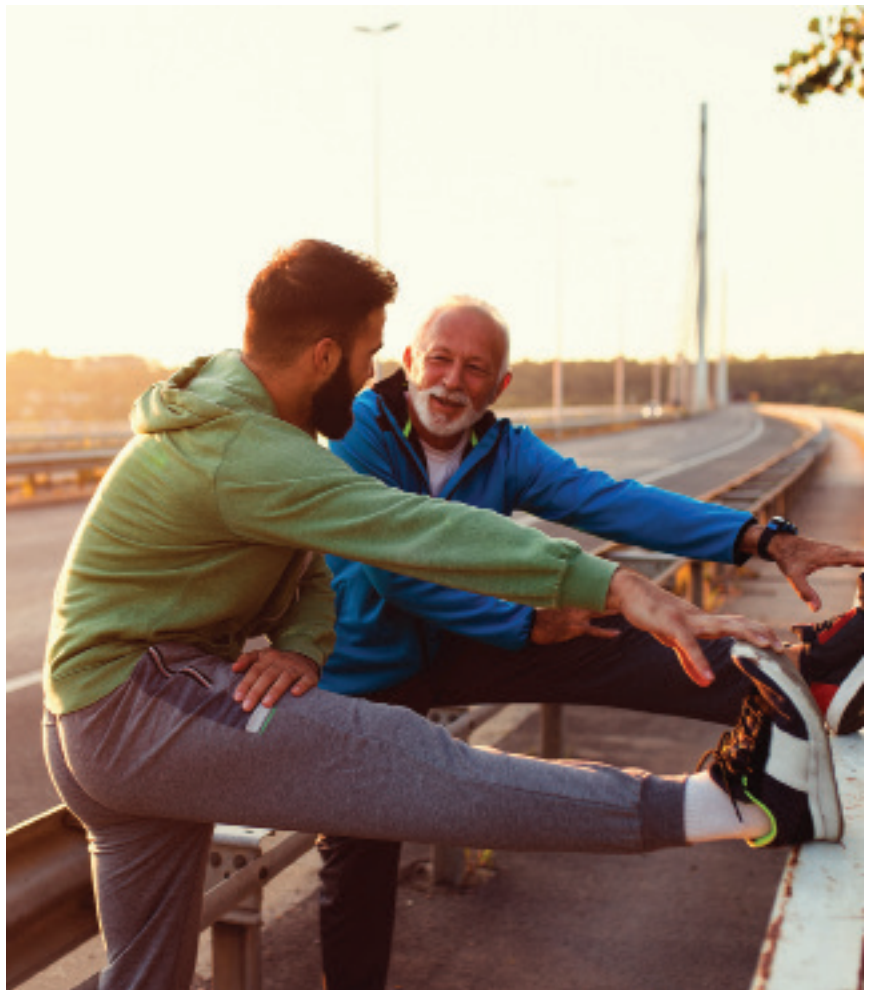
Children's Term Insurance Rider

This rider provides coverage for a child, stepchild, legally adopted child, grandchild, legally adopted grandchild, or great grandchild.

This benefit is available from \$2,500 up to a maximum of \$10,000 per child, in \$2,500 increments.

Coverage amount selected will be the same for all covered children and may not exceed the face amount of the base policy.

Issue ages begin at older than 30 days through less than 18 years old. Policy becomes convertible to a whole life policy between the ages of 22 to 25 after two years in force.



Cash value flexibility

Non-forfeiture options enable full or partial benefits or a partial refund of premiums after a lapse in coverage due to non-payment of premiums. These options allow you to decrease your risk if your policy lapses due to non-payment at the end of your grace period.

Reduced paid-up insurance

This option allows your beneficiary to receive a death benefit reduced to the amount of life insurance that can be purchased for the accrued cash value in the policy, if any.

Extended term insurance

This option provides level term insurance for the full death benefit amount, but for a shorter period of time.

Automatic premium loan

This option may help pay future premiums. It takes the cash value accrued and applies it toward the premium. If there is insufficient cash value to advance the premium as a policy loan, no automatic premium loan will be made. Any remaining value will be applied under the above non-forfeiture options.

You may elect the non-forfeiture option at the time of application and at any time in writing

during your lifetime. The option is triggered when your premium remains unpaid at the end of the grace period and you have sufficient cash value.*

The more cash value you have in your policy at the time the non-forfeiture option is triggered, the more the paid-up benefit or the longer term insurance period you will have.

