

OWNER INFORMATION

First Name	Derrick	M.I.		Last Name	McCombs							
Email	mccombs225@gmail.com			Phone	(240)708-5447							
Address	4205 58th Avenue Apt A			Apt #	Bladensburg		State	MD		Zip	20710	

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

First Name	Derrick	M.I.		Last Name	McCombs					Relationship to Owner	self					
Address	4205 58th Avenue Apt A			Apt #	Bladensburg		State	MD		Zip	20710					
Phone	(240)708-5447			Social Security #	578-94-5902			Age	46		Date of Birth	2-25-1973		Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

BENEFICIARY INFORMATION

Primary First Name	Marian	M.I.		Last Name	Brown-McCombs					Relationship	wife		
Address	4205 58th Avenue Apt A Bladensburg, MD 20710			Phone	301-232-8087					Coverage Amount	\$ 5,000.00		
Contingent First Name	Tina			Last Name	Flannigan					Relationship	sister		
								Monthly Premium	\$ 19.95				

RIDER OPTIONS	Child Rider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	# of Unit(s) Per Child	AD&D Rider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	# of Unit(s)			Rider Premium	\$		
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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	15 (1st thru 28th only)		TOTAL MONTHLY PREMIUM	\$ 19.95		
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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:

- Disease of the heart, including heart attack, heart surgery, or congestive heart failure? Yes No
- Disease of the circulatory system, including stroke, aneurysm, or been advised to have surgery to improve circulation? Yes No
- Cancer, other than basal cell skin cancer? Yes No
- Disease of the lungs, including COPD or emphysema, other than asthma? Yes No
- Disease of the liver or kidney, or had an organ transplant? Yes No
- Alzheimer's disease, dementia, organic brain syndrome, or ALS (Lou Gehrig's disease)? Yes No
- Alcohol or drug abuse? Yes No
- Complications of diabetes, including amputation, diabetic coma, blindness, or kidney disorder? Yes No
- 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Will this policy replace or change other insurance or annuities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If question two (2) is answered "yes", list: Company _____ Policy # _____	

AUTOMATIC PREMIUM LOAN	Is Automatic Premium Loan requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DELIVERY	Mail Policy to: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Producer
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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	Derrick McCombs	Signature of Applicant	03/30/2019	Signed in State	MD	
				Date	- - 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	TaNoah 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

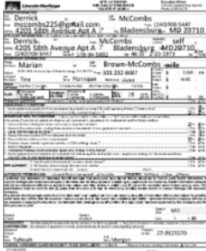
Signature Certificate

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Author:	TaNoah Morgan	Creation Date:	30 Mar 2019, 21:39:11, EDT	Completion Date:	30 Mar 2019, 22:58:33, EDT
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Type:
Document Ref: a50da9e1865b9357656507c9824784bf3921e7e4b65ffa60ae64eae8a579cada
Document Total Pages: 1

Document Signed By:

Name: Derrick McCombs
Email: mcombs225@gmail.com
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Date: 30 Mar 2019, 22:58:33, EDT

Derrick McCombs

Name: TaNoah Morgan
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Date: 30 Mar 2019, 22:01:45, EDT

TaNoah Morgan

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