

Individual Graded Death Benefit Life Insurance Application



**SONS of
NORWAY**

1455 West Lake Street
Minneapolis, MN 55408-2656
Toll-free: 833-707-0012
Fax: 612-821-0658
www.sonsofnorway.com

1	Proposed Insured - Current Sons of Norway Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Norwegian by <input type="checkbox"/> Birth <input type="checkbox"/> Descent <input type="checkbox"/> Marriage/Spouse <input type="checkbox"/> Interest/Affiliation			
First name		Middle Initial	Last name	Date of Birth (mm/dd/yy)
Home address (Street Address, City, State, Zip)				
Phone No.		Email Address		Social Security Number
2	<input type="checkbox"/> Applicant/Owner - if other than the Proposed Insured Current Sons of Norway member? <input type="checkbox"/> Yes <input type="checkbox"/> No Norwegian by <input type="checkbox"/> Birth <input type="checkbox"/> Descent <input type="checkbox"/> Marriage/Spouse <input type="checkbox"/> Interest/Affiliation <input type="checkbox"/> 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		<i>All notices and reports will be sent to the Owner unless otherwise specified</i>
3	Insurance Applied For			
Amount \$	Premium \$	Premium Mode <input type="checkbox"/> Monthly EFT <input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	Dues (if owner differs from insured) \$
Does the person proposed for insurance have life insurance or annuities in force? (If yes, give details below.) <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 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 Agent Number Agent License Number Date signed