Individual Graded Death Benefit
Life Insurance Application

SONS of NORWAY

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

Norwegian by ☐ Birth ☐ Descent ☐ Marriage/Spouse ☐ Interest/Affiliation

_____ _____ _____ _____ _____
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

Norwegian by ☐ Birth ☐ Descent ☐ Marriage/Spouse ☐ Interest/Affiliation

☐ **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	Dues					
$	$	$	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.)

Primary:	Name	Birth Date	SS#	Relationship

Contingent:	Name	Birth Date	SS#	Relationship

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   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 presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

X_____   _____

Signature of proposed insured   Date signed

X_____   _____

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

X_____   _____   _____

Signature of witness   City and State where signed   Date signed

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

X_____   _____   _____   _____

Signature of Agent   Agent number   Agent license number   Date signed