

**SAVINGS BANK LIFE INSURANCE
CONVERSION REQUEST**

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The following questions relate to the Insured person

<p>1. Name of Insured (First, Middle Initial, Last Name) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p>			<p>13. Premium Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (<i>Monthly is available only with SBLI's Automatic Payment Plan. EFTS form is required</i>) <i>Automatic Premium Loan Provision to be effective</i></p>	
<p>2a. Date of Birth month day year</p>	<p>2b. Age nearest birthday</p>	<p>3. Place of birth (city, state) _____</p>		
<p>4. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p>			<p>14. Owner (If no owner is shown, the applicant will be the owner) <u>Class</u> <u>Name(s) (please print clearly)</u> <u>Relation to Insured</u> 1 2</p>	
<p>5. Telephone No. Day: () - Night: () -</p>			<p>15. Beneficiary <u>Class</u> <u>Name(s) (please print clearly)</u> <u>Relation to Insured</u></p>	
<p>6. Address for premium notices (bills go to this address)</p>			<p>State the class: 1, 2, 3, etc. Surviving beneficiaries in the lowest numbered class share equally. All decisions made by SBLI in good faith as to the identity of beneficiaries not designated by name shall be conclusive as to SBLI's liability and any payment made in accordance therewith shall, to the extent thereof, discharge SBLI of it's obligation for such payment.</p>	
<p>7. Legal residence of Insured, if different</p>				
<p>8. Insured's Social Security No.</p>	<p>9. Amount of existing Insurance SBLI:\$ _____ Other:\$ _____</p>			
<p>10. Any other name previously known by (Incl. maiden name)</p>			<p>16. The following policies are hereby tendered for endorsement or surrender in consideration for, and effective as of the date of issue of the new policy. Total Face Amount _____ Plan _____ Policy numbers _____ _____ _____</p>	
<p>11. Insurance amount & plan: (a) Basic Policy \$ _____ Plan _____ (b) Insurance Rider \$ _____ Plan _____ (c) Children Rider \$ _____ Term to age 22 ins. (d) Waiver of Premium <input type="checkbox"/> Yes <input type="checkbox"/> No ONLY AVAILABLE IF: <ul style="list-style-type: none"> • Insured is now under age 56, • Kind of insurance applied for is Straight Life, and • The conversion is from a term insurance policy that had the Waiver of Premium rider effective thereon. </p>			<p>17. Has the Proposed Insured ever used tobacco or any other nicotine product or by-product of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes; Type _____ How long used: _____ Month/Year Last used: _____ Amount & Frequency: _____</p>	
<p>12. Dividend Option (if no selection or if selected option is not available, #4 will be effective.) 1 <input type="checkbox"/> Pay in cash (check) 2 <input type="checkbox"/> Reduce amount due - any excess as: <input type="checkbox"/> #4 <input type="checkbox"/> #3 <input type="checkbox"/> #1 3 <input type="checkbox"/> Purchase paidup life additions 4 <input type="checkbox"/> Accumulate at interest</p>			<p>18. Changes made by SBLI or Special Requests</p>	

1. Under penalty of perjury, I certify that the Social Security Number is correct and that I am not subject to backup withholding.
2. I hereby certify that the above statements are correct and agree that SBLI, believing them to be correct, shall rely and act on them.
3. If SBLI makes a change in space 18, it will be approved by my acceptance of the policy.
4. I understand that even if I have paid a premium with or prior to the approval of this application, I have not purchased immediate insurance coverage. I agree that the insurance applied for shall not be effective until the later of the date that the first full premium is paid or the date the application is approved by SBLI.

Date Signature of Proposed Insured Signature of 1st Owner in item 14, if any

Signature of Applicant (if other than Insured) Owner's Social Security No.

Action	Date	By	Initial Prem. Rec'd.	Agent #
R/R		Agency	Source	

