Banner Life Insurance Company
Individual Life Insurance Application

Information and Underwriting Practices (Including MIB, Inc. Notice and Fair Credit Reporting Act Notice)

As used in this application for life insurance, references to "you" mean the proposed insured.

Underwriting

Once we receive your application, we will begin an evaluation process called underwriting to determine whether you are eligible for insurance and, if so, the rate you should pay for that insurance. We may find that we are unable to give you the insurance you have applied for or that we are able to give it to you only on a modified basis or at a rate greater than our lowest rate.

Your application will be our primary source of information; therefore, it must be true, complete, and accurate. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application. We will seek information from other sources to help us evaluate the information you give us on your application.

Contestability

We strongly urge you to review the completed application closely for accuracy. A claim may be denied, the policy may be void or your coverage may be lost if the application is incomplete or if it contains false statements or material misrepresentations. Any policy that may be issued will indicate when and under what circumstances it may be contested. Please be aware that if the application contains material misrepresentations or conceals material facts, and you submitted it with the intent to defraud or to facilitate fraud against us, you may also be guilty of insurance fraud, which is a crime. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application.

Replacement of Existing Coverage

If you intend to replace existing coverage, please inform us and answer "yes" to the replacement question in the application; state law may require that additional forms be completed and information obtained that may help you compare policies. If you are undecided about keeping existing coverage, indicating an intention to replace existing coverage may help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain new suicide and contestable periods. The following would be considered replacement: you stop paying premiums on an existing policy or surrender an existing policy before or shortly after applying to us or you borrow from an existing policy to pay premiums for the insurance for which you are applying. State law may define replacement to include other situations.

Insurance Information Practices

We will rely primarily on information provided by you. We may supplement that information with information from other sources such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us as explained in this Notice under Federal Fair Credit Reporting Notice. You may request to be interviewed in connection with the preparation of this report.

In certain limited situations, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about, and receive copies if you wish, of items of personal information about you that appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to the Underwriting Manager, Banner Life Insurance Company, 3275 Bennett Creek Avenue, Frederick, MD 21704.

Legal & General AMERICA

Information and Underwriting Practices (Including MIB, Inc. Notice and Fair Credit Reporting Act Notice) (cont'd)

Federal Fair Credit Reporting Notice

As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living, and personal characteristics. The agency may conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this Notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address, and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency.

MIB, Inc. (Medical Information Bureau) Pre-Notice Disclosure

Information regarding your insurability will be treated as confidential. Banner Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply each company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB, Inc. at 866-692-6901 (TTY866-346-3642). If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Banner Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at www.mib.com.

Banner Life Insurance Company

Individual Life Insurance Application

Part 1

Section A: Proposed Insured (You)

1. Full Name

First _____ Middle _____ Last _____

Maiden _____ Suffix _____

2. Sex ☐ Male ☐ Female

3. Date of Birth ____ / ____ / _____ 4. Social Security Number _____

5. Email Address _____

6. Primary Residence (If mailing address is different, please include in Section K details)

Address _____

Apt. Number _____ City _____ State _____ Zip _____

7. Phone numbers Please check box for contact preference

☐ Cell ( ) -

☐ Home ( ) -

☐ Work ( ) -

8. Are you Please check one

☐ U.S. Citizen

☐ U.S. Permanent Resident (green card)

☐ U.S. H1B Visa Holder

☐ Other (provide details): _____

9. State of Birth _____ (Country if not born in U.S.) _____

10. Driver's License or State ID No. _____ State of Issue _____

11. Please check one box below that best describes your employment status

☐ Paid Employee or self-employed ☐ Student ☐ Retired

☐ Homemaker or stay-at-home parent ☐ Unemployed

12a. Do you work in any of the following occupations (please check all that apply)?

☐ The military (full-time or reserves) ☐ Full-time bartender or nightclub worker ☐ Fire-fighter

☐ A pilot or member of a flight crew ☐ Stuntperson or circus performer ☐ SWAT team member

☐ Corrections officer in prison team ☐ Professional sportsperson ☐ None

12b. Do the duties of your occupation require you to be (please check all that apply)?

