

LSW

Application for Life Insurance

Part 1 - Proposed Primary Insured (PPI) and Plan Information

1. Name Grace M... 2. Home Address... 3. Place of Birth... 4. D.O.B. 1999... 5. Issue at Age G... 6. Sex M F... 7. Soc. Sec. #... 8. Telephone #'s... 9. Occupation (w/specific duties) minor... 10. Driver's License # and state minor... 11. Employer and time employed minor... 12. Annual Income \$ minor... 13. Plan Name Provider... 14. a. Death Benefit Option (UL only)... b. Definition of Life Insurance Test... 15. Face Amount \$... 16. Additional Benefits and Amounts... 17. Premium Information... 18. Primary Beneficiary... 19. Applicant/Owner... Jeffrey M... Father

Part 2 - General Information and Health Questions for Proposed Primary Insured

20. Please list any life or disability insurance you currently have... 21. Are you actively at work full time... minor... 22. Have you ever been declined or rated for life or disability insurance... 23. Do you plan to replace or change insurance... 24. Within the past 6 months have you applied for or do you have any applications pending for life or disability insurance... 25. Have you received or applied for disability compensation... 26. Do you participate in aviation activities other than as a fare paying passenger... 27. Do you participate in sky diving, scuba diving, hang gliding, competitive motor racing, rodeos or any avocation generally considered dangerous... 28. Do you intend to travel or reside outside of the U.S.A.?... 29. Have there been any bankruptcy proceedings against you within the last seven years... 30. Have you had any moving traffic violations in the last 3 years or a suspended license or DUI in the last 5 years... 31. Have you ever been convicted of a felony or misdemeanor... 32. Have you used any tobacco or nicotine products within the last 12 months... 33. Name, Address and Phone No. of Personal Physician... Date last seen... Reason... 34. Height? Change in last year? Reason?... 35. Are you currently taking any medication? (If 'Yes', list type, dose and frequency in the Remarks section)... 36. In the last ten years have you been diagnosed, treated, taken medication for, or know of having any indication of any: a. Heart Disease or Disorder or Chest Pains... b. Blood or Circulatory Disorder (excluding HIV status)... c. Alcohol or Drug Abuse... d. Diabetes or High Blood Sugar... e. Cancer, Polyps or Tumors... f. Depression or Psychiatric Disorder... g. Eye, Ear, Nose or Throat Disorder... h. Hepatitis or Liver Disorder... i. High Blood Pressure or Elevated Cholesterol... j. Lung Disease or Asthma... k. Epilepsy, Stroke, Alzheimer's or Brain Disorder... l. Arthritis, Joint, Back or Bone Disorder... m. Gastro-Intestinal or Digestive Disorder... n. Kidney, Prostate or Urinary Disorder... o. Any other Disease or Disorder not specified... p. Any family history of heart disease, cancer, diabetes, Huntington's disease, or polycystic kidney disease... q. Have you had X-rays, EKGs or other diagnostic tests (excluding tests for HIV)?

8121CA(0305)

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