

Individual Simplified Issue Life Insurance Application



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1 Proposed Insured - Current Sons of Norway Member? Yes No

Full Name (include middle initial)	Birth Date	State of Birth	Marital Status	Sex
Social Security No.	Driver's License No. & State	Driver's License Exp Date	Best Contact Phone No.	
Home address (Street Address, City, State, Zip)				
Height	Weight	Annual Income	Net Worth	
Occupation				

2 Applicant/Owner - if other than the Proposed Insured (Owner must sign Page 4) 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)		
Best Contact Phone No.		

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

3 Insurance Applied For - WL SPWL Juvenile Term Term 10 15 20 30 Other _____

\$ Amount	\$ Premium	Premium Mode <input type="checkbox"/> Monthly EFT <input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Ann <input type="checkbox"/> Annual <input type="checkbox"/> Single	\$ Premium w/APP	\$ Dues w/APP (if owner differs from insured)
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Underwriting Class: Std Non-Tobacco Tobacco Juvenile (age 0-17)

Is the proposed insured currently using or has used in the past 12 months any form of tobacco or nicotine substitute? Yes No

Dividend Option: Paid-up Addition Reduce Premium Cash Accumulate at Interest

Optional Riders

Guaranteed Purchase Option \$ _____ Childrens Insurance Rider \$ _____
(provide details below)

Name(s) of children	Age	Birthdate	Social Security Number	Birthplace

4 Life Insurance in Force -

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, indicate which policy in chart below and complete all required state forms.)..... Yes No

Company	Policy Number	Replace or Change	Coverage Amount

5 Regarding Person Proposed for Insurance:

a) Does the person proposed for insurance have an application pending with another company?
 (If Yes, give details below.)..... Yes No

b) Has the person proposed for insurance ever been rated up, declined or postponed for life or
 health insurance coverage? (If Yes, give details below.)..... Yes No

6 To Be Completed by Proposed Insured - To the best of your knowledge and belief:

(If any of the following questions are answered yes, provide details of condition, illness, or prescription in Section 7.)

1. In the last 5 years have you been treated, examined or advised by a member of the medical profession for any of the following:

- a) high blood pressure, diabetes or high blood sugar? YES NO
- b) atrial fibrillation, cardiac pacemaker, heart attack, heart valve disorder/replacement, cardiac bypass surgery, congestive heart failure, coronary artery disease (CAD), stroke, TIA? YES NO
- c) cirrhosis, hepatitis (chronic or type B or C), chronic disease of the liver or kidneys? YES NO
- d) cancer, tumor or disorder of the lymph nodes?..... YES NO
- e) alcohol abuse and/or addiction, drug abuse and/or addiction, chronic pain or patient in pain clinic? YES NO
- f) cognitive or mental disorders such as Alzheimer’s disease, dementia, Down’s syndrome, psychotic disorders, anxiety, or depression?..... YES NO
- g) disorder of the nervous system such as Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis (MS) or Parkinson’s?..... YES NO
- h) chronic obstructive pulmonary disease (COPD), emphysema, asthma, chronic bronchitis or sleep apnea? YES NO
- i) Crohn’s disease or ulcerative colitis? YES NO

2. Have you been convicted of a felony, misdemeanor or been on probation within the last 10 years? YES NO

3. Are you currently taking any prescribed medications (please include a description of “why prescribed” below)? YES NO

7 Details to question 5 and 6

Question	Date of Event	Details

8 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
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Contingent:	Name	Birth Date	SS#	Relationship
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9 Telephone Interview

[Sons of Norway] and its service partners, including ExamOne World Wide, use technology that includes automated telephone dialing systems and prerecorded messages (automated technology) to improve the application process. I understand I am not required to provide consent to use this automated technology as a condition of completing the application or process of purchasing insurance or other products from [Sons of Norway]. If specified below I consent to the parties indicated above contacting me at any of the phone numbers I have provided, including cell phones, using automated technology.

I consent to the parties indicated above contacting me using automated technology

10 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 _____ (1st-28th) of the month.

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

Name of bank account owner: _____

Home 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

