

APPLICATION FOR INDIVIDUAL LIFE INSURANCE PLEASE PRINT LEGIBLY

Executive Offices: 4343 East Camelback Road, Suite 400 Phoenix, AZ 85018-2705

OWNED WEEK INSURANCE COMPANY	PLEASE PRINT LEGIDLY	F110c111x, AZ 03010-2700
OWNER INFORMATION First d d	1 Last D 1	
Name Celia	M.I. A Name Burton	1
Email Celiaab 23 egmail, Com	Ant	Phone 301-356-3745
Address 16201 Azuve Pl	Apt # City Bravie	State MD Zip 20716
APPLICANT INFORMATION – All applicants must permane		Polationship
First Name Cella M.I. A	Name Burton	Relationship to Owner Same
Address 16201 Azire Pl Social	Apr City Bowle	State MD Zip 207/6 ate of 03-23-/963Sex GFFemale
Phone 301-356-37 45 Security # 416 BENEFICIARY INFORMATION	9-92-6276 Age 56 Bi	th 03-23-1963 Sex Externale
Primary C. J. J.	Last Name Burton	Relationship Husbaud
WOOL Ann DI ROUGO MIN		
Address 16201 Azure Pl Bowre MI) Contingent 2 Last 2 Last 2	Phone 301-356-37	
First Name Courtney M.I. Name DUFFE	The state of the s	Didor
OPTIONS Child Rider Tes No #010111(5) Fel Child	AD&D Rider □Yes ☑No # of Unit(Premium \$ TOTAL 66.36
PLAN	Quarterly OD DUE DATE	Ist thru MONTHLY th only) PREMIUM \$
TOBACCO QUESTION In the past twelve (12) months, has the	applicant used any form of tobacco?	
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) mo	nths or less? Yes No
2. Is the applicant currently bedridden, hospitalized, in a care facility, or receiving	ng hospice care?	□Yes ☑No
SIGNIFICANT HEALTH CONDITIONS - If the answer to any	health question is "Yes", your death ber	nefit 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 follo	wing conditions:
1. Disease of the heart, including heart attack, heart surgery, or congestive he	art failure?	
Disease of the circulatory system, including stroke, aneurysm, or been advi	sed to have surgery to improve circulation?	□Yes ☑No
Cancer other than basal cell skin cancer?		☐ tes ☐ NO
Disease of the lungs, including COPD or emphysema, other than asthma?.		□Yes ☑No │ □Yes ☑No
Disease of the liver or kidney, or had an organ transplant?	-!!\0	
Alzheimer's disease, dementia, organic brain syndrome, or ALS (Lou Gehri	g s disease)?	□ Yes ☑ No
7. Alcohol or drug abuse?	or kidnov dipordor?	
Complications of diabetes, including amputation, diabetic coma, blindness, Has the applicant had or been advised to have a diagnostic test relating to a	or Kluriey disorder?	ating to the Human Immunodeficiency
Virus (AIDS virus), for which results have not yet been received?		
Does the applicant have existing life insurance or a	innuity contracts?	
REPLACEMENT 2. Will this policy replace or change other insurance of		Policy#
If question two (2) is answered "yes", list: Compan		
AUTOMATIC PREMIUM LOAN Is Automatic Premium Loan requ	ested? ☑ Yes ☐ No DELIVERY	Mail Policy to: Owner Producer
authorize any pharmacy or pharmacy benefit manager	that possesses prescription history ab	out me to furnish such health information to
Il incoln Haritaga Life Incurance Company or its reinsurers t	or the nurbose of evaluating my applica	tion for insurance, neath information obtained i
built not be redicaleded without my authorization unless not	mitted by law. In which case, it may no	t be brotected under lederal buyacy rules. This r
authorization shall be valid for two (2) years from this da	te and may be revoked by sending with	titeri notice to Emconi richago Eno modianos
Company. Any person who knowingly presents a false statement in a	application for insurance may be quilt	v of a criminal offense and subject to penalties
lunder state law I affirm that the answers I have given are to	to the best of my knowledge and be	ner. I understand that the company will rely on I
my answers in issuing the insurance. I understand that co	verage takes effect when this application	n has been approved by the Company and the
first premium is paid.		
		Signed in State MD
Signature of Owner Collab Burley Signature of Appl		Date D 3-25-20 19
PRODUCER'S Are there existing life insurance and/or annuity contract	ts on the life of the applicant? Yes No To the	best of my knowledge, replacement ☐is ☐ is not involved in
CONFIRMATION this transaction. If replacement is involved, I presented Signature of		Producer's an income
Producer First	last.	Number $\alpha / - 0 (250/0)$
Name / ANOAH	Name Morgan	FOOD wearhout Follow Files
FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS) ENRO	DLLMENT – 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

