



1455 West Lake Street  
 Minneapolis, MN 55408-2666  
 (800) 945-8851  
 www.sonsofnorway.com

## DISCLOSURE STATEMENT

This disclosure statement with all applicable blanks filled in is for your protection. It gives you basic information about the cost and coverage of the insurance being solicited. Read it carefully before signing any agreement to buy life insurance.

This disclosure statement shall not be considered as an offer to contract or as altering or modifying any certificate or rider that may be issued.

Name of Proposed Insured \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of Financial Benefit Counselor preparing disclosure \_\_\_\_\_

Agent home or agency address \_\_\_\_\_

Telephone number of Financial Benefits Counselor \_\_\_\_\_

Direct all correspondence to: Sons Of Norway Headquarters  
 1455 West Lake Street phone: (612) 827-3611  
 Minneapolis, MN 55408-2666 toll-free: (800) 945-8851  
 www.sonsofnorway.com fax: (612) 827-0658

	Descriptive Title of Coverage	Face Amount (1) / Description	Annual Premium or Mode Quoted (2)
*Certificate			
*Riders			
* Supplemental Benefit(s) (Built into certificate)			The cost is included in the premium for the certificate.

\*(1) The face amount of coverage of the certificate changes as follows

\_\_\_\_\_

\*(2) The premium for the certificate changes; the ultimate premium will be \_\_\_\_\_ at \_\_\_\_\_ certificate year. Total (Initial) premium for the certificate and rider will be \_\_\_\_\_.

\*Retirement Income. Your certificate is designed to pay a guaranteed retirement income of \$ \_\_\_\_\_ starting at \_\_\_\_\_ for \_\_\_\_\_ but not for less than 10 years.



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**DISCLOSURE (CONTINUED)**

\*Guaranteed Cash Value. If you continuously pay your premiums on this certificate as they come due, you will have the following guaranteed cash value for each \$1,000 (or face amount). \*You may borrow against this cash value at an annual \_\_\_\_\_% loan interest charge.

Number of Years Policy Has Been in Force	5	10	20	Age 65
Total Accumulated Cash Value Per \$1,000 (or Total Face Amount)				

\*Dividends. The following is a dividend illustration for your certificate based on the current interest, mortality and expense experience of the company as reflected in the dividends currently paid. However, the illustrations are not a guarantee of what future dividends will be. \*Payment of a dividend is contingent upon the payment of the next premium due.

Number of Years Policy Has Been in Force	10	20
Illustrated Dividend for that Individual Year per \$1,000 (or Face Amount)		

\*A Surrender Comparison Index will be provided upon delivery of the certificate or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar certificates.

\*The prospective insured:  has requested an earlier delivery of the Index  
 has not requested an earlier delivery of the Index

Upon request either the company or financial benefits counselor will furnish you with additional information about the insurance described.

\*If inapplicable to insurance being offered, section may be deleted entirely or clearly marked "Not Applicable."



**SALES LITERATURE CERTIFICATION FORM**

Regarding: \_\_\_\_\_  
Applicant Name

*I certify that I used only the following insurer approved sales materials. (Check all that apply) Copies of all sales materials used were left with the applicant.*

Illustration       Brochure       Financial Plan       Other \_\_\_\_\_

\_\_\_\_\_  
**Financial Benefits Counselor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**