



ADMINISTRATIVE FORM FOR UNIVERSAL LIFE INSURANCE (Completed Form Must Accompany Application for Non-Variable Life Insurance)

Name of Owner(s)/Applicant(s): _____

First Middle Initial Last

First Middle Initial Last

Name of Insured(s)

First Middle Initial Last

First Middle Initial Last

My Understanding About My Life Insurance Purchase

I have applied for a Life insurance policy. My Representative has reviewed each of the following items with me, and I understand:

- 1. What I am buying. A life insurance policy, not a mutual fund or savings account. The policy is designed for long-term buyers who seek life insurance protection and benefits.
2. Where my payments go. My payments are premiums for the policy. Each month, interest is credited to the policy, and expenses including the cost of insurance, riders, and administrative charges, are deducted.
3. Surrenders, loans and partial withdrawals have limits and charges. I can surrender my policy at any time. In most policies, the value I would receive on surrender is the then current cash value of the policy, less any surrender charges, less any outstanding policy loan balance. Surrender charges apply for a number of years and may significantly affect the amount available for loans, withdrawals, and upon surrender. Depending upon the policy purchased, surrender charges may apply for the first twelve to fifteen policy years.
4. Illustrations Are Not Projections. Any policy illustration is hypothetical and based on assumptions. Illustrations are only intended to show how a policy would work under different scenarios. I understand that they do not project results or future values (except for the minimum guarantee column).
5. Taxes and Legal Considerations. The Company never gives tax or legal advice. I will consult with my own professional tax or legal advisor as I see fit.
6. My needs and objectives. The policy is designed for long-term buyers who seek life insurance benefits. I met with the agent indicated below who answered my questions and reviewed my insurance needs and financial objectives. I have adequate cash reserve for emergencies outside of this policy. I have determined that my payments are affordable and that the Policy is appropriate for my insurance and financial needs and objectives.

Signature of Owner(s)/Applicant(s) (Date)

Signature of Agent (Date)

Name of Owner(s)/Applicant(s) (Please Print)

Social Security or Tax ID Number(s)