GTL | GUARANTEE TRUST LIFE

Application to Guarantee Trust Life Insurance Company for Individual Graded Benefit Whole Life Insurance

1275 Milwaukee Avenue, Glenview, IL 60025, (800) 338-7452

PROPOSED INSURED **SEND DOCUMENTS TO: ☐ AGENT ☐ INSURED**

Last Name_____ First Name_____ M.I. _____

Home Address_____ City_____ State_____ Zip _____

Phone Work (____)_____ Home (____)_____

Social Security Number_____ ☐ Male ☐ Female Age_____ Date of Birth(mm/dd/yy)_____

E-mail Address_____ Weight_____ lbs. Height_____ ft._____ in.

Have you used any tobacco products in the last 12 months? ☐ Yes ☐ No

Plan Applied for: Graded Death Benefit **Face Amount: $_____**

Modal Premium
☐ Annual ☐ Semi Annual
☐ Quarterly ☐ Monthly PAC

Amount of Premium Collected:
$_____

Requested Effective Date_____

Please Choose a Billing Option:

Select Billing Day

Billing Day: 1st - 28th _____

OR ☐ 2nd Wednesday ☐ 3rd Wednesday ☐ 4th Wednesday

Is Automatic Premium Loan Desired? ☐ Yes ☐ No

Owner (Completed only if other than the proposed insured.)

Full legal name of individual _____
(First, Middle, Last), Institution or Trust

Street Address_____ City_____ State_____ Zip _____

Home Phone Number (____)_____ Alternate Phone/Cell Number (____)_____

Relationship to proposed insured_____ Date of Birth (mm/dd/yy)_____

Social Security/Tax ID Number_____ ☐ Male ☐ Female

Beneficiary Information (Revocable)

Name of each primary beneficiary (Last, First, Middle Initial)	Relationship to Insured	% Share
		total must
		equal 100%
Name of each contingent beneficiary (Last, First, Middle Initial)	**Relationship to Insured**	**% Share**
		total must
		equal 100%

Do you have existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will the proposed insurance replace or change any existing life insurance policies or annuities? ☐ Yes ☐ No

If "Yes", to the above questions, please provide the company name and submit necessary replacement forms.

_____

If any answer to questions 1 through 6 is YES, you are not eligible for coverage.	
1. Do you require daily oxygen use (excluding when used with CPAP, after exercise, and for seasonal allergies), have an implanted defibrillator, received or been advised by a medical professional to receive an organ transplant or received dialysis within the last 24 months?	☐ Yes ☐ No
2. Have you ever been diagnosed with or treated by a medical professional for Alzheimer's disease or dementia or are currently being treated for memory loss?	☐ Yes ☐ No
3. Within the last 24 months, have you been diagnosed by a member of the medical profession with Cancer (excluding Stage or Grade 1 Prostate Cancer, Carcinoma in Situ and Squamous Cell or Basal Cell Carcinoma) or received treatment by a member of the medical profession (excluding checkups while in remission, routine screening and maintenance medications) with radiation therapy, chemotherapy; including oral medication or immunotherapy?	☐ Yes ☐ No
4. Have you ever been advised by a member of the medical profession to have an amputation due to complications from diabetes?	☐ Yes ☐ No
5. Are you currently bedridden, confined to a hospital, nursing home, mental care facility, long term care facility, hospice or have you been diagnosed by a member of the medical profession with an end-stage or terminal illness with less than 12 months to live?	☐ Yes ☐ No
6. Have you been diagnosed by a medical professional as having the Human Immunodeficiency Virus (HIV), ARC or AIDS?	☐ Yes ☐ No

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Applicant Authorization to Obtain and Disclose Medical Information for Underwriting and Claim Purposes ("Authorization")

I hereby authorize any physician, healthcare professional, hospital, clinic, Veterans Administration or other medical or medical-related facility, pharmacy, pharmacy benefit management company or prescription data base service, insurance carrier, consumer reporting agency, or insurance support organization that has records or knowledge of my past or present health, prescription drug or medication history, other insurance coverage, and criminal or motor vehicle records to give to Guarantee Trust Life Insurance Company ('GTL'), and representatives performing services for GTL including its employees, third-party administrators, insurance support organizations, or its reinsurer(s), any such information. This medical or health information includes information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also includes information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law. This authorization excludes psychotherapy notes. Such information about me may be disclosed to GTL and to any representatives performing services for GTL related to this Application and any policy subsequently issued related thereto ("Policy"). I agree to notify GTL of any change in my health, prescription drug or medications while my Application is in the underwriting process.

