Individual Graded Death Benefit Life Insurance Application

GI App19



1455 West Lake Street Minneapolis, MN 55408-2666 Toll-free: 800-945-8851 Phone: 612-827-3611 *www.sonsofnorway.com*

Proposed Insured - Current Sons of Norway Member? □ Yes □ No Norwegian by □ Birth □ Descent □ Marriage/Spouse □ Interest/Affiliation							
First name Middle Initial Las	st name	Sex	Date of Birth (mm/dd/yy)				
Home address (Street Address, City, State, Zip)							
Phone No. Email Address	o. Email Address Social Security Number						
2 Applicant/Owner - if other than the formation of the second s	ne Proposed Insured Curre	ent Sons of Norway membe	er? 🗆 Yes 🛛 No				
Norwegian by D Birth D Descent D Marriage/Spouse D Interest/Affiliation Payor - if other than Owner							
Name	Relationship to Proposed In	nsured Soc	cial Security No.				
Home address (Street Address, City, State, Zip)							
Home Phone No. Work Phone No All notices and reports will be sent to the Owner unless otherwise specified							
Insurance Applied For Amount Premium \$ \$	Premium Mode 🛛 Month	nly 🗆 Quarterly 🗖 :	Semi-Annual 🛛 Annual				
Does the person proposed for insurance have life insurance or annuities in force? (If yes, give details below.)							
Company	Policy Number	Replace or Change	Coverage Amount				
4 Beneficiary - (If multiple beneficiaries are	named, shares will be divided e	equally or to the survivor(s) u	inless otherwise specified.)				
Primary: Name	Birth Date	SS#	Relationship				
Contingent: Name	Birth Date	SS#	Relationship				

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5	Authorization for Automatic Withdrawal (AWP)											
	Section 1 - Transaction Requested											
	Establish New AWP Account											
I authorize Sons of Norway to make an immediate electronic draw from the bank account listed below upon receipt of □ One time payment □ Ongoing payment deducted monthly on the □ first or □ fifteenth												
							Add to Existing AWP	Add to Existing AWP me of bank account owner:				
							Name of bank account owner:					
	Address:	City:		State: Zip:								
	Full name of bank:		Routing number:									
	Bank Account Number:		_ Checking or E] Savings								
	Section 2 - Agreements and Signat	ure										
	General Authorization											
	l authorize Sons of Norway to:											
	 Make electronic deposits, withdra Act on this authorization until I rev 			ly with U.S. law.								
	 Make administrative changes to the 			adding or removing certificates for								
	automatic payment.		-	0								
	Act upon electronic deposit, with	drawal, and administrati	ve instructions I provide.									
	Signature of bank account owner		Date									
4												
6	Declarations By Proposed I represent that all statements and		arts of this application are full, o	complete and true to the best of my								
	knowledge and belief. It is agree	d that:										
	1. All such statements and answers sh	all be the basis for and a	a part of any certificate issued.									
	2. No representative can accept risks	s, make or change contra	acts, or waive Sons of Norway's	0								
	3. No insurance shall take effect unles		l is alive when the certificate is o	delivered and the full premium is								
	received in Sons of Norway Headq 4. I understand that a reduced death		ole during the first two years if a	death results from sickness or other								
	natural causes.											
Δn	y person who knowingly presents a fal	lse statement in an appli	cation for insurance may be qu	illy of a criminal offense and subject								
	penalties under state law.											
2	Χ											
	Signature of proposed insured		Date signed									
2	Χ											
	Signature of applicant/owner (if other than p	proposed insured)	Date signed									
2	Χ											
	Signature of witness		City and State where signed	Date signed								
I	I certify that I asked each question o	n the application as prir	nted and recorded the answer	s exactly as given. Also, I certify that								
	the insurance application is not inten											
,	x											
4	X Signature of Agent		Agent license number	Date signed								