



SNL Loyalty Plan - Page 1

(RED) Should include name, gender, date of birth, age, height, weight, mailing address, phone number, email address, social security number, & birth state.

(ORANGE) If owner and/or payor is different than insured complete these sections entirely.

(YELLOW) Primary beneficiary info is required and contingent beneficiary is recommended.

(GREEN) Plan Selection. Enter Plan, Premium Payable, Amount of Premium, Face Amount, and Rider info.

(TEAL) Billing Info. Answer yes/no income question. If payor wants their premium to be drafted immediately upon underwriting approval then choose "Yes" on Draft Upon Approval, otherwise answer "No". Choose either a billing date or 2nd, 3rd, or 4th Wednesday option to coordinate with their pay date.

(LIGHT BLUE) Replacement – Answer replacement question(s) and complete additional replacement forms if required.

(DARK BLUE) Physician Name – Enter the insured's primary care physician contact information.

(PURPLE) Medical Questions – Section I – Answer all health questions.

SNL Loyalty Plan - Page 2

(RED) Applicant Name and Social Security Number

(ORANGE) Medical Questions – Section 2 and 3 – Answer all health questions.

(YELLOW) Prescriptions – enter all current prescriptions taken and provide all pertinent information to any "Yes" health question(s).



SNL Loyalty Plan - Page 3

Application form for SNL Loyalty Plan, Page 3. Includes fields for Applicant Name, Social Security Number, Prescription Authorization, and Agent's Statement.

(RED) Applicant Name and Social Security Number

(TEAL) Disclosures & Signatures – City & state where the application was signed, Date of signature of insured, Signature and signature date of owner, if different than insured.

(LIGHT BLUE) Agent's Statement –

Answer 2 questions

- 1. Is the proposed insured a family member of the agent?
2. An additional replacement question.

Agent's signature, printed name, and agent number.

If commissions are being split, both agents must sign the application and provide split information.

SNL Loyalty Plan - Page 4

(RED) Applicant Name and Social Security Number

(GREEN) Child Rider – If applying for a Child Rider, provide all information.

(DARK BLUE) Payor Name, Phone, and Address. Customer Name is Payor's Name. Enter banking information.

(PURPLE) EFT disclosures. Date and signature of authorized account holder.

(PINK) Conditional Receipt: Payor Name, Date, Cash With App, Agent Signature and Agent Name.

Application form for SNL Loyalty Plan, Page 4. Includes Child Rider section, Payor Information and Electronic Funds Transfer (EFT) section, and Conditional Receipt section.