I also understand GTL, or its authorized representatives, may conduct a phone interview or face-to face assessment with any applicant as part of the underwriting process. Such health, prescription drug and/or medication information will be used to consider my insurability with GTL. I agree and understand this Authorization will be valid for twenty-four (24) months from the date signed below. The time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. I or my authorized representative (if applicable), are entitled to a copy of it. I agree this Authorization may also be used to obtain health, prescription drug and/or medication information or records, as stated above, in order to process a claim that is submitted within the timeframe this Authorization remains valid.

I have read or had read this authorization and I have also received a copy or will be provided a copy of the "Notice to Applicant, Parts 1 and 2" and the Description of Information Practices form prepared by the Company (if required by your state).

I have the right to revoke this Authorization at any time by sending a written request to GTL at 1275 Milwaukee Avenue, Glenview, IL 60025, Attention: Policy Owner Services. I understand revocation of my Authorization will not be effective to the extent GTL has relied on the use or disclosure of my health, prescription drug and/or medication information or so long as GTL has a legal right to contest a claim under the Policy. I understand my Application for insurance can be declined if I choose not to sign this Authorization.

I further understand any protected health information disclosed pursuant to this Authorization, will be protected by GTL in accordance with federal and/or applicable state privacy laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996, as amended. However, I further understand that if a person or entity who receives this information is not covered by federal privacy regulations, the information may be re-disclosed by such person or entity and will likely no longer be protected by the federal privacy regulation.

Applicant Authorization Concerning Medical Information Obtained From and / or Reported to MIB, Inc. for Underwriting Purposes

I hereby authorize GTL, its authorized representatives and its reinsurers to obtain health, prescription drug, or medication history information from MIB, Inc. and acknowledge that GTL, its authorized representatives and/or its reinsurers, may make a brief report of my medical history, prescription drug or medication history including information about any alcohol and/or drug use disorder or mental illness to MIB, Inc..

This application may be completed by electronic or telephonic means. I acknowledge that the Company or its agent has verified my identity for this purpose in accordance with any applicable law or regulation and that if completed by electronic means, I have provided my consent and authorization to complete an electronic transaction to apply for coverage.

This authorization shall constitute an electronic signature, which is legally binding, and has the same effect as if I had physically signed this application. If this application is completed by phone, I authorize the Company or its agent to accept my voice signature response. I agree that I may receive my policy and other Company correspondence in electronic format. I acknowledge receipt of the Electronic Delivery and Communications Disclosure, which describes the requirements for Electronic Policy Fulfillment and Communications, as well as my right to opt-out of Electronic Policy Fulfillment and receive a paper copy of my policy free of charge.

Authorization for Electronic Delivery of Documents

I acknowledge receipt of the Consent for Use of Electronic Records and Electronic Signatures Disclosure, which describes the requirements for Electronic Policy Fulfillment and Communications, as well as my right to withdraw my consent for Electronic Records. Guarantee Trust Life Insurance Company will be held harmless for any claim, liability, loss or cost, when we have used reasonable procedures to confirm communications and transactions are authorized and genuine and those procedures have been followed. I have access to the Internet for the purposes of accepting electronic delivery of documents.

☐ By checking this box, I authorize Guarantee Trust Life Insurance Company to provide the Electronic Delivery of Documents.

☐ By checking this box, I reject to receive the Electronic Delivery of Documents.

I have read the questions and answers in all parts of this application and agree that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued. No information about the Proposed Insured will be considered to have been given to the Company unless it is stated in this application. I understand and agree that no agent has the authority to waive a complete answer to any question in the application, pass on insurability, make or alter any contract, or waive any of the Company's other rights or requirements; that any policy applied for shall not take effect unless and until the policy has been issued and delivered and the full first premium, according to the mode of payment selected by the applicant (as permitted by the Company) and stipulated in the policy, has been paid and accepted by the Company during the lifetime and condition of health of the Proposed Insured as stated in the application.

