

**APPLICATION FOR NON-UW CONVERSION OR
 GUARANTEED INSURABILITY OPTION**

Existing Policy
 Number:

1. a. Conversion of: <input type="checkbox"/> Policy <input type="checkbox"/> Rider (specify): _____ b. Elect to: <input type="checkbox"/> Exercise GI Option with a new plan <input type="checkbox"/> Exercise GI Option with an increase in specified amount New Plan (if applicable): _____ Continued/New Riders: _____	2. Conversion Amount: <input type="checkbox"/> Total <input type="checkbox"/> Partial: \$ _____ <input type="checkbox"/> Continue Balance <input type="checkbox"/> Cancel Balance
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3. Death Benefit Option *(Complete for Universal Life and Variable Universal Life Product only.)*
 (i) Level Increase by Cash Value
 (ii) Death Benefit Qualification Test (DBQT) - For IRS purposes, premiums will be tested using the Guideline Premium Test unless
 Cash Value Accumulation Test is checked (not available on all products or with all riders).
The DBQT cannot be changed after issue unless the terms of the policy require a change.

4. Premium Mode: Annual Semi-Annual Quarterly Monthly (EFT) Other:

5. Premium Notices To: <i>(Check one only.)</i> <input type="checkbox"/> Owner <input type="checkbox"/> Insured <input type="checkbox"/> Other: <i>(Name & Address)</i>	6. Modal Planned Premium: \$ _____
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INSURED INFORMATION *(Please complete a separate form for each insured.)*

7. Name <i>(First, Middle, Last)</i>	8. Date of Birth <i>(mm/dd/yy)</i>	9. Soc. Sec. No.	10. <input type="checkbox"/> Male <input type="checkbox"/> Female
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11. Address *(Street, City, State, ZIP)*

BENEFICIARY DESIGNATION *(Unless otherwise stated, below, if multiple beneficiaries are in a class, (Primary, Contingent), the proceeds are to be paid equally to the survivors, if any in the class.)*

Select Primary (P) or Contingent (C) Beneficiary for each line completed. If Trust, check here . "Same" is not acceptable.

12.	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
<input type="checkbox"/> P <input type="checkbox"/> C		c. Relationship to Proposed Insured
13.	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
<input type="checkbox"/> P <input type="checkbox"/> C		c. Relationship to Proposed Insured
14.	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
<input type="checkbox"/> P <input type="checkbox"/> C		c. Relationship to Proposed Insured

OWNER INFORMATION *(If this is a change of owner, please complete appropriate owner change forms.)*

15. Name

16. Address *(Street, City, State, ZIP)*

17. Date of Birth/Trust Date	18. Soc. Sec. No. / TIN
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19. Contact Phone # *(Check most convenient time to contact)* AM PM

SPECIAL INSTRUCTIONS

ADDITIONAL INFORMATION

Existing Policy
Number:

SERVICE OFFICE ENDORSEMENTS (For Company Use Only. We will attach additional documentation as needed.)

SUITABILITY

Complete only if applying for Variable Life Insurance and submit allocation form(s) with this Application:

- 1. Have you, the Owner, received a current Prospectus for the policy applied for and have you had sufficient time to review it? Y N
- 2. Do you understand that the amount and duration of the death benefit may increase or decrease depending on the investment performance of funds in the Separate Account? Y N
- 3. Do you understand that the cash values may increase or decrease depending on the investment performance of the funds held in the Separate Account? Y N
- 4. With this in mind, do you believe that the policy applied for is in accord with your insurance objective and your anticipated financial needs? Y N

CASH VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNT. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS.

STATE DISCLOSURE

Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

AGREEMENT AND ACKNOWLEDGEMENT

No authorized representative, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements. Unless specified, the owner and the beneficiary will remain as stated on the existing policy. This Application consists of a) Application for Non-UW Conversion or Guaranteed Insurability Option; b) any amendments to the application attached thereto; and c) any supplements, all of which are required by the Company for the plan, amount and benefits applied for.

I HAVE READ, or have had read to me, the completed Application for Life Insurance before signing below. All statements and answers in this application are correctly recorded, and are full, complete and true to the best of my knowledge and belief. I confirm that upon receipt of the contract I will review the answers recorded on the application. I will notify the Company immediately if any information in the application is incorrect. Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the policy and any riders attached to it.

Statements contained in the application shall be deemed representations and not warranties. I understand that, during the 2 year contestability period described in the policy, misrepresentations, omissions, concealment of acts and incorrect statements in the application shall not prevent a recovery under the policy unless: a) fraudulent; b) material to the risk; or c) the Company would not have issued the policy, or would not have issued for the same face amount or would not have provided coverage for the applicable risk if the true facts had been known to the Company as required by the application or otherwise. When the applicant incurs in any of the actions enumerated in paragraphs (a), (b) and (c) of this section, the recovery shall only be prevented if such actions or omissions contributed to the loss that gave rise to the action. I know I can request an application written in Spanish. The last sentence above is translated in Spanish below.

Se que puedo exigir una solicitud redactada en español.