Build cash value automatically

Over time, you can build up a sum of money that may be available to you if you need it. You can borrow your cash value with policy loans exceeding \$1,000 for any reason. Annual interest rate and fees apply.

For complete details of all provisions or benefits, please read your policy carefully.

*In the early years of your policy, you may have insufficient cash value for reduced paid-up insurance, extended term insurance, or automatic premium loan.



Matches Social Security deposit schedule.

If you're on Social Security, we set up your automatic payments to line up with the Social Security benefit deposit schedule. So it's always easy to pay your premiums when due as you keep your plan current.



Super preferred rate available.

You may qualify for the super preferred rate on this Final Expense Whole Life insurance plan if you currently have an Aetna affiliated Medicare Supplement policy.

About Aetna

Continental Life Insurance Company of Brentwood, Tennessee

An Aetna company

Aetna is one of the nation's leading diversified health care benefits companies, serving consumers with information and resources to help them make better informed decisions about their health care. Aetna offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental, behavioral health, group life and disability plans, and medical management capabilities and health care management services for Medicaid plans. Our customers include employer groups, individuals, college students, part-time and hourly workers, health plans, governmental units, government-sponsored plans, labor groups and expatriates. Aetna is a member of the CVS Health family of companies. For more information, see **www.aetna.com**.

Underwritten by

**Continental Life Insurance Company
of Brentwood, Tennessee**

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aetnaseniorproducts.com

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Protection SeriesSM – Final Expense Individual Whole Life Rates

Continental Life Insurance Company
of Brentwood, Tennessee

An Aetna Company

Application forms: ICC20-CLIFE06194 (AL, AR, AZ, CO, CT, DE, IA, ID, IN, KS, KY, LA, MI, MO, MS, NC, NE, NH, NJ, NV, OH, OK, OR, PA, SC, TN, UT, VA, WI, WV), ICC20-CLIFE06350BC (NM, RI, WY), ICC20-CLIFE06368ND, ICC20-CLIFE06367FL, ICC20-CLIFE06353GA, ICC20-CLIFE06360IL, ICC20-CLIFE06438MD, ICC20-CLIFE06359TX, ICC20-CLIFE06370VT

Child Term Rider

(no policy fee)

- \$7.50 annual premium per insured child per unit
- One to four units available

Application form: ICC20-CLIFE06195

Accidental Death Benefit Rider

(annual rates per \$1,000)

Issue Age: 45-64 **Rate:** \$3.30

Issue Age: 65-70 **Rate:** \$4.80

- All plans: \$40 annual policy fee
- Plans are Level Only
- Rates determined by qualifying plan and rate tier
- Rates are male/female, tobacco/non-tobacco, preferred/super preferred (level plan)
- Use age last birthday on effective date of coverage
- Riders have age varying restrictions
- Rates are guaranteed for life as long as payments are paid on time
- Coverage level is guaranteed as long as payments are paid on time

Refer to the Producer Guide and Drug List for important underwriting information.

Need help?

Contact the Agent Services team at **866-272-6630**, or go to **aetnaseniorproducts.com** (agent side).

