

## MoneyGuard® Temporary Life Insurance Agreement

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY-DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

If the question below is answered yes or left blank with respect to a Proposed Insured, no representative of the Company is authorized to accept money, and **NO COVERAGE** will take effect under this Agreement with respect to such Proposed Insured. (If the agent/company accepts the application and initial premium, the coverage that was applied for will be deemed to be in effect until the applicant has been notified of an adverse underwriting decision and premium has been refunded.)

Within the past 90 days, has the Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted or had surgery performed or recommended?  Yes  No

This Agreement provides a **Limited Amount** of Life Insurance protection for a **Limited Period** of time, subject to the terms of this Agreement, in consideration of advance payment in the amount of \$ \_\_\_\_\_ in connection with the **MoneyGuard®** Application dated (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ made on the life of

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Proposed Insured: (First) (Middle) (Last) (Suffix)

### Method of Payment (Check One)

Check  Electronic Funds Transfer (Attach completed EFT Authorization Form)

### Terms and Conditions

**AMOUNT OF COVERAGE - \$500,000 MAXIMUM FOR ALL APPLICATIONS OR AGREEMENTS** If money has been accepted by the Company as advance payment for an application for Life Insurance and death of a Proposed Insured occurs while this Agreement is in effect, the Company will pay to the beneficiary designated in the Application, or to the estate of the proposed insured if no beneficiary has been designated, the lesser of **a)** the amount of all death benefits applied for in the Application(s) with respect to said Proposed Insured, or **b)** \$500,000. This total benefit limit applies to all insurance applied for under this and any current Company Tickets or Applications to the Company and any other Temporary Life Insurance Agreements. **Temporary Long-Term Care coverage is not available under this Agreement.**

### DATE COVERAGE BEGINS

Coverage under this Agreement will begin on the date of the Application and initial premium.

### DATE COVERAGE TERMINATES

Coverage under this Agreement will terminate automatically on the date the applicant has been notified of an underwriting decision and premium has been returned.

### SPECIAL LIMITATIONS

- This Agreement does not guarantee the Company will issue a life insurance policy or any special riders or endorsement thereto.
- Fraud or material misrepresentations in the Application(s) or in the answer to the Health Question of this Agreement invalidates this Agreement and the Company's only liability is for refund of any payment made.
- If a Proposed Insured dies by suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- There is no coverage under this Agreement if the premium check or EFT Authorization is not submitted to the Company and/or the bank/financial institution does not honor the check or EFT request within 7 days of signing this Agreement.
- No one is authorized to waive or modify any of the provisions of this Agreement.

I (WE) HAVE RECEIVED A COPY OF AND HAVE READ THIS AGREEMENT AND DECLARE THAT THE ANSWERS ARE TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND AND AGREE TO ALL ITS TERMS.

\_\_\_\_\_  
Signature of Proposed Insured \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Applicant/Owner/Trustee (If other than Proposed Insured)  
(Provide Title if owned by a Trust or a Corporation) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Licensed Agent, Financial Planner or Registered Representative \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)