

# Affinity<sup>®</sup> Yearly Renewable Term Life Application

Please use this form to apply for Guaranteed Issue coverage during the specified enrollment period. The proposed insured should complete this application. *Please print clearly in dark ink and mail in the envelope provided.* **Affinity 2000**

# 1

## Tell us about yourself

Your Name (last, first, middle)

Name of Association



Date of Birth (month, day, year)

Social Security Number




Male

Female

Are you currently working at least 30 hours per week at your regular occupation and place of business?

Yes

No

Home Address

STREET		CITY	
STATE	ZIP	HOME PHONE	WORK PHONE

Owner (if other than yourself). *The owner controls all rights to the policy.*

NAME

ADDRESS

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- Amount of coverage applied for:  \$50,000 (under age 50)
- Optional coverage: Children's Insurance Rider \$10,000 on each child
- Will any of the insurance proposed in this application replace, discontinue or change any life insurance or annuities now in force?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Have you used tobacco products of any kind in the last 12 months?  Yes  No

# 2

## Beneficiary information

List one or more beneficiaries below. Beneficiaries may include your spouse, domestic partner, children, parents, charities or anyone you wish. List the percent each will receive. The total must equal 100 percent.

NAME	ADDRESS	RELATIONSHIP	PERCENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# 3

## Read this information carefully, then sign and date below

- To the best of my knowledge and belief, the information I've provided is complete and correct.
- I understand and agree that no coverage shall take effect unless this application is approved by ReliaStar Life and the first premium is paid during my lifetime.
- I understand coverage begins on the "effective date" assigned by ReliaStar Life.

Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.

YOUR SIGNATURE

DATE SIGNED

SIGNATURE OF OWNER (if other than yourself)

DATE SIGNED





ADMINISTRATOR USE ONLY	<input type="checkbox"/> New Member	Group Number	Ass'n. Name	Signature of Licensed Ins. Rep.
	<input type="checkbox"/> Current Member			
HOME OFFICE USE ONLY	Premium Amount \$	Effective Date	Policy Number	