Authorized Payor First Name Last Name Burton Routing Number 255077008 Financial Institution Recount Number Credit Card Name Last Name Number Routing Number 026032 City Greenbelt State MD Card Type:		Suite 400 Phoenix, AZ 85018
Authorized Payor Celia M.I. Name Burton Routing 255077008 Financial Institution Educational Systems FCU Telephone 301.779.8590 Name Na	Checking or Savings Account Payment Type: ☐ Checking ☐ S	Savings
Name Last Name Routing 255077008 Financial institution Educational Systems FCU Telephone State MD	Authorized Payor	
Last Name Burton Routing 255077008 Financial Educational Systems FCU Telephone 301.779.8590 Account O26032 City Greenbelt State MD Credit Card Card Type: State MD State MD Credit Card Card Type: State MD State MD Credit Card Card Type: State Card Ty		
Name Routing 255077008 Financial Institution Educational Systems FCU Telephone Number 301.779.8590		
Financial Institution Educational Systems FCU Number 301.779.85Q0		
Institution Educational Systems FLO Number 25507/0008	Pouting	Telephone
Credit Card Card Type: Visa Mastercard Discover		onal Systems FCU Number 301.749.8500
Credit Card Card Type: Visa Mastercard Discover Payment Type: Debt Credit Card Discover Payment Type: Debt Credit Discover Payment Type: Debt Credit Discover Debt Debt	Account 026032	City Greenholt City MD
Payment Type:	Number 020032	
Name as it Appears on the Card First Name Last Name Billing Apt Apt Address # 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 due date indicated on the application OR Please draft my recurring monthly payment on the due date indicated on the application 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 due date indicated on the application OR Individual or the control of the company (hereafter "you") to collect the initial premium and any future payments for this insurance by electronic or other means from the account it dentified above. I agree that if any check, draft or debt is dishonored for any reason, you will not be under any failing the payments for this insurance by electronic or other means from the account it control for the development of the sinush one that any fails one results in the foreign or the insurance. Will be the same as if it were signed and initiated in surance will be insurance. This authorization is to remain in effect until you receive written notice from me of its revocation, unless you and it earlier. I understand that no insurance. Will be into the feet until Lincoh heritage has one insurance. Will be into the feet until Lincoh heritage has the feet of insurance of its revocation, unless you and it earlier. I understand that no insurance will go into effect until Lincoh heritage has a property of the company to the deposition of any others, draft or other, whether or not genuine, purporting to be drawn by the incoh heritage Life insurance company to its consideration of your actions resulting from execution of any check, draft or other, whether or not genuine, purporting to be drawn by the incoh heritage Life insurance company to its receipt or a source sea		Card Type: ☐ Visa ☐ Mastercard ☐ Discover
Sequence Name Last Name Billing Apt Apt Address ## City State Zip Please withdraw my initial premium on		Payment Type: ☐ Debit ☐ Credit
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Address # City State Zp Please withdraw my initial premium on	Last	Expiration
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Please withdraw my initial premium on		City Ctato 7in
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 due date indicated on the application OR Please draft my recurring monthly payment on the due date indicated on the application OR Please draft my recurring monthly payment on the due date indicated on the application of the month. (Monday – Friday only)	Address #	City State Zip
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Please draft my recurring monthly payment on the due date indicated on the application OR Please draft my recurring monthly payment on the 1ª 2ª 2ª 3ª 4ª (Monday - Friday only) Tauthorize 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 it in you'ver, 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 Lincoh 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 Celia Burton 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. The lease 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. The lease Include a void of the authorization of the deposition manned above, and a properties the drawn by the Lincoh Heritage Life Insurance Company to its own order and received by you in the regular course of business, and to defined a 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 dyour participation in the foregoing plan of premium payment for the life insurance application date. CONDITIONAL RECEIPT COVERAGE - LINCOLN HERITAGE LIFE INSURANCE COMPANY Voi	Please withdraw my initial premium on - 20	OR
Please draft my recurring monthly payment on the 1ª 2ª 3ª 4ª 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 if my 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 Please include a void check from the account to be drafted if initial payment will be a checking account draft. Indemnification 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 resided by you in the regular course of business, and to defend at our own cost and expense any action whigh the brought by any depositor or any other pessons 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. 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 PA		
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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 of 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 and 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 Fleasement—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 reserved by you in the regular course of business, and to defend at our own cost and expense any adom whigh the brought by any depositor or any other pessons 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. 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 T		
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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 Lincoh 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. ICC14AUTH V1 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 \$		
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TaNoah Morgan

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TaNoah Morgan

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