☐ Outside at heights over 50 ft. ☐ Near explosive or nuclear materials

☐ Underground (e.g. mining) ☐ On site at an oil or gas production facility

☐ Underwater (e.g. diving) ☐ Near corrosive or toxic materials

☐ At sea (e.g. on a fishing boat or cargo ship) ☐ In a meat processing facility

☐ Using heavy machinery or equipment at high temperatures or high pressure ☐ None

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Section B: Insurance Applied For

1. Amount of Insurance
   $ _____
2. Plan of Insurance
   _____
3. Death Benefit Option (if available with Plan)
   ☐ Level Death Benefit ☐ Increasing Death Benefit

4. Additional Benefits (if available)
   complete supplemental applications as necessary
   ☐ Waiver of Premium ☐ Child Insurance Rider ☐ Accidental Death
   ☐ Term Insurance Rider: $ _____ amount _____ term. _____ # in years
   ☐ Term Insurance Rider: $ _____ amount _____ term. _____ # in years
   ☐ Other: (description and amount): _____

5. Why is this insurance being purchased (check one)?
   ☐ Personal Insurance ☐ Business Insurance (check all that apply)
   ☐ Keyperson ☐ Buy-Sell ☐ Loan Collateral ☐ Stock Redemption

Section C: Beneficiary *Share percentage totals must equal 100%. If necessary, use Remarks Section K.*

1. Primary Beneficiary Type: ☐ Trust (skip to Section D, complete Section E) ☐ Estate of the insured (skip to D)
   ☐ All lawful children equally ☐ Individual ☐ Business ☐ Other Type _____

Unless Beneficiary is a trust or estate of the Insured, complete the rest of this section.

1a. Primary Beneficiary (Beneficiaries)

First _____ Middle _____ Last _____

Or Business Name _____

Relationship to Proposed Insured _____ % Share _____% Telephone (_____) _____ - _____

SSN or Tax ID# _____ Date of Birth _____ / _____ / _____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

1b.

First _____ Middle _____ Last _____

Or Business Name _____

Relationship to Proposed Insured _____ % Share _____% Telephone (_____) _____ - _____

SSN or Tax ID# _____ Date of Birth _____ / _____ / _____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

Section C: Beneficiary (cont'd)

2a. Contingent Beneficiary (Beneficiaries)

First | Middle | Last

Or Business Name

Relationship to Proposed Insured | % Share | Telephone

SSN or Tax ID# | Date of Birth ____ / ____ / ____

Address

Apt. Number | City | State | Zip

2b.

First | Middle | Last

Or Business Name

Relationship to Proposed Insured | % Share | Telephone

SSN or Tax ID# | Date of Birth ____ / ____ / ____

Address

Apt. Number | City | State | Zip

Section D: Owner

1. Owner is ☐ Proposed Insured (Skip to Section E) ☐ Trust (Skip to Section E) ☐ Other than Proposed Insured or Trust

First | Middle | Last

Or Business Name

Relationship to Proposed Insured | % Share | Telephone

SSN or Tax ID# | Date of Birth ____ / ____ / ____

Address | City

State | Zip | Email Address

If Owner is a business, also provide website address

Section E: Trust Information **(Complete if trust is owner or beneficiary)**

1. Type of Trust? ☐ Irrevocable ☐ Revocable
   ☐ Testamentary (Trustee as listed in my last will and testament - skip to Section F)
2. Exact name of trust

Trust Name

Current Trustee

First Middle Last

Trust Tax ID# _____ Date of Trust ____ / ____ / _____

Address City

State Zip Email Address

Telephone ( ) -

For multiple Trustees, check one of the following boxes (if no box is checked, the Company will require all signatures)

☐ A majority may act for all ☐ Anyone may act alone ☐ All must act unanimously

☐ Certain Trustees must act jointly (provide names in Remarks Section K)

Section F: Premium and Payor

1. Payment Method: ☐ Electronic Funds Transfer (EFT) ☐ Direct Bill
2. Frequency of Premium Payment ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (EFT only)
3. Planned periodic premium for universal life product: (Provide details in Remarks Section K.)
   a. ☐ 1st Year Only $ _____ 2nd Year and Thereafter $ _____ or
   b. Premium For All Years $ _____
4. a. Date to Save Age? ☐ Yes ☐ No b. Specific Policy Date ☐ Yes ☐ No Date ____ / ____ / _____
5. Who will pay the premium? (the individual or legal entity making premium payments and receiving premium notifications, notice of pending lapses, and termination for nonpayment)

   ☐ Proposed Insured ☐ Owner ☐ Other - If Other, complete the information below.

