Individual Graded Death Benefit
Life Insurance Application

SONS of NORWAY
1455 West Lake Street
Minneapolis, MN 55408-2666
Toll-free: 800-945-8851
Phone: 612-827-3611
www.sonsofnorway.com

1 Proposed Insured – Current Sons of Norway Member? ☐ Yes ☐ No

First name | Middle Initial | Last name | Sex | Date of Birth (mm/dd/yy)

Home address (Street Address, City, State, Zip)

Phone No. | Email Address | Social Security Number

2 ☐ Applicant/Owner – if other than the Proposed Insured

Current Sons of Norway member? ☐ Yes ☐ No

☐ **Payor –** if other than Owner

Name | Relationship to Proposed Insured | Social Security No.

Home address (Street Address, City, State, Zip)

Home Phone No. | Work Phone No

All notices and reports will be sent to the Owner unless otherwise specified

3 Insurance Applied For

Amount $ | Premium $ | Premium Mode ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Does the person proposed for insurance have life insurance or annuities in force? (If yes, give details below.) ..... ☐ Yes ☐ No

Is the certificate applied for to replace or change any existing insurance or annuities with this or any other company? (If yes, give details below.)..... ☐ Yes ☐ No

Company	Policy Number	Replace or Change	Coverage Amount

4 Beneficiary – (If multiple beneficiaries are named, shares will be divided equally or to the survivor(s) unless otherwise specified.)

	Name	Birth Date	SS#	Relationship
Primary:				
Contingent:				

5 Authorization for Automatic Withdrawal (AWP)

Section 1 – Transaction Requested

☐ **Establish New AWP Account**

I authorize Sons of Norway to make an immediate electronic draw from the bank account listed below upon receipt of this form.

- ☐ One time payment
- ☐ Ongoing payment deducted monthly on the ☐ first or ☐ fifteenth

☐ **Add to Existing AWP**

Name of bank account owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Full name of bank: _____ Routing number: _____

Bank Account Number:_____ ☐ Checking or ☐ Savings

Section 2 – Agreements and Signature

General Authorization

I authorize Sons of Norway to:

- Make electronic deposits, withdrawals, and corrections to my bank account that comply with U.S. law.
- Act on this authorization until I revoke it by contacting Sons of Norway.
- Make administrative changes to this authorization such as date and amount changes, or adding or removing certificates for automatic payment.
- Act upon electronic deposit, withdrawal, and administrative instructions I provide.

_____ _____

Signature of bank account owner Date

6 Secondary Addressee

For the purpose of notification of a past due premium payment and possible lapse in coverage.

I choose to: ☐ Not name a secondary addressee ☐ Name a secondary addressee

_____

print name of secondary addressee (first, middle initial, last)

_____

address city state zip (country if not usa)

7 Declarations By Proposed Insured

I represent that all statements and answers made in all parts of this application are full, complete and true to the best of my knowledge and belief. It is agreed that:

1. All such statements and answers shall be the basis for and a part of any certificate issued.
2. No representative can accept risks, make or change contracts, or waive Sons of Norway's rights, or requirements.
3. No insurance shall take effect unless the proposed insured is alive when the certificate is delivered and the full premium is received in Sons of Norway Headquarters.
4. I understand that a reduced death benefit amount is payable during the first two years if death results from sickness or other natural causes.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete, or missing information is guilty of a felony of the third degree.

X_____ _____

Signature of proposed insured | Date signed

X_____ _____

Signature of applicant/owner (if other than proposed insured) | Date signed

I certify that I asked each question on the application as printed, recorded the answers exactly as given, and witnessed the signing of the application. Also, I certify that the insurance application is not intended to replace or change any insurance except as indicated above.

X_____ _____ _____

Witnessed by Agent (signature) | Agent number | City and state where signed

_____ _____

Agent's name (please print) | Agent's Florida license #