

**OWNER INFORMATION**  
 First Name *Celia* M.I. *A* Last Name *Burton*  
 Email *celiaab23@gmail.com* Phone *301-356-3745*  
 Address *16201 Azure Pl* Apt # \_\_\_\_\_ City *Bowie* State *MD* Zip *20716*

**APPLICANT INFORMATION - All applicants must permanently reside in the United States.**  
 First Name *Celia* M.I. *A* Last Name *Burton* Relationship to Owner *Same*  
 Address *16201 Azure Pl* Apt # \_\_\_\_\_ City *Bowie* State *MD* Zip *20716*  
 Phone *301-356-3745* Social Security # *469-92-6276* Age *56* Date of Birth *03-23-1963* Sex  Male  Female

**BENEFICIARY INFORMATION**  
 Primary First Name *Fredrick* M.I. \_\_\_\_\_ Last Name *Burton* Relationship *Husband*  
 Address *16201 Azure Pl Bowie MD* Phone *301-356-3782* Coverage Amount \$ *5000.00*  
 Contingent First Name *Courtney* M.I. \_\_\_\_\_ Last Name *Burton* Relationship *daughter* Monthly Premium \$ \_\_\_\_\_  
 Rider Premium \$ \_\_\_\_\_  
**RIDER OPTIONS** Child Rider  Yes  No # of Unit(s) Per Child \_\_\_\_\_ AD&D Rider  Yes  No # of Unit(s) \_\_\_\_\_  
**PLAN**  Final Expense  20 Year Pay  Modified Death Benefit  
**PAYMENT METHOD**  Monthly Draft  Annual  Quarterly  Monthly Direct **DUE DATE** \_\_\_\_\_ (1st thru 28th only)  
 TOTAL MONTHLY PREMIUM \$ *66.36*  
*61.29*

**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 *Celia Burton* Signature of Applicant \_\_\_\_\_ Signed in State *MD* Date *03-25-2019*

**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 *[Signature]* Producer's Number *27-0125570*  
 First Name *TANOA H* Last Name *Morgan*

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

Authority to honor payments drawn by and payable to  
**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
 4343 E. Camelback Rd. Suite 400 Phoenix, AZ 85018

<b>Checking or Savings Account</b>		<b>Payment Type:</b> <input checked="" type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>	
Authorized Payor		2nd Authorized Payor	
First Name	<b>Celia</b>	M.I.	
Last Name	<b>Burton</b>		
Routing Number	<b>255077008</b>	Financial Institution	<b>Educational Systems FCU</b>
Account Number	<b>026032</b>	Telephone Number	<b>301.779.8500</b>
		City	<b>Greenbelt</b> State <b>MD</b>

<b>Credit Card</b>	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Name as it Appears on the Card	Payment Type: <input type="checkbox"/> Debit <input type="checkbox"/> Credit
First Name	M.I.
Last Name	Sequence Number
Billing Address	Expiration Date
Apt #	City
	State
	Zip

Please withdraw my initial premium on - - 20 OR

Immediately upon receipt at home office

Please draft my recurring monthly payment on the due date indicated on the application OR

Please draft my recurring monthly payment on the  1st  2nd  3rd  4th \_\_\_\_\_ of the month.  
 (Monday - Friday only)

I authorize Lincoln Heritage Life Insurance Company (hereafter "you") to collect the initial premium and any future payments for this insurance by electronic or other means from the account identified above. I agree that the treatment of such payment, and all rights with respect to it, will be the same as if it were signed and initiated by me. I further agree that if any check, draft or debit is dishonored for any reason, you will not be under any liability, even though dishonor results in the forfeiture or lapse of insurance. This authorization is to remain in effect until you receive written notice from me of its revocation, unless you end it earlier. I understand that no insurance will go into effect until Lincoln Heritage has (a) received and approved the application for life insurance, (b) issued a policy based on the application, (c) withdrawn the first premium from the designated account. The applicant(s) must be alive at the time the payment is honored.

Authorized Signature

**Celia Burton** *Celia Burton* 03/26/2019

Date - - 20

Please include a void check from the account to be drafted if initial payment will be a checking account draft.

Indemnification Agreement - TO: The Financial Institution named above.

"In consideration of your compliance with the authorization of the depositor named above, we agree to indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from execution of any check, draft or order, whether or not genuine, purporting to be drawn by the Lincoln Heritage Life Insurance Company to its own order and received by you in the regular course of business, and to defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of premium collection. \*Authorized by a resolution adopted by the Board of Directors of the Lincoln Heritage Life Insurance Company.

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**CONDITIONAL RECEIPT COVERAGE - LINCOLN HERITAGE LIFE INSURANCE COMPANY**

Void if altered, or if check or draft given in payment is not honored.

ALL CHECKS MUST BE MADE PAYABLE TO THE COMPANY - DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK

Received the sum of \$ \_\_\_\_\_ from \_\_\_\_\_ as the initial premium payment for the life insurance application dated \_\_\_\_\_. This receipt is executed subject to the following conditions: Any insurance issued from the application for which this receipt is given will take effect on the date of the application as long as (1) The application has been completely filled out including all required signatures, (2) The proposed insured's health represents a risk acceptable to the Company at the rate and in the amount stated in the application, (3) The first premium is paid with the application, and (4) Any premium in excess of the equivalent of \$100,000 coverage will not be accepted.

Coverage under any policy not issued as applied for or in an amount in excess of the aforementioned maximum will not be in effect until said policy has been delivered during the lifetime of the insured and accepted by the applicant-owner.

Except as provided above, no coverage will take effect and the liability of the Company is limited to a refund of any amount paid.

Producer's Number **27-0125570**

Signature of Producer *TaNoah Morgan*

Date 03/25/2019

Lincoln Heritage reserves the right to convert your check into an electronic payment, which will be reflected on your account as an ACH transaction. Funds may be debited from your account on the same day the payment is received. Your original check will not be returned. If you do not wish for your check to be processed electronically, please contact our offices at 800-438-7180.

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# Signature Certificate

Folder Ref: a066f14bd13c7de377497d2df3b21b328bf6c492

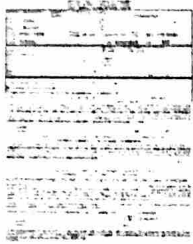


Author TaNoah Morgan

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e3e90634bb613

## Document Signed By:

Name: TaNoah Morgan  
Email: tmorgan@msagencies.com  
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Date: 25 Mar 2019, 13:25:04, EDT

*TaNoah Morgan*

Name: Celia Burton  
Email: celiaab23@gmail.com  
IP: 66.250.190.33  
Date: 26 Mar 2019, 12:53:38, EDT

**Celia Burton**

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