ATTAINED AGE	ANNUAL RATES (per \$1,000)							
	SUPER PREFERRED				PREFERRED			
	MALE		FEMALE		MALE		FEMALE	
	NON SMOKER	SMOKER	NON SMOKER	SMOKER	NON SMOKER	SMOKER	NON SMOKER	SMOKER
45	21.70	29.50	19.40	28.60	27.10	36.90	24.20	35.80
46	23.20	31.90	20.00	30.00	29.00	39.90	25.00	37.50
47	24.70	34.30	20.60	31.40	30.90	42.90	25.80	39.20
48	26.20	36.70	21.30	32.70	32.80	45.90	26.60	40.90
49	27.80	39.10	21.90	34.10	34.70	48.90	27.40	42.60
50	29.20	41.60	22.40	35.60	36.50	52.00	28.00	44.50
51	30.60	42.60	23.40	35.90	38.30	53.20	29.30	44.90
52	32.10	43.50	24.50	36.20	40.10	54.40	30.60	45.30
53	33.50	44.50	25.50	36.60	41.90	55.60	31.90	45.70
54	35.00	45.40	26.60	36.90	43.70	56.80	33.20	46.10
55	36.50	46.40	27.80	37.30	45.60	58.00	34.70	46.60
56	38.20	49.00	29.20	38.80	47.70	61.20	36.50	48.50
57	39.80	51.50	30.60	40.30	49.80	64.40	38.30	50.40
58	41.50	54.10	32.10	41.80	51.90	67.60	40.10	52.30
59	43.20	56.60	33.50	43.40	54.00	70.80	41.90	54.20
60	45.00	59.20	34.80	44.80	56.20	74.00	43.50	56.00
61	46.10	61.90	36.00	46.60	57.60	77.40	45.00	58.20
62	47.20	64.60	37.20	48.30	59.00	80.80	46.50	60.40
63	48.30	67.40	38.40	50.10	60.40	84.20	48.00	62.60
64	49.40	70.10	39.60	51.80	61.80	87.60	49.50	64.80
65	50.40	72.80	40.80	53.60	63.00	91.00	51.00	67.00
66	53.10	78.10	42.70	56.80	66.40	97.60	53.40	71.00
67	55.80	83.40	44.60	60.00	69.80	104.20	55.80	75.00
68	58.60	88.60	46.60	63.20	73.20	110.80	58.20	79.00
69	61.30	93.90	48.50	66.40	76.60	117.40	60.60	83.00
70	64.00	99.20	50.40	69.60	80.00	124.00	63.00	87.00
71	69.30	107.70	53.60	74.40	86.60	134.60	67.00	93.00
72	74.60	116.20	56.80	79.20	93.20	145.20	71.00	99.00
73	79.80	124.60	60.00	84.00	99.80	155.80	75.00	105.00
74	85.10	133.10	63.20	88.80	106.40	166.40	79.00	111.00
75	90.40	141.60	66.40	93.60	113.00	177.00	83.00	117.00
76	97.40	154.90	71.20	103.40	121.80	193.60	89.00	129.20
77	104.50	168.20	76.00	113.10	130.60	210.20	95.00	141.40
78	111.50	181.40	80.80	122.90	139.40	226.80	101.00	153.60
79	118.60	194.70	85.60	132.60	148.20	243.40	107.00	165.80
80	125.60	208.00	90.40	142.40	157.00	260.00	113.00	178.00
81	135.80	227.50	97.00	153.30	169.80	284.40	121.20	191.60
82	146.10	247.00	103.50	164.20	182.60	308.80	129.40	205.20
83	156.30	266.60	110.10	175.00	195.40	333.20	137.60	218.80
84	166.60	286.10	116.60	185.90	208.20	357.60	145.80	232.40
85	176.80	305.60	123.20	196.80	221.00	382.00	154.00	246.00
86	213.60	359.40	154.60	234.70	267.00	449.20	193.20	293.40
87	250.40	413.10	185.90	272.60	313.00	516.40	232.40	340.80
88	287.20	466.90	217.30	310.60	359.00	583.60	271.60	388.20
89	324.00	520.60	248.60	348.50	405.00	650.80	310.80	435.60

Modal premium options

Semi-AnnualAnnual x .52
Quarterly.....Annual x .265
Monthly Electronic Funds Transfer (EFT).....Annual x .08333

Calculating rates

Follow these steps for each applicant.

Calculate modal premium

(Annual premium per \$1,000 [found on agent rate card]

x Number of units + \$40 policy fee)

x Modal Factor

= **Modal premium** (round to nearest whole cent)

EXAMPLE:

Monthly premium for 50 year old male, nonsmoker, preferred, buying \$15,000 of coverage (15 Units)

(\$36.50 x 15 + \$40) x .08333 = \$48.96

Mobile rate quote app available

You can get a real-time quote for all of our products by downloading our free mobile app. To get started, just search for "Quotes on the go" on either the Apple App Store or Android Google Play Store.





Application

Individual Whole Life Insurance

Underwritten by

**Continental Life Insurance Company
of Brentwood, Tennessee**

An Aetna Company

aetnaseniorproducts.com

Texas

ICC20-CLIFE06359TX

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100720

Application for Individual Whole Life Insurance

• Print clearly and use blue or black ink.
• Use section 7 for additional remarks, requests, or explanations.

