



# Individual Graded Death Benefit Life Insurance Application

Florida

## 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 Premium Mode Dues (if owner differs from insured)  
\$ \$  Monthly EFT  Semi-Annual \$  
 Quarterly  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 Electronic Funds Transfer (EFT)

### Section 1 - Transaction Requested

#### Establish New EFT

I authorize Sons of Norway to make an electronic funds draw from the bank account listed below for premium payments.

- One time payment
- Ongoing payment deducted monthly on the \_\_\_\_\_ (1st-28th) of the month.

If in good order, process application  immediately or  hold until requested draw date

Name of bank account owner: \_\_\_\_\_

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 of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

**X**

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
City and State where signed

**X**

\_\_\_\_\_  
Signature of Applicant/Owner (if other than proposed insured)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
City and State where 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

\_\_\_\_\_  
Florida License Number

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Date signed