Or Business Name

Address City

State Zip Email Address

Telephone ( ) -

Relationship to Proposed Insured _____

Section F: Premium and Payor (cont'd)

6. Designate Secondary Addressee (Optional - In addition to the Payor, an additional individual or legal entity can be elected to receive premium notifications, notice of pending lapses, and termination for nonpayment)

First _____ Middle _____ Last _____

Or Business Name _____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

Telephone (_____) _____ - _____

Section G: Other Insurance

1a. Do you have existing life insurance or annuity contracts (except for group insurance through our employer)?..... ☐ Yes ☐ No

1b. If yes, provide information for each policy currently in force (except group insurance). Indicate which will be replaced, end, or changed by the insurance currently being applied for.

Company	Face Amount	Issue Year	Business Insurance?		Replacing?	
			Yes	No	Yes	No
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐

2. Including this application, but excluding group insurance, what will be the total amount of life insurance coverage on your life? $ _____

Section H: General Questions

1. Have you ever had an application for life, disability income or long term care insurance declined, postponed, modified, rated or offered with a reduced face amount? (If Yes, provide details in Section K)..... ☐ Yes ☐ No

2a. In the past 10 years have you used any form of tobacco or nicotine product, including cigarettes, chewing tobacco, smokeless tobacco, cigars, nicotine gum, patch, vaping or electronic cigarettes?(Please ignore cigar use if fewer than 13 per year)..... ☐ Yes ☐ No

2b. If yes, what was the date you last used tobacco or nicotine product? Month _____ Year _____

3a. In the last 5 years, have you used marijuana (cannabis) in any form?..... ☐ Yes ☐ No

3b. If yes, do you use: ☐ more than once a week ☐ once a week ☐ less than once a week

Date of last use: Month _____ Year _____

4. Will any portion of the initial or future premiums for this policy be borrowed, loaned, or otherwise financed by any individual(s) or entity(ies) other than yourself or your immediate family members? (If Yes, provide details in Section K)..... ☐ Yes ☐ No

Section H: General Questions (cont'd)

5. Have you ever been convicted of, or currently charged with, a felony, or are you currently on parole or probation?..... ☐ Yes ☐ No

6a. In the last 5 years, have you filed for bankruptcy?..... ☐ Yes ☐ No

6b. If yes, check Chapter Type: ☐ 7 ☐ 11 ☐ 13 ☐ 15

6c. And, discharge date: ____ / ____ / _____

7. In the last 8 years, how many times have you been convicted of, or pled guilty or no contest to Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)? _____

Date of last offense: ____ / ____ / _____

8a. In the past 5 years, have you had your driver's license suspended or revoked, or been convicted of, or pled guilty or no contest to a moving violation?..... ☐ Yes ☐ No

8b. (If yes, complete grid below)

Offense	How many during the last:		
	2 years	3 years	5 years
Driver's license suspension or revocation			
Moving Violations			

9. Which, if any, do you engage in or plan to engage in the next 6 months? (check all that apply or None)

☐ Motor Sports Racing
☐ BASE jumping
☐ Hang gliding
☐ Ice, rock or mountain climbing (excluding indoor)
☐ Heli-skiing
☐ Skydiving
☐ Scuba diving deeper than 100ft
☐ Ultralight flying
☐ Any activity involving flying (other than as a passenger or crew member of a commercial airline)
☐ None

10. Do you have a valid pilot's license?..... ☐ Yes ☐ No

11a. Do you intend to travel outside the U.S. or Canada, or change country of residence in the next 12 months? (check all that apply)

☐ Travel outside the U.S. or Canada (if checked, answer b. and c.)
☐ Change country of residence
☐ No travel or change of residence

11b. How many weeks does the Proposed Insured expect to be outside of the U.S. and Canada in the next 12 months?

_____ weeks

11c. What countries do you intend to travel to?

Country	**For how long? (in days)**

Section H: Other Insurance (cont'd)

11d. If Mexico, what city will you be traveling to? _____

11e. And, what mode of transportation will be used to get there? ☐ Commercial Airline ☐ Cruise Ship

Other _____

Section I: Proposed Insured Financial Information

1. What is your annual earned income (include salary, bonus, commissions, etc)? $ _____

2. What is the total household earned income? $ _____

Complete only if your annual earned income is less than $20,000 (otherwise skip to next section).

3a. Do you have a spouse or life partner?..... ☐ Yes ☐ No

3b. If yes, do they have at least the same amount of life insurance (either in force or applied for) with you as the beneficiary?..... ☐ Yes ☐ No

Section J: Business Financial Information

Complete this section if the purpose of the insurance is business insurance.

