

Individual Graded Death Benefit Life Insurance Application



**SONS of
NORWAY**

1455 West Lake Street
Minneapolis, MN 55408-2666
Toll-free: 833-707-0012
Fax: 612-821-0658
www.sonsofnorway.com

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 <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.) 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