Fraud warnings

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.

X_____

Signature of Proposed Insured Date

X_____

Signature of Owner (if other than Proposed Insured) Date

X_____

Title of Officer signing as owner if owner is a corporation, partnership, or trust

X_____

Signature of Parent/Guardian or Person liable for any proposed insured's support

Signed at_____

City State/Zip Date

Applicants Legal Address _____

City State/Zip

I certify that I have asked all questions and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, the insurance applied for ☐ **is likely, or** ☐ **is not likely** to replace or change existing insurance or annuities.

Signature of Soliciting Agent *(Agent's signature not required if not sold through agent)*		Signature of Secondary Agent	
Print Agent's Name	Agent Code	Print Agent's Name	Agent Code
Agent's E-mail Address		Agent's E-mail Address	

Signed at _____

City State/Zip Date

Monthly Pre-Authorization Premium Payment Plan

Authorization to Honor Withdrawals to be drawn by Guarantee Trust Life Insurance Company.

TO _____
Name of My Bank | My Bank's Address | City | State | Zip Code

As a convenience to me, I request and authorize you to charge the account shown below for premiums drawn by and payable to the order of Guarantee Trust Life Insurance Company, Glenview, Illinois, provided there are sufficient funds in my account to pay the same upon presentation.

Bank Routing #: _____ Account #: _____

Account Type ○ Checking Account (Attach a Voided "Sample" check)
○ Savings Account (Attach a Voided "Sample" check if applicable, or a Deposit slip)

I agree that my rights in respect to each payment shall be the same as if it were drawn by me and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you receive notice for which you agree you will be fully protected in honoring such requests. I further agree that if any such payment is not honored, whether with or without cause and whether intentionally, or inadvertently, you shall be under no liability at all although such action could result in the forfeiture of insurance.

_____ _____
Printed name of insured if different from premium payer | Premium payer's signature, as it appears on bank records

Detach Here

Receipt Date_____

Received from _____the sum of $_____and application for insurance to Guarantee Trust Life Insurance Company. If for any reason the application is declined this payment will be refunded. No liability is created or assumed by the company, except for refund of this payment, until the insurance applied for has been issued.

Agent's Signature:_____

If you do not receive your policy/certificate within 60 days from the date of your application, please write to:
Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue Glenview, IL 60025

MAKE CHECK PAYABLE TO:
GUARANTEE TRUST LIFE INSURANCE COMPANY

---------- *Detach this Notice to Applicant and leave with applicant*----------

NOTICE TO APPLICANT – PARTS 1 AND 2

Part 1: Fair Credit Reporting Act and Privacy Act Pre-Notification

The application you completed for insurance with us, in most cases, gives us all the information we need. In certain cases, we may need more information.

If we need more information, we may get it by talking to other persons you know including, but not limited to, your agent or other insurance companies you have applied to. We may ask an independent "consumer reporting agency" to help us verify facts or get additional facts.

We may collect information concerning your health, job and financial situation, as well as your character, general reputation and mode of living. We will not collect information relating to your sexual orientation.

The personal information we obtain about you is treated as confi dential and will not be discussed to other persons or organizations without your written authorization except to the extent necessary as permitted by law, for the conduct of our business. But any information collected by a "consumer reporting agency" may be shared by the agency with others who use such information, but only to the extent which the Fair Credit Reporting Act Permits. You have a right of access, and right of correction, concerning recorded personal information obtained in our fi le. In order to exercise these rights, you must contact us in writing requesting access or correction.

You have no access right to privileged information. If we used a "consumer reporting agency," you have the right to: (1) ask to talk with them and (2) ask them about their report. You may write us for the name and address of the agency. This paragraph is not intended as a complete description of your right of access and correction. If you would like a more complete description of our insurance information and Privacy Protection Practices, please write: Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue Glenview, IL 60025.

Part 2: Notification Regarding MIB, Inc.

