



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.

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® Ticket dated \_\_\_\_\_ made on the life of \_\_\_\_\_ Name of Proposed Insured

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 Ticket(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 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 this Agreement but only if the MoneyGuard® Ticket(s) has been completed on the same date or not more than 10 days prior to the date of this Agreement.

DATE COVERAGE TERMINATES - 60 DAY MAXIMUM

Coverage under this Agreement will terminate automatically on the earliest of: a) 30 days from date of this Agreement if a required Phone History Interview is not completed and received by the Company, or b) 60 days from the date of this Agreement, or c) the date the insurance takes effect under the policy applied for, or d) the date the Company mails notice of termination of coverage to the premium notice address designated in the Ticket(s). The Company may terminate coverage at any time.

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 Ticket(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 check or draft submitted as payment is not honored by the bank.
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 Witness (Licensed Representative/Agent) Date

Signature of Applicant/Owner/Trustee (Provide Officer's Title if policy is owned by a Corporation.) Witness (Licensed Representative/Agent) Date

This form is to be used with the MoneyGuard® Streamlined process ONLY.