



KEMPER SENIOR SOLUTIONS

Application for Individual Life Insurance
Insurance Benefits Provided by
Kemper National Life Insurance Company

Home Office: 601 East Britton Road, Oklahoma City, OK 73114
Administrative Office: PO Box 9965, Austin, TX 78766-9965

APPLICANT
Full Legal Name of Proposed Insured
Gender Male Female Social Security No. Date of Birth
Legal Residence Address
Mailing Address
Phone No. Alternate Phone No. E-mail
Alternate Addressee Name and Address (if we are otherwise unable to contact you):
Name
Mailing Address
Phone No. Alternate Phone No. E-mail

MODIFIED WHOLE LIFE POLICY HOME OFFICE USE: Policy Number(s)

GUARANTEED ISSUE
Policy Amount: \$25,000 \$20,000 \$15,000 \$10,000 \$7,500 \$5,000 Other \$
1. Do you have existing life insurance or annuity contracts in force?
2. Will this insurance replace in whole or in part any other insurance?
3. Do you elect to pay delinquent premiums pursuant to the Automatic Premium Loan Provision?
4. Do you understand that a reduced death benefit amount may be payable during the first two policy years according to the terms of the policy?
Agent Statement: To the best of my knowledge the proposed insured does does not have any existing life insurance or annuity contracts.

Payment Mode: Annual Monthly (Automated Bank Account Withdrawal) Initial Premium \$
Primary Beneficiary (If more space is needed, list on a separate sheet.)
Name Relationship to Insured Date of Birth
Social Security No. Phone No. Alternate Phone No. E-mail
Mailing Address Street City State Zip

AGREEMENTS & SIGNATURES

IT IS REPRESENTED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND CORRECTLY RECORDED AND THAT: 1. I understand that I have the right to designate a secondary addressee. If I choose not to designate a secondary addressee at this time, I am aware that I may do so at any time the policy is in force, by submitting a written notice to Kemper National Life Insurance Company containing the name and address of the secondary addressee. 2. This application and any supplements thereto will be the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief. 3. The insurance applied for in this application will not be considered in force until issued by the Company and the first premium paid during the insured's lifetime. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith.

AGREEMENTS & SIGNATURES - CONTINUED

If accepted by the Company, the applicant requests coverage to be effective:

Date of Application Date of Issue Other _____

Policy to be Delivered to:

Applicant Agent

The sum of \$ _____, which is the **Annual** **Monthly** initial premium for the policy(ies) applied for, has been
 Paid to **Authorized as a draft on my account by** "Kemper Senior Solutions."

If other than Proposed Insured:

Full Legal Name of **Owner** **Payor** _____

Gender Male Female Social Security No. _____ / _____ / _____ Date of Birth _____ / _____ / _____

Legal Residence Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Phone No. _____ Alternate Phone No. _____ E-mail _____

TELEPHONIC ACCESS

As Owner, the undersigned agrees that Kemper National Life Insurance Company may accept telephonic instructions as to this application and any policy issued. I agree to provide identification and to hold Kemper National Life Insurance Company harmless for any claim, liability, loss or cost when it has used reasonable procedures to confirm any instructions are authorized and genuine and those procedures have been followed. I may revoke this authorization at any time by telephonic instruction or written instruction mail to Kemper National Life Insurance Company.

As Owner, the undersigned rejects Kemper National Life Insurance Company accepting telephonic instructions.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at: _____
City State

Signature of Proposed Insured _____ **Date:** _____

Signature of Applicant/Owner/Trustee (if Other than Proposed Insured) _____ **Date:** _____

Agent: I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon.

Signature of Producer #1 _____ Producer Number _____ Date _____

Print Producer #1 Name _____ Agency Name _____

BANK DRAFT AUTHORIZATION

Sign the authorization below and provide a voided check **or** provide the information below from the account you would like to use for our bank draft. Your premium will be paid by your bank and will be reflected in your bank statement.

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or credits on my account by and payable to Kemper Senior Solutions, Oklahoma City, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Bank Name _____

Bank Routing/ABA # _____ Account # _____ Checking Savings

Annual Monthly

Signature EXACTLY as it appears on Bank Records _____ Date _____