1a. Name of Business _____

1b. Address _____

Apt. Number _____ City _____ State _____ Zip _____

1c. Website _____

If you prefer your financial professional (accountant, CPA, attorney, etc.) to provide business valuation information, provide contact information.

Name of Financial Professional _____ Telephone (____) ____ - ____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

Website _____

2. What is the business net income after taxes for the prior tax reporting year? $ _____

3. What is the date the business was established? ____ / ____

4. In the last 5 years, has the business or its principals filed for bankruptcy or had any charge off of bad debts?..... ☐ Yes ☐ No

Section J: Business Financial Information (cont'd)

5. What type of business? ☐ Sole Prop ☐ LLC ☐ S-Corp ☐ Other _____

6a. What percentage of the business do you own? _____ % (if 100%, skip to Section K)

6b. Are other partner/owners/executives being proportionally insured? (Use Remarks Section K to indicate names, percentage of ownership and amount of coverage for each)..... ☐ Yes ☐ No

Section K: Remarks - Use Supplement to Applications if necessary

Declarations

I/we have read the application and all statements and answers contained within this application including Part 1 or Part 2, and any statements or supplements thereto, copies of which shall be attached to and made a part of any policy to be issued, are true and complete to the best of my/our knowledge and belief and made to induce Banner Life Insurance Company (the Company) to issue an insurance policy. The statements and answers in the application are the basis for any policy issued by the Company, and no information about me will be considered to have been given to the Company unless it is stated in the application.

I agree to notify the Company of any changes to the statements and answers given in any part of the application before accepting delivery of any policy. No agent, sales representative, or other person has power to:

(a) accept risk;
(b) make or modify contracts;
(c) make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable;
(d) waive any Company rights or requirements;
(e) waive any information the Company requests;
(f) discharge any contract of insurance; or
(g) bind the Company by making promises respecting benefits upon any policy to be issued.

I/we understand and agree that no insurance will be in effect unless and until: (i) the policy has been delivered and accepted; (ii) the full first modal premium for the issued policy has been paid while the insured is alive; and (iii) there has been no change in either the health or habits of the proposed insured or any answers to any of the questions in the application.

Changes or corrections made by the Company and noted in the Remarks section above are ratified by the Owner upon acceptance of a contract containing this application with the noted changes or corrections. Any change in plan of insurance, amount, age at issue, gender, class, or benefits shall require the written consent of the Owner and the Proposed Insured.

NOTICE: State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.

I/ We Acknowledge that: federal law requires sufficient information to identify the parties to the purchase of a policy, and that failure to provide such information could result in the policy not being issued, being delayed, unprocessed transaction requests or policy termination.

☐ **I/We agree that:** by providing an email address authorizes the Company to communicate by email as well as to deliver our policy and related documents by email subject to eligibility, and that I/We have access to the internet and a valid email address to receive electronic policy delivery.

Authorization to Obtain and Disclose Information and Information Practices

I/We acknowledge we received a copy of and completed an Authorization to Obtain and Disclose Information along with the Company's Information and Underwriting Practices, including the MIB, Inc Notice and Fair Credit Reporting Notice.

☐ I/We would like to be interviewed if an investigative consumer report will be made (please refer to the Company's Information and Underwriting Practices, for more information on an investigative consumer report).

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		on	
Proposed Insured		City/State		Date(mm/dd/yy)
	Signed at		on	
Signature of Owner (if other than Proposed Insured). If Owner is a firm, trust, or corporation, include signer's title with signature.		City/State		Date(mm/dd/yy)
Print Owner/Officer Name (if applicable)		Owner Title		
	Signed at		on	
Signature of Agent/Broker/Producer		City/State		Date(mm/dd/yy)

Banner Life Insurance Company

Individual Life Insurance Application

Part 2

Section A: Medical History

1. Name of Proposed Insured

First _____ Middle _____ Last _____

Policy Number (if known) _____

2. Date of Birth ____ / ____ / ____

3. Height ____ ft. ____ in.

4. Weight ____ lbs.

4a. Has your weight changed by more than 10 lbs. in the past year? ☐ Yes ☐ No

4b. If yes, amount gained ____ lbs. or amount lost ____ lbs. and reason:

☐ Diet and/or exercise ☐ Pregnancy/Childbirth ☐ Weight loss surgery ☐ Illness/disease/injury

☐ Other _____

5. Primary Physician

Name of Physician or Facility _____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