Information regarding your insurability will be treated as confidential. Guarantee Trust Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB, Inc., will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB, Inc.'s file, you may contact MIB, Inc., and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address to the MIB, Inc. information office is 50 Braintree Hill Park, Suite 400, Braintree Massachusetts 02184-8734, telephone number (866) 692-6901, e-mail address infoline@mib.com. Guarantee Trust Life Insurance Company or its reinsurers may also release information in its file to its reinsurer(s) and to other life insurance companies to whom you may also apply for life or health insurance, or to whom a claim for benefits may be submitted.

GTL | GUARANTEE TRUST LIFE

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025

GUARANTEE TRUST LIFE INSURANCE COMPANY

Consent for Use of Electronic Records and Electronic Signatures

PLEASE PRINT AND SAVE A COPY OF THIS DOCUMENT FOR YOUR RECORDS

In connection with your application for, or administration of, insurance underwritten by Guarantee Trust Life Insurance Company ("GTL"), you are consenting to the use of Electronic Signatures and Electronic Records. As part of your consent to the use of Electronic Signatures and Electronic Records you acknowledge that you: (1) understand the terms and conditions of receiving insurance documents, disclosures and other communications electronically; (2) have the necessary hardware and software that allow you to receive and view Electronic Records; (3) have a valid active email account*; and (4) are responsible for accessing, opening, and reading communication GTL sends or makes available to you in electronic format. GTL will consider electronic communication to be received by you upon successful delivery to the designated email address you provide. You also acknowledge that your Electronic Signature is legally binding and enforceable and is the legal equivalent of your handwritten signature.

*An active email address is not required for viewing and / or downloading a copy of your insurance coverage from GTL's secure website.

GTL is required by law to provide you with the following information relative to (i) electronic delivery of disclosures, notices and other electronic communications (collectively, "Electronic Records") and (ii) Electronic Signature.

Types of Electronic Records Covered by This Consent

Unless you request otherwise, documents that form our insurance relationship will be provided to you electronically. Electronic Records include, but are not limited to:

- Application(s) and related forms
- Policy or certificate insurance fulfillment documents
- Disclosures and notices, where required by state and / or federal law
- Customer service forms and claim forms
- Responses to customer service or claim-related communications initiated by GTL or you

Your consent does not apply to policy lapse or termination notices.

What You Need in Order to Receive or View Electronic Records

In order to access and view communications and documents GTL makes available to you electronically, you must:

- Have access to the internet and be able to view, save and print Portable Document Files (PDF) using software such as Adobe Acrobat Reader. Adobe Acrobat Reader can be downloaded for free at http://get.adobe.com/reader/
- Maintain a valid active email address. It is your responsibility to provide GTL with your complete and accurate email address, as well as provide prompt notification of any change to it. To ensure Electronic Records are not blocked in email or spam filters, please add GTL's domain, gtlic.com, to your safe sender list.

Your Right to Request Paper Copies

To ensure you have them when you need them, it's recommended that you print copies of the Electronic Records GTL makes available to you, or save them to your personal computer or other electronic device. However, you may request a paper copy of any Electronic Record listed above free of charge. Except where prohibited by law, GTL may charge a nominal fee for additional copies requested after the first. Your request can be sent in writing, by phone, or email as indicated in the Company Contact Information, shown below.

Right to Send Paper

GTL reserves the right to provide paper copies in lieu of Electronic Records. This would be done in the event of, but not limited to, a system outage, if fraud is suspected, or where the designated email address you have provided does not accept emails from GTL.

Changes to the Terms and Conditions of Electronic Communication

GTL reserves the right to modify the terms and conditions stated herein. GTL will provide you with notice electronically of such change, its effective date, and your choices under the new terms and conditions.

Withdrawal of Consent

You may elect to withdraw your consent for Electronic Records at any time by contacting us in writing, by phone, or through the Policyholder - Customer Service link on GTL's website. Please see the Company Contact Information below.

Company Contact Information

1. Write us at…
   Guarantee Trust Life Insurance Company
   ATTN: Policyholder Service
   1275 Milwaukee Avenue
   Glenview, IL 60025

2. Call us toll-free at…
   1-800-338-7452

3. Contact us by email by visiting our website…
   Go to www.gtlic.com. Click on the *Customer Service* tab at the top of the screen and choose *Customer Support*. In the Customer Support site there is a *Contact Us* option you may use to email us your request.