FINAL EXPENSE

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2549, WACO, TX 76702-2549 • (254) 297-2777

INDIVIDUAL LIFE INSURANCE APPLICATION (Please print in black ink) **Telephone Case No:**______________________

Proposed Insured ______________________ (First) (Middle) (Last)
Address (No. & Street)______________________
City State Zip Code

Telephone interview completed ☐ Yes ☐ No
________ Phone ________ Best time to call ☐ am ☐ pm
E-mail Address

☐ Male ☐ Female	Date of Birth / /	Age	State of Birth	Social Security Number / /	Height ft in	Weight lbs

Owner: Name______________________Relationship______________________SS#_______ /____/_______
Address City/State/Zip

Primary Beneficiary	Relationship	Contingent Beneficiary	Relationship

Plan: __________ **Face Amount of Insurance $**__________
☐ Immediate Death Benefit
☐ Graded Death Benefit (Percentage of Face Amount)
☐ Return of Premium Death Benefit

☐ Check here if you are willing to accept any plan for which you qualify based on this application. The insurance for which you qualify may have a graded or return of premium death benefit for the first two (2) or three (3) years, a face amount less than any indicated on this application, and riders may not be available.

During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? ☐ Yes ☐ No

Rider: ☐ Grandchild/Great Grandchild Coverage ____ Number of Children Applying ____ Units ☐ Other ________
☐ Child Rider* Units ☐ ADB* Amt $ (*not available on Return of Premium Death Benefit)

Automatic Premium Loan Elected? ☐ Yes ☐ No

Mode: ☐ Bank Draft ☐ Draft 1st Prem on Req. Date
☐ Other Modal Prem $

CWA: ☐ E-Check Immediate 1st Prem
☐ Collected $

Mail Policy To: ☐ Agent ☐ Insured ☐ Owner
Requested Policy Date: / /

A. Do you have existing life insurance or an annuity contract? ☐ Yes ☐ No
B. Will you replace an existing life insurance policy or an annuity? ☐ Yes ☐ No

Company
Policy # Amount of Coverage $

Physician Name: City/State: Phone:

HEALTH INFORMATION

1. Are you currently hospitalized, confined to a nursing facility, a bed, or a wheelchair due to chronic illness or disease, currently using oxygen equipment to assist in breathing, receiving Hospice Care or home health care, or had an amputation caused by disease, or do you currently have any form of cancer (excluding basal cell skin cancer) diagnosed or treated by a medical professional, or do you require assistance (from anyone) with activities of daily living such as bathing, dressing, eating or toileting?........ ☐ Yes ☐ No
2. Have you had or been medically advised to have an organ transplant or kidney dialysis, or have you been medically diagnosed as having congestive heart failure (CHF), Alzheimer's, dementia, mental incapacity, Lou Gehrig's disease (ALS), liver failure, respiratory failure, or been diagnosed by a medical professional as having a terminal medical condition or end-stage disease that is expected to result in death in the next 12 months? .... ☐ Yes ☐ No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? .... ☐ Yes ☐ No

If any answer to questions 1 through 3 is answered "Yes" the Proposed Insured is not eligible for any coverage.

4. Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50? .... ☐ Yes ☐ No
5. Have you ever been medically diagnosed, treated or taken medication for renal insufficiency, kidney failure, chronic kidney disease, or more than one occurrence of cancer in your lifetime (excluding basal cell skin cancer)?........ ☐ Yes ☐ No
6. Within the past 2 years have you had any diagnostic testing (excluding tests related to Human Immunodeficiency Virus (HIV)), surgery, or hospitalization advised by a medical professional which has not been completed or for which the results have not been received?........ ☐ Yes ☐ No
7. Within the past 2 years have you:
   a. been medically diagnosed or treated for angina (chest pain), stroke or TIA, cardiomyopathy, systemic lupus (SLE), cirrhosis, Hepatitis C, chronic hepatitis, chronic pancreatitis, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, or required oxygen equipment to assist in breathing?........ ☐ Yes ☐ No
   b. had a heart attack or aneurysm, or had or been medically advised to have any type of heart, brain or circulatory surgery (including, but not limited to a pacemaker insertion, defibrillator placement), or any procedure to improve circulation? .... ☐ Yes ☐ No
   c. been medically diagnosed, or treated, or taken medication for any form of cancer (excluding basal cell skin cancer)?........ ☐ Yes ☐ No
   d. used illegal drugs, abused alcohol or drugs, had or been recommended by a medical professional to have treatment or counseling for alcohol or drug use or been advised to discontinue use of alcohol or drugs?........ ☐ Yes ☐ No

If any answer to questions 4 through 7 is answered "Yes" the Proposed Insured should apply for the Return of Premium Death Benefit Plan.

8. Within the past 3 years have you been medically diagnosed or treated, or hospitalized for:
   a. stroke, angina (chest pain), heart attack, aneurysm, heart or circulatory surgery or any procedure to improve circulation?... ☐ Yes ☐ No
   b. or taken medication for any form of cancer (excluding basal cell skin cancer), emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), ulcerative colitis, cirrhosis, Hepatitis C, or liver disease? .... ☐ Yes ☐ No
   c. paralysis of two or more extremities or cerebral palsy, multiple sclerosis, seizures, Parkinson's disease or muscular dystrophy? ☐ Yes ☐ No

If any answer to question 8 is answered "Yes" the Proposed Insured should apply for the Graded Death Benefit Plan.

If all questions 1 through 8 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.