Telephone ( ) -

____ / ____ / ____ Date last seen

____ / ____ / ____ Date of last full physical including blood tests

6. Physician Last Consulted (if same as Primary Physician, skip to Question 7)

Name of Physician or Facility _____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

Telephone ( ) -

____ / ____ / ____ Date last seen

Specialty _____

7. Health Insurer Company Name

Name _____

Plan Number _____

____ / ____ / ____ Date coverage started

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8a. How many alcoholic drinks do you consume per week? _____

8b. When you consume alcohol, what is the average number of drinks you have? _____

Section B: Family History

1a. Have both of your biological parents lived to age 75 or older?..... ☐ Yes ☐ No ☐ Unknown

1b. Has a biological parent ever been diagnosed or treated by a licensed health care professional for coronary artery disease, angina, heart attack or cancer before age 60?..... ☐ Yes ☐ No ☐ Unknown

1c. Has a biological parent ever been diagnosed or treated by a licensed health care professional for polycystic kidney disease, Huntington's disease, sickle cell anemia or FAP (familial adenomatous polyposis)?..... ☐ Yes ☐ No ☐ Unknown

2. If yes to 1b, complete the table in question 2 below (otherwise skip to question 3.)

	Age at Onset of Condition		If death caused from listed condition, age of death	
	Mother	Father	Mother	Father
Coronary Artery Disease, Angina, Heart Attack				
Cancer of the Breast or Ovary				
Cancer of the Bowel (Colon)				
Cancer of another site				

3a. Has a biological sibling ever been diagnosed or treated by a licensed health care professional for coronary artery disease, angina, heart attack or cancer before age 60?..... ☐ Yes ☐ No ☐ Unknown

3b. Has a biological sibling ever been diagnosed or treated by a licensed health care professional for polycystic kidney disease, Huntington's disease, sickle cell anemia or FAP (familial adenomatous polyposis)?..... ☐ Yes ☐ No ☐ Unknown

4. If yes to 3a, complete the table in question 4 below (otherwise skip to Section C.)

	Number of siblings with condition	Youngest age of onset	Second youngest age of onset	If death from condition, youngest age of death
Coronary Artery Disease, Angina, Heart Attack				
Cancer of the Breast or Ovary				
Cancer of the Bowel (Colon)				
Cancer of another site				

Section C: Health History

For each question 1-7, check all the boxes that apply, or the box labeled none. Where the answer is other than none, please provide details in Section F.

Have you EVER seen a licensed health care professional regarding, or have you EVER been diagnosed or treated for:

1. Any of the following, check all that apply or none:

☐ Stroke
☐ Mini Stroke
☐ Brain Hemorrhage
☐ High Blood Sugar
☐ TIA (Transient Ischemic Attack)
☐ Carotid Artery Disease
☐ Diabetes
☐ Disease or Disorder of the Pancreas
☐ None

Section C: Health History (cont'd)

2. Heart Disease or Disorder:

- ☐ Angina
- ☐ Heart Attack
- ☐ Heart Surgery
- ☐ Heart Murmur or Valve Problem
- ☐ Coronary Artery Disease
- ☐ Other
- ☐ None

3. Cancer or Cancerous condition:

- ☐ Hodgkin's Lymphoma
- ☐ Leukemia
- ☐ Melanoma
- ☐ Tumor
- ☐ Non-Hodgkin's Lymphoma
- ☐ Basal Cell Carcinoma
- ☐ Other
- ☐ None

4. Disorder of your blood or blood vessels:

- ☐ Anemia
- ☐ Clotting Disorder
- ☐ Surgery to your blood vessels (please ignore non-ulcerative varicose veins)
- ☐ DVT (Deep Vein Thrombosis)
- ☐ Blood Clot
- ☐ Other
- ☐ None

5. Neurological conditions:

- ☐ MS (Multiple Sclerosis)
- ☐ Parkinson's Disease
- ☐ Optic Neuritis
- ☐ ALS (Amyotrophic Lateral Sclerosis)
- ☐ Convulsions or Seizures
- ☐ Other
- ☐ None

6. Disease or disorder of your intestine, colon or rectum:

- ☐ Crohn's Disease
- ☐ Colitis
- ☐ Spastic Colon
- ☐ Ulcerative Colitis
- ☐ Duodenitis
- ☐ Other
- ☐ None

7. Disease or disorder of your liver:

- ☐ Cirrhosis
- ☐ Hepatitis
- ☐ Fatty Liver
- ☐ Other
- ☐ None

For questions 8-13, have you EVER been: **(if yes, provide details in Section F)**