• Mail application and check in the provided business reply envelope to **P.O. Box 14399, Lexington, KY 40512.**

Section 1. Proposed insured information

Proposed insured's name (first, M.I., last)		Phone
•		•
Residential address (must be a physical address)		Apt/suite number
•		•
City	State	Zip
•	•	•
Mailing address (if different than residential address)		Apt/suite number
•		•
City	State	Zip
•	•	•
E-mail	Social Security Number	Birth date* (mm/dd/yyyy)
•	•	•
Place of birth (city, state)	Age	<input type="checkbox"/> Male
•	•	<input type="checkbox"/> Female

Are you a legal resident of the United States? Yes No

Have you used any form of tobacco in the past 12 months? (Including vaping and e-cigarettes) Yes No

Do you have an existing Medicare Supplement policy with Aetna? Yes No

If Yes, what is your policy number?

Section 2. Health questions

If any health questions are answered "yes" in section 2, the applicant(s) will not qualify for this insurance with us.

For the purposes of these questions "you" means the proposed insured. "Diagnosed", "advised", "tested" and "treatment" mean by a licensed physician or medical practitioner.

- 1. Are you dependent on a wheelchair or any motorized mobility device?** Yes No
-
- 2. Do any of the following apply to you?** Yes No
Currently hospitalized, confined to a bed, in a nursing facility or assisted living facility, receiving home health care or physical therapy
-
- 3. At any time, have you been medically diagnosed, treated, or had surgery for any of the following?**
- A.** congestive heart failure, unoperated aneurysm, defibrillator? Yes No
 - B.** leukemia, lymphoma, multiple myeloma, cirrhosis? Yes No
 - C.** Parkinson's Disease, Lou Gehrig's Disease, Alzheimer's Disease, dementia, multiple sclerosis, muscular dystrophy, cerebral palsy? Yes No
 - D.** chronic kidney disease, kidney failure, kidney disease requiring dialysis, renal insufficiency, Addison's Disease? Yes No
 - E.** any condition requiring a bone marrow transplant or stem cell transplant, any condition requiring an organ transplant? Yes No

Section 2. Health questions *continued*

4. Have you been medically diagnosed or treated by a member of the medical profession for diabetes?

- A. that requires use of insulin? Yes No
- B. with complications including retinopathy, neuropathy, peripheral vascular or arterial disease or heart artery blockage? Yes No
- C. with history of heart attack or stroke (at any time)? Yes No
- D. treated with medication that has been changed or adjusted in the past 12 months because of uncontrolled blood sugar? Yes No

5. Within the past 36 months, have you been medically diagnosed, treated, or had surgery for any of the following?

- A. alcoholism, drug abuse? Yes No
- B. cardiomyopathy, atrial fibrillation, anemia requiring repeated blood transfusions, any other blood disorder? Yes No
- C. internal cancer, melanoma, Hodgkin's Disease? Yes No
- D. hepatitis, disorder of the pancreas? Yes No

6. Within the past 24 months, have you been medically diagnosed, treated, or had surgery for any of the following?

- A. enlarged heart, transient ischemic attack (TIA), stroke, peripheral vascular or arterial disease, neuropathy, amputation caused by disease? Yes No
- B. myasthenia gravis, systemic lupus or connective tissue disorder? Yes No
- C. osteoporosis with fractures, Paget's Disease, arthritis that restricts mobility or the activities of daily living? Yes No
- D. any lung or respiratory disorder requiring the use of a nebulizer or oxygen, or 3 or more medications for lung or respiratory disorder? Yes No
- E. any lung or respiratory disorder and currently use tobacco products? Yes No

7. Within the past 12 months, have you been advised by a medical professional to have treatment, further evaluation, diagnostic testing (except those tests related to the Human Immunodeficiency Virus [AIDS virus]), or surgery that has not been performed or do you have pending test results?

Yes No

8. At any time, have you been told you had, or tested positive for any immune deficiency disorder, AIDS, or ARC?

Yes No

9. Within the past 12 months, have you been medically diagnosed or treated, or had surgery for a heart attack, artery blockage, or heart valve disorder?

Yes No

10. Within the past 12 months, have you been medically diagnosed with wet macular degeneration and have taken or are currently receiving injections?

Yes No

11. Within the past 12 months, do any of the following apply to you?

- A. had a pacemaker implanted? Yes No
- B. had a PSA blood test greater than 4.5, under age 70, with no history of prostate cancer? Yes No
- C. had a PSA blood test greater than 6.5, age 70 or older, with no history of prostate cancer? Yes No
- D. medically diagnosed as having a seizure? Yes No

12. Within the past 12 months, was your last blood pressure reading higher than 175 systolic or higher than 100 diastolic?

