



Full Legal Name of Insured (Last, First Middle)	Social Security Number
<b>Complete information below if the policyowner is to be other than the insured.</b>	
16. Full Legal name of policyowner (if other than insured):	17. Date of birth (Mo/Day/Yr):
18. Address:	City: State: Zip code:
19. Relationship to insured:	
<b>Complete information below if you would like to name a secondary addressee. If you name one, USAble Life may notify the secondary addressee and the policyowner that your coverage may terminate or be placed on automatic premium loan or a nonforfeiture benefit, due to failure to pay premium within the policy's specified time period.</b>	
20. Full Legal Name of Secondary Addressee:	
21. Address:	City: State: Zip code:
<b>Read and Sign This Statement.</b>	
I submit this application to convert insurance, under said group policy, to an individual plan. I hereby certify that the information in Section II is true and complete. I understand and acknowledge that, any beneficiary designation in an individual policy issued pursuant to this application shall, if different from the group policy's designation, be deemed notice of change of beneficiary.	
<b>Insurance Fraud Warning</b> - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.	
X _____ / _____ Proposed insured's signature /Date	X _____ / _____ Proposed policyowner's signature /Date (if policyowner is other than insured)
If you request premium payment through automatic deductions from a checking account, complete the "Automatic Bank Draft Authorization" section below.	
<b>Automatic Bank Draft Authorization</b>	
<b>Instructions:</b>	NOTE: This section allows your financial institution to pay the monthly premium for you automatically from the checking account specified by you.
1. Complete the section at the right, making sure to enter the date, and sign your name as it appears on your account.	<i>I/We give permission for my financial institution to automatically make payments to USAble Life. This authorization will remain in effect unless: I/we cancel it in writing; the checking account is closed; or the insurance policy is cancelled.</i>
2. Return this enrollment application, along with your check for the first month of coverage.	_____
3. We will withdraw future premiums from the checking account listed on the check used for the initial premium, unless you direct us otherwise.	Checking account number
4. If you wish to have future premiums withdrawn from a checking account other than the one from which you have paid the initial premium, please provide us with a voided check for that account.	_____
	Account holder's name (Please print.)
	Joint account holder or other authorized representative's name (Please print.)
	_____
	Account holder's signature
	Joint account holder or other authorized representative's signature
	_____
	Date
	Date

To calculate your premium:

1. Find your age and the corresponding rate from the table below.
2. Multiply this rate by the number of thousand dollar units of insurance you plan to convert. One unit is equal to \$1,000 of coverage.
3. To this, add Annual policy fee of \$25.
4. Multiply this amount by the premium factor based on the mode of payment you select.

<u>MODE</u>	<u>PREMIUM FACTOR</u>	<u>POLICY FEE</u>
Annual	1.00000	\$25.00
Semi-Annual	0.50000	
Quarterly	0.25000	
Automatic Bank Draft Monthly	0.08334	

**ANNUAL PREMIUM PER THOUSAND – 20 PAY WHOLE LIFE**

AGE LAST BIRTHDAY	PREMIUM RATE	AGE LAST BIRTHDAY	PREMIUM RATE
0 - 10	15.06	46	36.99
11	15.27	47	38.47
12	15.48	48	40.00
13	15.64	49	41.69
14	15.85	50	43.49
15	16.05	51	45.73
16	16.20	52	48.08
17	16.39	53	50.54
18	16.62	54	53.13
19	16.85	55	55.84
20	17.03	56	58.69
21	17.20	57	61.69
22	17.28	58	64.87
23	17.32	59	68.23
24	17.43	60	71.81
25	17.50	61	75.59
26	17.61	62	79.60
27	17.79	63	83.87
28	18.09	64	88.42
29	18.54	65	93.29
30	19.09	66	98.53
31	19.79	67	104.20
32	20.56	68	110.35
33	21.46	69	117.05
34	22.42	70	124.35
35	23.45	71	132.29
36	24.52	72	140.92
37	25.67	73	150.31
38	26.84	74	160.59
39	28.05	75	171.85
40	29.30	76	184.19
41	30.56	77	197.71
42	31.78	78	212.51
43	33.00	79	228.67
44	34.29	80	246.23
45	35.61		

**Example of Rate Calculation:**

Conversion of \$10,000 Group Life for a 45-year-old male to \$10,000 20 Pay Life Policy, payable quarterly.

Age:	45
Premium Rate:	35.61
X Amount of Insurance:	x 10
Subtotal:	\$356.10
+ Policy Fee:	+ 25.00
Subtotal:	\$381.10
X Premium Factor:	x .25
Total Quarterly Premium:	\$95.28

**Calculate Your Rate Below:**

Age Last Birthday:	
Premium Rate:	
X Amount of Insurance:	x
Subtotal:	
+ Policy Fee:	+
Subtotal:	
X Premium Factor:	x
Total Premium:	