8. Admitted to a hospital for suicidal thoughts or attempts of suicide or any other mental health condition?..... ☐ Yes ☐ No

9. Diagnosed by a member of the medical profession or tested positive for the Human Immunodeficiency (AIDS virus) or acquired immune deficiency syndrome (AIDS)?..... ☐ Yes ☐ No

10. Addicted to alcohol or been advised by a medical professional to reduce the amount of alcohol you drink due to how much you use?..... ☐ Yes ☐ No

Section C: Health History (cont'd)

11. Advised by a physician or member of the medical profession to attend or attended an alcohol support group?..... ☐ Yes ☐ No

12. A user of narcotics, barbiturates, anabolic steroids, amphetamines, hallucinogens, heroin, crack, cocaine, or habit forming drugs except as prescribed by a licensed health care professional?..... ☐ Yes ☐ No

13. Addicted to or misused prescription medication?..... ☐ Yes ☐ No

Section D: Health History 5 Years

For each question 1-8, check all the boxes that apply, or the box labeled none. Where the answer is other than none, please provide details in Section F.

Apart from anything you've already told us about in this application, during the last 5 years have you consulted a licensed health care professional regarding or have you been diagnosed or treated for:

1. Any of the following, check all that apply or none:

- ☐ High Cholesterol
- ☐ High or Borderline High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Palpitations
- ☐ Chest Pain
- ☐ Irregular Heart Beat
- ☐ Paralysis
- ☐ Persistent Tingling or Pins and Needles
- ☐ Numbness
- ☐ None

2. Any of the following, check all that apply or none:

- ☐ Growth or Lump
- ☐ Polyp
- ☐ HPV (Human Papilloma Virus)
- ☐ Pre-Cancerous Mole
- ☐ None

3. Any disease or disorder of your kidneys, bladder or prostate:

- ☐ Cystitis
- ☐ Sugar in your Urine
- ☐ Blood in your Urine
- ☐ Protein in your Urine
- ☐ Kidney Stones
- ☐ Other
- ☐ None

4. Any disease or disorder of your esophagus, stomach, gallbladder or bowel: (please ignore diarrhea, food poisoning, sickness or vomiting, stomach bug or upset provided no hospital investigations were advised or completed)

- ☐ Barrett's Esophagus
- ☐ GERD (Gastroesophageal Reflux Disorder)
- ☐ Celiac Disease
- ☐ IBS (Irritable Bowel Syndrome)
- ☐ Diverticular Disease
- ☐ Other
- ☐ Ulcers
- ☐ None

5. Any disease or disorder of your lungs or breathing:

- ☐ Asthma
- ☐ Sleep Apnea
- ☐ Emphysema
- ☐ COPD (Chronic Obstructive Pulmonary Disease)
- ☐ Bronchitis
- ☐ Pulmonary Fibrosis
- ☐ Sarcoidosis
- ☐ Other
- ☐ None

Section D: Health History 5 Years (cont'd)

6. Any Arthritis or Auto-Immune condition:

- ☐ Lupus
- ☐ Osteomyelitis
- ☐ Fibromyalgia
- ☐ Rheumatoid Arthritis
- ☐ Ankylosing Spondylitis
- ☐ Gout
- ☐ Other
- ☐ None

7. Any Mental Illness:

- ☐ Anxiety
- ☐ Schizophrenia
- ☐ Anorexia or Bulimia
- ☐ Bipolar Disorder
- ☐ Depression
- ☐ PTSD (Post-Traumatic Stress Disorder)
- ☐ Suicidal Thoughts or Actions
- ☐ ADHD (Attention Deficit Hyperactivity Disorder)
- ☐ Other
- ☐ None

8. Any Dementia or Memory Loss:

- ☐ Memory Loss
- ☐ Alzheimer's Disease
- ☐ Other
- ☐ None

Section E: Health History Other

Apart from anything you've already told us about in this application: (if yes, provide details in Section F)

1. Are you currently waiting to be evaluated or tested at a hospital or by a licensed health care professional?..... ☐ Yes ☐ No
2. Have you been referred to any licensed health care professional or medical facility within the last six months?..... ☐ Yes ☐ No
3. Have you been advised by a licensed health care professional to see them within the next six months? (Please ignore consultation for repeat prescriptions)..... ☐ Yes ☐ No
4. During the last 3 months, have you been diagnosed or treated by a member of the medical profession for any of the following: (if yes, provide details in Section F)

