



Banner Life Insurance Company  
 3275 Bennett Creek Avenue  
 Frederick, Maryland 21704  
 (800) 638-8428  
 www.LGAmerica.com

**Children's Life Insurance Rider Supplemental Application**

Supplemental Application for Life Insurance on the Life of:	For Policy Number:
---	--------------------

Elected Children's Life Insurance Rider Death Benefit:

- \$5,000
- \$10,000

(Please include all proposed children under the age of 18.)

	First	Middle Initial	Last	Birth Date	SSN	Address
Child						
Child						
Child						
Child						
Child						

(If additional space is needed, please attach an additional Children's Life Insurance Rider Supplemental Application.)

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

\_\_\_\_\_  
Signature of Proposed Insured \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensed Insurance Agent \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (If other than Proposed Insured) \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Owner Name and Title (if applicable)