

CHILDREN'S TERM INSURANCE SUPPLEMENT

COVERAGE INFORMATION

Application for the Addition of Children's Term Insurance Rider to:

The application dated _____ for Life Insurance on _____
 (Name of Proposed Insured)

Policy No. _____ on _____
 (Name of Insured)

1. Add: Amount \$ _____ /units _____ of Children's Term Insurance Rider.

(CHILD/CHILDREN) PROPOSED FOR INSURANCE

2. Give information on all unmarried children of the Insured, including step-children and legally adopted children, who have not reached their 18th birthday and who are dependent on the Insured.

Name	Relationship to Insured	Date of Birth (mm/dd/yy)	Place of Birth	Citizen of (Country)	Height	Weight

LIFE INSURANCE IN FORCE

3. Has any child proposed for insurance ever applied for life, health or disability insurance and been declined, postponed or charged an increased premium? Yes No

4. Does any child proposed for insurance have any applications pending with any other life insurance company now? Yes No
 (If "Yes" to question 4, complete with details below.)

Child's Name	Company	Amount	Reason Applied For
		\$	
		\$	
		\$	
		\$	

5. List all insurance in force on any child proposed for insurance. If none, state "None".

Insured	Company	Face Amount	Policy Number	Issue Year	Replacement or Change of Policy?
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

If this insurance will replace or change any other insurance, COMPLETE and ENCLOSE any required state replacement forms.

GENERAL RISK INFORMATION

Has any child proposed for insurance: Yes No

6. Does any child now, or do they plan to, fly, or have they flown during the past 2 years as a pilot, student pilot or crew member? (If "Yes", an Aviation Supplement is required.)

7. Does any child plan to participate, or have they participated within the past 2 years; in motor vehicle or boat racing, in hang gliding, sky or scuba diving, or mountain, rock or technical climbing; or in similar sports? (If "Yes", an Avocation Supplement is required.)

8. Does any child contemplate residence or any travel outside of the United States or Canada within the next year? (If "Yes", a Foreign Travel or Residence Supplement is required.)

18. Ever been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome or an AIDS related condition? Yes No
19. Ever used alcoholic beverages?
(If "Yes", provide Type, Frequency & Amount.) _____ Type _____ Frequency _____ Amount _____
20. Ever been treated for drug or alcohol abuse or been advised by their doctor to limit their use of alcohol or any medication, prescribed or not?
21. Ever used or experimented with cocaine, marijuana, or other non-prescription stimulants, depressants, or narcotics?
22. List all medication and dosages they are currently taking or have taken in the last 30 days, to include prescriptions, over the counter drugs, aspirin and herbal supplements.

For each "Yes" answer to questions 16 through 24, give the question number, the name(s) of person(s) affected, and full details. Also include conditions, dates, durations, treatments, results, and names/addresses/phone numbers of physicians and medical facilities.

No.	Name of Person Affected	Details

MISCELLANEOUS

23. Special Instructions:

Each of the Undersigned declares that:
 I have read or have had read to me the completed Children's Term Insurance Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Children's Term Insurance Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may result in the loss of coverage under the policy.

Signed in _____, this _____ day of _____ (year)

(state) (month)

Signature of Applicant/Owner/Trustee (If other than Proposed Insured)
 (Provide Officer's Title if policy is owned by a Corporation)

Signature of Parent or Guardian of Child under 14 years of age
 (If coverage applied for)

Signature of Child 14 or older (If coverage applied for)

Signature of Child 14 or older (If coverage applied for)

TO BE COMPLETED BY AGENT ONLY

- (i) Does the applicant have any existing life insurance policies or annuities? Yes No
- (ii) Do you know or have you any reason to believe that replacement of insurance is involved? Yes No

Signature of Licensed Agent, Broker or Registered Representative

Name of Licensed Agent, Broker or Registered Representative
 (Please Print)