- ☐ Unexplained Bleeding
- ☐ Lump or Growth
- ☐ Fainting
- ☐ Any other symptom that you intend to see a licensed health care professional about for the first time
- ☐ A cough that's lasted for 3 weeks or more
- ☐ A mole or freckle that has bled or changed in appearance
- ☐ Vertigo
- ☐ None

Section F: Details

Section F: Details (cont'd) - Use Supplement to Applications if necessary

Declarations

I have read the application and all statements and answers contained within this application, including any Part 1 or Part 2, and any statement or supplements thereto, copies of which shall be attached to and made a part of any policy to be issued, are true and complete to the best of my/our knowledge and belief and made to induce Banner Life Insurance Company (the Company) to issue an insurance policy. The statements and answers in the application are the basis for any policy issued by the Company, and no information about me will be considered to have been given to the Company unless it is stated in the application.

I agree to notify the Company of any changes to the statements and answers given in any part of the application before accepting delivery of any policy. No agent, sales representative, or other person has power to:

(a) accept risk
(b) make or modify contact;
(c) make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable;
(d) waive any Company rights or requirements;
(e) waive any information the Company requests;
(f) discharge any contract of insurance; or
(g) bind the Company by making promises respecting benefits upon any policy to be issued.

I understand and agree that no insurance will be in effect unless and until: (i) the policy has been delivered and accepted; (ii) the full first modal premium for the issued policy has been paid while the insured is alive; and (iii) there has been no change in either the health or habits of the proposed insured or any answers to any of the questions in the application.

Changes or corrections made by the Company, such as amendments, corrections, or additions, are ratified by the Owner upon acceptance of a contract containing this application with the noted changes or corrections. Any change in plan of insurance, amount, age at issue, gender, class, or benefits shall require the written consent of the Owner and the Proposed Insured.

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		
Proposed Insured		City/State	Date (mm/dd/yy)

AGENT'S REPORT

1. Name of Proposed Insured _____ Date of Birth _____
2. Number of years you have known the primary Proposed Insured _____
3. Who first suggested the purchase of this insurance? ☐ Agent ☐ Owner/Applicant ☐ Proposed Insured ☐ Other _____

	Yes	No
4. Was the application signed after all questions were answered?	☐	☐
5. Did you personally see the Proposed Insured?	☐	☐
6. Did anyone sign or assist in the completion of Part 1 or Part 2 of the Application for or on behalf of the Proposed Insured?	☐	☐
7. Are you aware of any information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? If Yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.	☐	☐
8. Did you provide the client with the Temporary Life Insurance Application and Agreement (TIAA) form?	☐	☐
9. Premium Class Quoted _____		
10. Are there any personal or business companion applications? If Yes, please provide name and date of birth in the Remarks section below.	☐	☐
11. a. To the best of your knowledge, does the policy applied for involve the replacement of existing insurance?	☐	☐
b. If Yes, has the Proposed Insured replaced other life insurance policies in the past 2 years?	☐	☐
12. Are there any plans to sell or assign this policy to another person or entity, life settlement provider or investor, or will it replace a policy that has already been sold to a life settlement company or investor?	☐	☐
13. Will the premium for this policy be loaned or otherwise financed by an individual(s) or entity other than the Proposed Insured or immediate family members of the Proposed Insured? If Yes, please identify all parties involved and provide copies of all financing agreements or promissory notes and all related side agreements and schedules.	☐	☐

Remarks _____

_____

_____

STATEMENTS BY AGENT

I certify that:

- I asked and carefully explained each question to the Proposed Insured and Owner/applicant before recording each answer prior to the application being signed;
- The answers given in this application and Agent's Report are complete and accurate to the best of my knowledge and belief;
- The Proposed Insured and applicant know that any fraudulent statement or material misrepresentation in the application may result in loss of coverage under the policy;
- I have given the Notice to Proposed Insured attached to this application to the Proposed Insured;
- If the insurance applied for will or may replace any existing life insurance policy or annuity contract, I have completed any and all proper state required replacement form(s);
- I have explained to the Proposed Insured that if money is submitted with this application, conditions of the Temporary Insurance Application and Agreement must be met.
- If I become aware of a change in the health or habits of the Proposed Insured occurring after the date of the application but before the policy is delivered, I promise to inform the Company of the change and agree to withhold delivery of the policy until instructed by the Company to do so.

