

HEALTH QUESTIONS ON PROPOSED INSURED

- A. Have you ever been postponed, declined or charged an extra premium for life insurance? A. YES ___ NO ___
B. Have you had or been treated for high blood pressure, heart disease, cancer, diabetes, epilepsy, kidney disorder, lung disorder, mental disorder, cystic fibrosis or congenital heart defect? B. YES ___ NO ___
C. Have you had or been told that you had been treated for, an immune deficiency disorder, AIDS, the AIDS related Complex (ARC) or tested positive on an AIDS related blood test? C. YES ___ NO ___
D. Have you been treated for alcohol or drug abuse? D. YES ___ NO ___
E. Have you ever been convicted of driving under the influence of alcohol or drugs? E. YES ___ NO ___
F. Is your driver's license currently cancelled? F. YES ___ NO ___

REPLACEMENT

Is this insurance being applied for intended to replace any insurance now in force with any company, or will any insurance be terminated if the application is approved? YES ___ NO ___

AUTHORIZATION

I hereby authorize any medical practitioner, medical related facility, insurance company, the MIB Inc., or other organization, or person, that has any records or knowledge of Proposed Insured or his health, to give Universal Fidelity Life Insurance Company any such information it may require to determine eligibility for insurance. A photographic copy of this authorization shall be as valid as the original. This authorization shall remain valid for 24 months. I may revoke this authorization at any time by written notification to the Company. I acknowledge receipt of the NOTICE REGARDING CONSUMER REPORTS and NOTICE OF DISCLOSURE OF INFORMATION. I understand the Company may conduct a telephone interview with the Proposed Insured regarding the questions above. I understand and agree the policy applied for will not take effect until issued by the Company and while the Proposed Insured is alive. No agent is authorized to extend, waive or change any terms, conditions or provisions of this policy.

I have read and fully understand the questions and my answers on this application. To the best of my knowledge and belief they are true and complete. I understand any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause this policy to become null and void within the contestable period.

Signed at (City and State): _____ Date Signed: _____

Proposed Insured's Signature _____

Owner's Signature (if other than Proposed Insured) _____

Form YES (09-08)

Life Insurance – an affordable plan
for the child you love.

\$10,000 Term Policy Amount
Doubles to
\$20,000 Whole Life at Age 25

1 Easy Way to Apply:

Mail the application in this brochure to:



P.O. Box 304
Duncan, OK 73534-0304
Phone: 800-366-8354

Marketed by:

Legend Insurance Agency, LLC
14920 Hertz Quail Springs Pkwy, #210
Oklahoma City, OK 73134
Phone: 405-608-0174 Fax 405-608-1067

This is a guaranteed premium, Level Term plan to age 25 that converts to a Whole Life plan with twice the initial face amount of coverage.

Premiums are level to age 25 and payable on an annual basis only. At age 25, the premium increases to a standard Whole Life rate and is payable on an annual, semi-annual, quarterly, or monthly basis (see table below).

Guaranteed Insurability – At ages 28,31,34,37, and 40, the Insured’s right to purchase additional amounts of permanent insurance is guaranteed at standard rates.

Waiver of Premium – If the Insured becomes totally and permanently disabled after age 18, the policy continues without further premium payments as long as the disability continues (as defined in the policy). If still disabled at age 25, the policy’s permanent values will grow just as if premiums had been paid.

Amount of Term Insurance Available:		\$10,000	\$15,000	\$20,000	\$25,000
Annual Premium to Age 25:		\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00
Whole Life Coverage Available at 25:		\$20,000	\$30,000	\$40,000	\$50,000
Premium at Age 25:					
	<u>Mode</u>				
Male	Annual	\$200.00	\$300.00	\$400.00	\$500.00
	Semi-Annual	\$100.00	\$150.00	\$200.00	\$250.00
	Quarterly	\$ 50.00	\$ 75.00	\$100.00	\$125.00
	Monthly	\$ 16.67	\$ 25.00	\$ 33.33	\$ 41.67
Female	Annual	\$175.00	\$262.50	\$350.00	\$437.50
	Semi-Annual	\$ 87.50	\$131.25	\$175.00	\$218.75
	Quarterly	\$ 43.75	\$ 65.63	\$ 87.50	\$109.38
	Monthly	\$ 14.58	\$ 21.88	\$ 29.17	\$ 36.46

- Easy Steps to Apply:**
1. Select the amount of term insurance you want.
 2. Select the mode of Whole Life payment (Annual, Semi-Annual, Quarterly, Monthly)
 3. Fill out the application. If you have more than one child, simply photocopy the form and fill out an application for each child.
 4. Mail your application(s) to Universal Fidelity Life Insurance Company, P.O. Box 304, Duncan, OK 73534-0304.

APPLICATION FOR TERM INSURANCE CONVERTING TO WHOLE LIFE

Mail to **Universal Fidelity Life Insurance Company**

P.O. Box 304, Duncan, OK 73534-0304

Please Print Clearly

Select Amount of Term Insurance: \$10,000 \$15,000 \$20,000 \$25,000

Annual Premium to Age 25: **\$ 35.00** **\$ 45.00** **\$ 55.00** **\$ 65.00**

Whole Life Insurance at Age 25: \$20,000 \$30,000 \$40,000 \$50,000

Select Mode of Whole Life Payment: Annual Semi-Annual
 Quarterly Monthly (PAC/EFT)

INSURED INFORMATION

Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Birthdate: _____ Place of Birth (State): _____ Sex: M__ F__

Social Security Number: _____ - _____ - _____ Height: _____ Weight: _____

OWNER INFORMATION

Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ Age: _____ Sex: M__ F__

Phone No: _____ Birthdate: _____

Relationship to Insured: _____

Proposed Insured, if a minor, is to become owner (check which one applies):

At Owner’s Death _____ At Age 18 or upon prior death of owner _____

BENEFICIARY INFORMATION (Beneficiaries will share and share alike or survivors unless otherwise designated) RIGHT TO CHANGE BENEFICIARY RESERVED UNLESS SPECIFICALLY REQUESTED

Name (Last, First, Middle): _____

Address, City, State, Zip: _____

Relationship to Insured: _____

Name (Last, First, Middle): _____

Address, City, State, Zip: _____

Relationship to Insured: _____