Yes No

Systolic is the upper number and diastolic is the bottom number of a blood pressure reading.

Section 3. Benefits and premium information

Initial amount of insurance applied for **Plan requested:** Level Plan
 \$ _____

Riders requested

Accidental Death Benefit Rider Children's Term Insurance Rider

Requested effective date* (mm/dd/yyyy) **Nonforfeiture options****

• _____ Automatic premium loan Reduced paid-up insurance Extended term insurance

Initial premium

Draft initial premium upon policy approval Draft initial premium on policy effective date

I would like subsequent payment withdrawn on the _____ day of the month **OR** the 2nd 3rd 4th Wednesday of the month.

Initial premium amount

\$ _____

Payment mode

Annually Quarterly Semi-annually Monthly (EFT only)

Premium payment method

EFT (*Electronic Funds Transfer*) Check or money order

*Unless otherwise requested, the effective date is the application signature date as long as the application is received at the administrative office within 15 days.

**If a nonforfeiture option is not selected, extended term insurance is the default.

Mail policy to: Applicant Agent

Payment modes and methods

You have a choice of four payment modes for paying your premium. The Company may charge you more based on the premium mode you select. There may be reasons, such as the time value of money, you would want to consider in making a decision on which premium mode to choose. Your agent can explain the differences in available modes and methods and help you decide which is best for you. EFT is an available premium payment method for all payment modes, but EFT is the only premium payment method available for the Monthly payment mode.

Section 4. Beneficiary

If a trust, give Trustee name, Trust name and Trust date. Percent share must total 100%.

Beneficiary name (<i>first, M.I., last</i>)	Relationship to insured	Phone	Share
• _____	• _____	• _____	• _____ %
Address	Social Security Number	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
• _____	• _____		
Beneficiary name (<i>first, M.I., last</i>)	Relationship to insured	Phone	Share
• _____	• _____	• _____	• _____ %
Address	Social Security Number	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
• _____	• _____		
Beneficiary name (<i>first, M.I., last</i>)	Relationship to insured	Phone	Share
• _____	• _____	• _____	• _____ %
Address	Social Security Number	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
• _____	• _____		
Beneficiary name (<i>first, M.I., last</i>)	Relationship to insured	Phone	Share
• _____	• _____	• _____	• _____ %
Address	Social Security Number	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
• _____	• _____		

Section 5. Replacement information

- 1. Does the proposed insured currently have any life insurance or annuity in force? Yes No
- 2. Will insurance applied for in this application replace, reduce or modify premiums paid for any existing life insurance or an annuity in force? Yes No

If the answer to either question is "yes", please provide the information below:

Company name	Face amount	Policy number
•	•	•

Company mailing address (to send notice of replacement)

•

Section 6. Health history optional comments (not required)

Provide any additional information available regarding underwriting questions (diagnosis, dates, durations, medications, dosages).

Section 7. Remarks

Section 8. Producer compensation

When you purchase insurance from us, we pay compensation to the licensed agent. Intermediaries through whom the licensed agent works may also receive compensation.

The agent or intermediary represents us by taking your insurance application, collecting your initial premium and, if applicable, delivering your policy.

Agent compensation may vary depending on the type of insurance plan you purchase or the specific options included with your policy. The agent can receive compensation by:

- commissions when a policy is purchased or renewed
- fees for marketing and administrative services
- educational opportunities

Some agents and/or their intermediaries may also receive discounts on their own policy premiums and bonuses. We may also offer incentive trips or prizes associated with sales contests based on sales criteria. Types of sales criteria include overall sales volume of an agent or intermediary with our companies or percentage of completed sales.

Intermediaries may also pay compensation directly to the licensed agent. If the licensed insurance agent can sell insurance policies from other insurance carriers, those carriers may pay compensation that differs from ours.

Section 9. Applicant agreement

This agreement is to acknowledge that I am applying for an insurance policy from Continental Life Insurance Company of Brentwood, Tennessee that will be issued based on my answers to the questions on this application and information obtained by the company as described below. I have read, or had read to me, and understand all statements and answers and acknowledge that to the best of my knowledge and belief, they are all accurate, complete and correctly documented. I understand that I will receive a copy of the signed application.

I understand and agree that this application and any policy issued will be the entire contract of insurance. The company will not be bound by any statements, promises, or information made or given by any agent or other person at any time unless it is in writing, submitted to the company's administrative office, and made a part of the contract of insurance. An officer of the company is the only one who can make, modify or discharge contracts or waive any of the company's rights or requirements. Any modifications must be documented in writing.