_____ Phone No. ( ) _____
Signature of Licensed Insurance Agent Date

_____ Agent # _____ SSN _____
Print Name of Above Signature

_____ Share of commission _____
Print Name of Agency, if different from above

_____ Phone No. ( ) _____
Signature of Additional Licensed Insurance Agent Date

_____ Agent # _____ SSN _____
Print Name for Above Additional Signature

_____ Share of commission _____
Print Name of Additional Agency, if different from above

GENERAL AGENT INFORMATION

GA name _____ GA # _____ Case Manager _____

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

LEGAL & GENERAL AMERICA PRIVACY NOTICE

Your privacy is important to us.

Your privacy is important to us. At Legal & General America (Banner Life Insurance Company and William Penn Life Insurance Company of New York), we understand that the information you provide to us or we collect about you is private. This privacy notice is provided to you so that you will understand what Legal & General America does with the personal information we collect about you and the measures we take to protect your privacy.

Who has access to INSURANCE policy customer information?

The information that we collect about you is used for company purposes only. Our employees, service providers, and independent agents of Legal & General America have access to your information, and are authorized to review it, only for the purposes of carrying out their official duties and responsibilities. Our employees and independent agents are required to keep customer information confidential.

Who has access to ANNUITY customer information?

The information that is provided to us is used for company purposes only. Our employees and service providers have access to your information, and are authorized to review it, only for the purposes of carrying out their official duties and responsibilities. Our employees and service providers are required to keep customer information confidential.

Why does Legal & General America collect and maintain information?

As regulated insurance carriers, the Legal & General America companies are required by state laws and regulations to collect and maintain certain information about our customers. The information we collect also enables us to provide you with services and products that meet your individual needs and to provide you with the high level of customer care that you have come to expect from Legal & General America.

What type of information does Legal & General America collect and maintain?

We collect and maintain various types of information about our customers. The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Information that you submit to us, such as your name, address, telephone number, biometric information, and Social Security number.
- Information about your transactions and experiences with us, such as payment history, underwriting, claims, and account balance.
- Information from non-affiliated third parties about your medical, employment and income history; your banking relationships; your assets and liabilities and your driving record.
- Information from consumer reporting agencies such as information about your medical, income, and credit history.
- Information about you that may be derived from your visits to Legal & General America's websites (www.LGAmerica.com and www.LGRA.com) and interactions with our online advertisements, including cookies and IP addresses.

Does Legal & General America disclose customer information to, or share customer information with, outsiders?

We may share customer non-public financial information within our Legal & General family of companies. We do not share customer non-public medical information within our Legal & General family of companies unless you expressly consent or as permitted or required by law.

As allowed by law, we may from time to time share non-public personal financial information with a non-affiliated third party that performs services or functions on our behalf. These services or functions may include underwriting, claims processing, billing, policy administration, and marketing of our own products and services; or financial products or services offered pursuant to a joint agreement between us and one or more financial institutions. We do not allow third parties performing services or functions on our behalf to use our customer information for their own marketing purposes.

We do not share information about your creditworthiness or insurability for marketing purposes within the Legal & General family of companies. We may share information about you with consumer reporting agencies, for instance, during the underwriting process.

We handle information about former and prospective customers the same as existing customers. If our privacy policy changes in any material respect, we will notify you of such change as required by law.

How can you contact Legal & General America if you have privacy questions?

If you have any questions about the privacy of your information, you can contact our Customer Service Department.

If you have a Banner insurance policy, contact:
Banner Customer Service
Call toll-free: 800-638-8428
Fax: 301-294-6960
Hours: 8:00 a.m. - 5:00 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

If you have a William Penn insurance policy, contact:
William Penn Customer Service
Call toll-free: 800-346-4773
Fax: 516-229-3081
Hours: 8:30 a.m. - 4:45 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

If you have a Banner retirement annuity, contact:
Retirement Services
Call toll-free: 800-664-6129
Fax: 301-810-4889
Hours: 8:00 a.m. - 6:00 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

If you have a William Penn retirement annuity, contact:
Retirement Services
Call toll-free: 855-914-9123
Fax: 301-810-4889
Hours: 8:00 a.m. - 6:00 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

We are in the business of maintaining long-term relationships and we know there is no quicker way to lose trust than to misuse information. We maintain physical, electronic, and procedural safeguards to protect customer information and to comply with federal and state laws. In addition, we review our policies and procedures, monitor our computer networks and test the effectiveness of our security.

Legal & General America Companies
This notice is provided by: Legal & General America, Banner Life Insurance Company, and William Penn Life Insurance Company of New York.