

Application Supplement

The Savings Bank Life Insurance Company of Massachusetts

To be completed with all applications in excess of \$1,000,000 (applied for plus in force)

Name of Insured (Please Print)	Application Number	Application Dated
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A. Other Life Insurance:

1. How much insurance is currently in force on the life of the proposed Insured?

	<u>Personal</u>	<u>Business</u>	<u>Describe the purpose of the business insurance</u>
Life	\$ _____	\$ _____	_____
Accidental Death	\$ _____	\$ _____	_____
Approximate premium	\$ _____	\$ _____	_____

2. Did you, within the last ninety days, or do you intend to, within the next 90 days, apply to other companies for life insurance coverage? No Yes If "Yes", Complete the following:

<u>Company applied to</u>	<u>Amount of Insurance</u>	<u>Purpose of Insurance</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

3. Will any insurance listed in #2 above be purchased in addition to the SBLI coverage applied for?

No Yes If "Yes", provide details: _____

B. Personal Annual EARNED Income statement:

The information provided is for calendar year ended December (insert year): _____
and is (check one): Actual Estimated

1. Income from Employment by others:

Salary \$ _____ + Bonuses \$ _____ + Commissions \$ _____ + Other* \$ _____ = Total \$ _____
*Describe "Other": _____

2. Income from Self Employment:

Gross Income \$ _____ - Business expenses \$ _____ = Adjusted Gross Income \$ _____
+ Other* Income \$ _____ = Total Net Earnings \$ _____
*Describe "Other": _____

3. Spouse's Earned Income: \$ _____

C. Other Income:

Total other income (dividends, interest, etc.) for the calendar year: \$ _____

D. Financial History:

1. Have you filed for any bankruptcies in the past 14 years, or are you contemplating bankruptcy?

No Yes If "Yes", provide details (voluntary or involuntary, whether all obligations have been satisfied and discharged, and date(s) discharged, etc.):

2. Are there any suits or judgements pending against you at this time?

No Yes If "Yes", provide details: _____

E. Net Worth:

1. Assets (Value of Savings, Stocks, Real Estate, Personal Property, etc.) \$ _____
2. Liabilities (Value of Mortgages, Other Loans, Other Debt, etc.) - _____
3. Net Worth (Item 1 minus Item 2) = _____

- Continued on Reverse Side -

F. Purpose of Coverage:

Personal (If personal, check all that apply) Family Protection Estate Conservation Other*

*Describe "Other": _____

Business (If business, check all that apply)

Key Man (are any other Key Men similarly insured? Yes No (Explain below)

Buy-Sell (are other co-owners similarly insured? Yes No (Explain Below)

Creditor - Please enter amount of loan: \$ _____

Name and address of lender: _____

Does lender require life insurance? Yes No (Explain Below)

Other: (Explain Below)

Explanation of "No" and "Other" answers: _____

G. Business Insurance Applicants only:

(If "Personal" only is checked in section F above, skip this section and go to signature area below)

1. Type of Business: Sole Proprietorship
 Partnership
 Corporation (State of incorporation: _____)

2. Complete the following for each Partner, Owner, or Corporate Officer or Key Person:

Name	Position/Title	% of Ownership	Amount of Insurance Payable to Business	
			In Force	Applied for
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. If no business associates (listed in # 2 above), other than the proposed Insured named at the top of this form are to be insured, please explain: _____

H. Business Finances (Attach a copy of profits & loss statement and balance sheets for last 3 years, if available)

Year	Assets	Liabilities	Net Worth	Gross Sales	Net Profits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is there a Written Buy/Sell Agreement? No Yes (Submit a copy)

Has business ever been reorganized because of financial difficulties? No Yes (Explain)

I. Signature:

The above financial disclosures are made for the purpose of establishing insurability in connection with an application for life insurance submitted to The Savings Bank Life Insurance Company of Massachusetts on my life. They are furnished as a true and accurate statement of my financial condition as of this date.

Date: _____ Signature of Proposed Insured: _____