I also understand that I do not have coverage until this application is approved, the first full modal premium is paid, there has been no change in my health as stated in the application, and a policy has been issued by the company and coverage has become effective.

I understand and agree that, if I choose to pay my premium by electronic funds transfer (EFT) from my checking or savings account, I am accepting the terms and conditions of the EFT authorization attached to this application.

I understand and agree that information regarding my insurability will be treated as confidential. Continental

Life Insurance Company of Brentwood, Tennessee or its reinsurers may, however, make a brief report of my protected health information to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. I understand and agree that if I apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from me, MIB will arrange disclosure of any information it may have in my file. I may contact MIB at 866-692-6901. If I question the accuracy of information in MIB's file, I may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734. Information for consumers about MIB may be obtained on its website at www.mib.com.

I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, consumer reporting agency, pharmacy, pharmacy benefit manager, MIB, Inc. ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give to Continental Life Insurance Company of Brentwood, Tennessee, or its reinsurers, any such information.

A photographic copy of this authorization shall be as valid as the original.

Applicant signature

X

Date signed

.

Owner signature* (if not proposed insured)

X

Date signed

.

Owner Social Security Number

Signed in (city and state)

.

.

*If owner or payor is different than proposed insured, indicate name, address and relationship to proposed insured in Remarks (section 7).

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.

Section 10. Bank account information

Complete this section **if you are requesting electronic funds transfer (EFT)** for premium payment.
Include a voided check with the application.

Account owner name (if different than proposed insured's)
.

Account owner relationship to proposed insured

- Family member; please specify: _____
- Living trust Employer Power of Attorney Conservator/guardian Business owned by proposed insured

Financial institution name
.

Account type

- Checking Savings

Routing number

Account number

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 11. Electronic funds transfer (EFT) authorization

I understand and accept these terms and conditions:

- We are authorized to withdraw funds periodically from your account to pay insurance premiums for the insured.
- If your financial institution does not honor an EFT request, we will NOT consider your premium paid.
- If your financial institution does not honor an EFT request, we may make a second attempt within five business days.
- We have the right to end EFT payments at any time and bill you directly either quarterly or less frequently for premiums due.

- Information as to each EFT charge will be provided by entry on your account statement or by any other means provided by your financial institution. You will not receive premium notices from us.
- If you want to cancel or change this authorization, you must contact us at least three business days before a scheduled withdrawal.
- Any refund of unearned premium will be made to the policy owner or the policy owner's estate.

Signature only required if the account owner is different than the proposed insured.

Account owner signature

Date signed

X
.....

.
.....

Section 12. Agent information

I certify that:

1. The insurance being applied for is suitable for the owner's insurance needs.
2. I have explained to the applicant the premium mode options.
3. I have provided all required forms on or before the date the application was taken.
4. I have accurately recorded the information supplied by the applicant.

Number 4 is applicable only if agent has personally recorded the information on the application.

Does the proposed insured have any existing life insurance or annuity contracts? Yes No

Will the policy applied for be a replacement or change existing life insurance or an annuity? Yes No

If the answer to either question is "yes", have you complied with the requirements of the company and your state regarding this replacement? Yes No

All information must be completed. The writing number reflects where commissions will be paid.

Agent name *(printed)*

Writing number *(agent or company)*

•

•

Agent signature

X

Phone

Email

•

•

Section 13. Agent request to split commissions

If this application results in an issued policy through Continental Life Insurance Company of Brentwood, Tennessee (CLI), the agents listed below have agreed to split the commissions earned on the policy.

- Both agents must be properly licensed and appointed with CLI in the policy's state of issue.
- Split commissions are calculated as a percentage of commissionable premium and will apply while the policy remains in force.
- The percentage of the premium split can be for any amount but must be stated in whole numbers and total 100%. (For example, the percentage for the premium split can be from 1% to 99% but cannot be 0% or 100%.)
- Calculation of each agent's commissions are based on their respective CLI commission schedule.

Writing agent name *(printed)*

Percentage

•

• %

Writing agent signature

X

Secondary agent

Writing number

Percentage

•

•

• %

This section must be completed with this application in order to split commissions. By signing this form, the writing agent agrees to split his/her commission with the secondary agent as indicated above.