

OWNER INFORMATION

First Name Patricia		M.I.	Last Name Clark	
Email ipatriciack93@gmail.com		Phone 240-667-6562		
Address 6025 Springhill Drive		Apt # 201	City Greenbelt	State md Zip 20770

APPLICANT INFORMATION - All applicants must permanently reside in the United States.

First Name Patricia		M.I.	Last Name Clark		Relationship to Owner self
Address 6025 Springhill Drive		Apt # 201	City Greenbelt	State MD Zip 20770	
Phone 240-667-6562	Social Security # 577-27-2445	Age 26	Date of Birth 01-02-1993	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

BENEFICIARY INFORMATION

Primary First Name Iris		M.I.	Last Name Clark		Relationship mother
Address 6025 Springhill Drive, #201 Greenbelt, MD 20770		Phone 240-667-6562			
Contingent First Name	M.I.	Last Name	Relationship		

RIDER OPTIONS	Child Rider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a # of Unit(s) Per Child	AD&D Rider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a # of Unit(s)	Rider Premium \$
PLAN	<input checked="" type="checkbox"/> Final Expense <input type="checkbox"/> 20 Year Pay <input type="checkbox"/> Modified Death Benefit	PAYMENT METHOD	<input checked="" type="checkbox"/> Monthly Draft <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Direct	DUE DATE	TOTAL MONTHLY PREMIUM
				10 (1st thru 28th only)	\$ 11.50

TOBACCO QUESTION In the past twelve (12) months, has the applicant used any form of tobacco? Yes No

UNINSURABLE CONDITIONS

1. Has the applicant tested positive for HIV or been diagnosed by a physician as having AIDS or a life expectancy of twelve (12) months or less? Yes No

2. Is the applicant currently bedridden, hospitalized, in a care facility, or receiving hospice care? Yes No

SIGNIFICANT HEALTH CONDITIONS - If the answer to any health question is "Yes", your death benefit will be modified.

In the past two (2) years, has the applicant been diagnosed with, been treated by a physician, or taken medication for any of the following conditions:

1. Disease of the heart, including heart attack, heart surgery, or congestive heart failure? Yes No

2. Disease of the circulatory system, including stroke, aneurysm, or been advised to have surgery to improve circulation? Yes No

3. Cancer, other than basal cell skin cancer? Yes No

4. Disease of the lungs, including COPD or emphysema, other than asthma? Yes No

5. Disease of the liver or kidney, or had an organ transplant? Yes No

6. Alzheimer's disease, dementia, organic brain syndrome, or ALS (Lou Gehrig's disease)? Yes No

7. Alcohol or drug abuse? Yes No

8. Complications of diabetes, including amputation, diabetic coma, blindness, or kidney disorder? Yes No

9. Has the applicant had or been advised to have a diagnostic test relating to any of the questions listed above, except for those relating to the Human Immunodeficiency Virus (AIDS virus), for which results have not yet been received? Yes No

REPLACEMENT

1. Does the applicant have existing life insurance or annuity contracts? Yes No

2. Will this policy replace or change other insurance or annuities? Yes No

If question two (2) is answered "yes", list: Company _____ Policy # _____

AUTOMATIC PREMIUM LOAN Is Automatic Premium Loan requested? Yes No **DELIVERY** Mail Policy to: Owner Producer

I authorize any pharmacy or pharmacy benefit manager that possesses prescription history about me to furnish such health information to Lincoln Heritage Life Insurance Company or its reinsurers for the purpose of evaluating my application for insurance. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case, it may not be protected under federal privacy rules. This authorization shall be valid for two (2) years from this date and may be revoked by sending written notice to Lincoln Heritage Life Insurance Company.

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. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the Company will rely on my answers in issuing the insurance. I understand that coverage takes effect when this application has been approved by the Company and the first premium is paid.

Signature of Owner Patricia Clark	Signature of Applicant Patricia Clark	Signed in State MD
		Date 02/26/2019 - 20

PRODUCER'S CONFIRMATION Are there existing life insurance and/or annuity contracts on the life of the applicant? Yes No To the best of my knowledge, replacement is is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.

Signature of Producer Morgan	Producer's Number 27-0125570
First Name TaNoah	Last Name Morgan

FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS) ENROLLMENT - Free Benefit Please enroll me as a non-voting FCGS member: Yes No

Signature Certificate

Folder Ref: bc65c6087831cf36ac48c463a859342088c1aa47



Author: TaNoah Morgan Creation Date: 25 Feb 2019, 21:40:09, EST Completion Date: 26 Feb 2019, 19:09:17, EST

Document Details:



Name: PClark lincoln heritage final expense application

Type:

Document Ref: 3f81fbf24e2fbb5a8cb92421d946e42272cda47fcc3f3d7dbb6c742b253a2172



Name: PClark LLincol heritage CreditCardAuthorization

Type:

Document Ref: e6f36df19ade676d21305ceb6785c8db3f994001fcd771fcdc6e82d08eff7b14

Document Signed By:

Name: Patricia Clark
Email: ipatriciack93@gmail.com
IP: 2607:fb90:6490:60d9:443b:853f:8206:89a4
Date: 26 Feb 2019, 19:09:17, EST

Patricia Clark

Name: TaNoah Morgan
Email: tmorgan@msagencies.com
IP: 96.255.173.189
Date: 25 Feb 2019, 21:45:48, EST

Document History:

Folder Created	TaNoah Morgan created this folder on 25 Feb 2019, 21:40:09, EST
Invitation Sent	Invitation sent to Patricia Clark on 25 Feb 2019, 21:45:15, EST
Invitation Sent	Invitation sent to TaNoah Morgan on 25 Feb 2019, 21:45:15, EST
Invitation Accepted	Invitation accepted by TaNoah Morgan on 25 Feb 2019, 21:45:15, EST
Signed By TaNoah Morgan	TaNoah Morgan signed this folder on 25 Feb 2019, 21:45:48, EST
Invitation Accepted	Invitation accepted by Patricia Clark on 26 Feb 2019, 19:07:49, EST
Signed By Patricia Clark	Patricia Clark signed this folder on 26 Feb 2019, 19:09:17, EST
Executed	Document(s) successfully executed on 26 Feb 2019, 19:09:17, EST