Corrections, additions or changes to this application may be made by the Company. Any such changes will be shown under "Service Office Endorsements". Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

SIGNATORY SECTION

Signed in _____, this _____ day of _____ (state) (month) (year)

Signature of Owner (Parent or Guardian if under 14 years of age)

Other Required Signatures (Co-Owner/Assignee/Trustee, if applicable) (Parent or Guardian if under 14 years of age)

Signature of Licensed Authorized Representative, Broker or Registered Representative

Name of Licensed Authorized Representative, Broker or Registered Representative (Please Print)

APPLICABLE TO VARIABLE LIFE ONLY

I have reviewed the Application, Supplements, New Account Form and allocation forms and find the transaction suitable.

Signature of Registered Principal of Broker/Dealer

Name of Registered Principal of Broker/Dealer (Please Print)

AGENT'S REPORT (Completed Form Must Accompany Application for Life Insurance)

GENERAL INFORMATION

1. (a) Name of Proposed Insured(s) _____ (b) How long have you known the Proposed Insured(s)? _____

2. Are you related to the Proposed Insured(s)? Yes No If "Yes", Give details: _____

3. Purpose of Insurance: (check one) Buy/Sell Key Person Charitable Gift Deferred Compensation
 Estate Planning Family Income Outright Gift Pension/Profit Sharing Other: _____

4. (a) Is this policy being paid for with a premium financing loan? Yes No If "Yes", provide complete details to include the name of the financing plan being used, name and address of institution providing loan, name and phone number of the lending officer:

(b) Is this policy being paid for with funds from any person or entity whose only interest in the policy is the potential for earnings based on the provision of funding for the policy? Yes No If "Yes", provide details below:
Details: _____

5. Do the Proposed Insured(s) and Owner(s) read and understand the English Language? Yes No If "No", how was the application completed? _____

6. If LifeComp program was used, have you completed the required paperwork? Yes No

7. Answer only if Proposed Insured is a Homemaker	Amount Inforce	Amount Applied For
(a) Spouse's Life Insurance:	\$ _____	\$ _____

8. Answer only if Proposed Insured is under age 18.		
(a) Father's Life Insurance:	\$ _____	\$ _____
(b) Mother's Life Insurance:	\$ _____	\$ _____
(c) Are siblings also being insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____

If "No", please explain: _____

9. I have verified that this policy will not replace a policy that has already been sold to a life settlement, viatical or other secondary market provider. If otherwise, please explain: _____

BUSINESS FINANCES (Complete only if this is business insurance)

10. Type of business: Corporation Partnership Sole Proprietorship Other: _____

11. Proposed Insured is: Employee Owner of _____ % of business

12. Total Business Assets:	Total Business Liabilities:	Total Business Net Worth:
\$ _____	\$ _____	\$ _____

13. Net Income (Profit) for the past 2 years:	Last year \$ _____	Previous year \$ _____
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14. What insurance does the business maintain on the lives of each corporate officer/key person/partner and the amount of business insurance on each?

Name	Title	% of Ownership	Amount Inforce	Amount Applied For
			\$	\$
			\$	\$
			\$	\$

AGENT INFORMATION (To ensure proper payment of commissions, please fully complete the following sections. Incomplete or incorrect information may delay compensation payment.)

15. Name of Managing General Agency (MGA), Brokerage General Agency (BGA), or Independent Marketing Organization (IMO):

16. Have you recently submitted paperwork for a change in reporting hierarchy or commission set-up? Yes No

If "Yes" please describe the change requested: _____

17. Agents who participated in this application: (please print)

Full Name of Agent(s) entitled to commission:	SSN (xxx-xx-xxxx)	Agent Number or Sa/Pc Code Share	% Comm.
Writing			%
Second			%
Third			%

18. Primary Agent's: (a) E-mail Address: _____ (b) Phone Number: _____

19. Identify any special compensation instructions or commission schedule or check here if there is no special commission program:

Please check appropriate commission schedule as applicable - select one:
 (Election is irrevocable; contact upline/hierarchy for details.)
 A - Heaped B - Mod-Heaped C - Trails

As applicable to selected Rider:
 (Election is irrevocable.)
 D - Level E - Semi-Heaped

Complete this section if you are affiliated with a MGA, RLS or RD:

20. MGA/RD/RLS Name: _____

21. Broker Dealer Client/Owner Account #: _____

Broker Dealer Affiliation: _____

AGENT CERTIFICATION

▶ I have reviewed all the questions on this application and certify that the answers have been recorded accurately. I know of nothing affecting the insurability of the Proposed Insured(s) which is not fully recorded in this application.

▶ I declare that if replacement is involved, I certify that only company approved sales materials were used in this sale and that copies of all sales materials were left with the applicant.

▶ I declare I have not been involved in any recommendation regarding the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provider. If otherwise, please explain: _____

▶ I declare that I have verified that all life insurance coverage in force, or in the process of being applied for, on the proposed insured has been disclosed on this application, including any coverage that has been sold or is in the process of being sold to a life settlement, viatical or other secondary market provider.

▶ I declare, to the best of my knowledge, that this policy is not being funded via non-recourse premium financing and is not being paid for with funds from any person or entity whose only interest in the policy is the potential for earnings based on the provision of funding for the policy. If otherwise, please explain: _____

▶ I declare that I have accurately answered all questions contained in the Agent's Report in connection with this application.

Signature of Licensed Agent, Broker or Registered Representative

Date