

Whole Life

Golden Eagle

Final Expense



**FAMILY BENEFIT
LIFE INSURANCE CO.**

Don't leave your family worried about how they will handle your final expenses

Family Benefit Life Insurance Company's **Golden Eagle Final Expense Plan** offers you Peace of Mind regarding your family's financial security by providing cash when it's needed the most.



Peace of Mind and Security.

After the death of a loved one, many families are faced with unexpected expenses: Final Expenses, Legal Fees, Unpaid Bills, Unforeseen Expenses.

Protect your loved ones from the added stress these expenses create by planning ahead with Family Benefit Life Insurance Company's Simplified Issue Whole Life Plan, the Golden Eagle!

Guaranteed Level Premiums: Your premiums are guaranteed for life and do not increase regardless of your age or health.

Guaranteed Death Benefit: Your face amount will never decrease regardless of your age or health. At death, 100% of the death benefit is paid to the beneficiary you name (less any loans you may have outstanding).

Guaranteed Non-Cancelable Policy: Coverage under this policy can never be canceled as long as scheduled premium payments are made.

Affordable Premiums: You choose the amount of coverage that suits both your needs and your budget. If all application questions are answered "NO", you may be eligible for a death benefit of \$2,500 - \$25,000. A "YES" answer may allow you to be issued a "Graded Death Benefit" policy of \$2,000 - \$10,000.

100% Accelerated Living Benefit: Benefits may be accelerated if the insured is diagnosed with a terminal illness that with reasonable medical certainty will result in the death of the Insured in 12 months or less.

Nursing Home Confinement: Benefits may also be accelerated if the Insured is confined continuously to a Qualified Nursing Home, with confinement expected to continue until the Insured's death. Nursing Home confinement must begin after the effective date of this policy.

Convenient Billing: You have a variety of payment options from which to choose to make paying your premiums easy and convenient. Select either: annual, semi-annual, quarterly, or monthly automatic deduction directly from your checking or savings account. The choice is yours!

The Golden Eagle is easy to apply for. No Medical Exam!

Male Simplified Issue			Issue Ages: 50-85 Annual Policy Fee: \$30					Minimum Face Amount: \$ 2,500 Maximum Face Amount: \$25,000					Modal Factors: SA .515, QA .260, EFT Monthly .086 (Rate x [Face/1,000] +30) x Factor = Modal Premium				
Male Rate Per Thousand			Monthly Bank Draft – Male – Non-Tobacco Simplified Issue – \$30 Policy Fee Included					Monthly Bank Draft – Male – Tobacco Simplified Issue – \$30 Policy Fee Included									
Age	Non-Tobacco	Tobacco	\$5K	\$10K	\$15K	\$20K	\$25K	\$5K	\$10K	\$15K	\$20K	\$25K					
50	28.80	40.47	14.96	27.35	39.73	52.12	64.50	19.98	37.38	54.79	72.19	89.59					
51	29.89	42.34	15.43	28.29	41.14	53.99	66.84	20.79	38.99	57.20	75.40	93.61					
52	31.02	44.22	15.92	29.26	42.60	55.93	69.27	21.59	40.61	59.62	78.64	97.65					
53	32.24	46.09	16.44	30.31	44.17	58.03	71.90	22.40	42.22	62.04	81.85	101.67					
54	33.59	47.97	17.02	31.47	45.91	60.35	74.80	23.21	43.83	64.46	85.09	105.72					
55	35.11	49.84	17.68	32.77	47.87	62.97	78.07	24.01	45.44	66.87	88.30	109.74					
56	36.82	54.44	18.41	34.25	50.08	65.91	81.74	25.99	49.40	72.81	96.22	119.63					
57	38.72	58.05	19.23	35.88	52.53	69.18	85.83	27.54	52.50	77.46	102.43	127.39					
58	40.82	60.83	20.13	37.69	55.24	72.79	90.34	28.74	54.89	81.05	107.21	133.36					
59	43.09	63.11	21.11	39.64	58.17	76.69	95.22	29.72	56.85	83.99	111.13	138.27					
60	45.53	65.29	22.16	41.74	61.31	80.89	100.47	30.65	58.73	86.80	114.88	142.95					
61	48.11	67.74	23.27	43.95	64.64	85.33	106.02	31.71	60.84	89.96	119.09	148.22					
62	50.81	70.77	24.43	46.28	68.12	89.97	111.82	33.01	63.44	93.87	124.30	154.74					
63	53.61	74.58	25.63	48.68	71.74	94.79	117.84	34.65	66.72	98.79	130.86	162.93					
64	56.50	79.24	26.88	51.17	75.47	99.76	124.06	36.65	70.73	104.80	138.87	172.95					
65	59.50	84.73	28.17	53.75	79.34	104.92	130.51	39.01	75.45	111.88	148.32	184.75					
66	62.62	90.91	29.51	56.43	83.36	110.29	137.21	41.67	80.76	119.85	158.95	198.04					
67	65.91	97.60	30.92	59.26	87.60	115.95	144.29	44.55	86.52	128.48	170.45	212.42					
68	69.43	104.56	32.43	62.29	92.14	122.00	151.85	47.54	92.50	137.46	182.42	227.38					
69	73.26	111.58	34.08	65.58	97.09	128.59	160.09	50.56	98.54	146.52	194.50	242.48					
70	77.50	118.48	35.91	69.23	102.56	135.88	169.21	53.53	104.47	155.42	206.37	257.31					
71	82.27	125.18	37.96	73.33	108.71	144.08	179.46	56.41	110.23	164.06	217.89	271.72					
72	87.71	131.69	40.30	78.01	115.73	153.44	191.16	59.21	115.83	172.46	229.09	285.71					
73	93.94	138.16	42.97	83.37	123.76	164.16	204.55	61.99	121.40	180.81	240.22	299.62					
74	101.10	144.87	46.05	89.53	133.00	176.47	219.95	64.87	127.17	189.46	251.76	314.05					
75	109.30	152.23	49.58	96.58	143.58	190.58	237.58	68.04	133.50	198.96	264.42	329.87					
76	118.62	160.73	53.59	104.59	155.60	206.61	257.61	71.69	140.81	209.92	279.04	348.15					
77	129.10	170.92	58.09	113.61	169.12	224.63	280.15	76.08	149.57	223.07	296.56	370.06					
78	140.69	183.28	63.08	123.57	184.07	244.57	305.06	81.39	160.20	239.01	317.82	396.63					
79	153.25	198.16	68.48	134.38	200.27	266.17	332.07	87.79	173.00	258.21	343.42	428.62					
80	166.52	215.60	74.18	145.79	217.39	288.99	360.60	95.29	188.00	280.70	373.41	466.12					
81	180.08	235.18	80.01	157.45	234.88	312.32	389.75	103.71	204.83	305.96	407.09	508.22					
82	193.29	255.77	85.69	168.81	251.92	335.04	418.15	112.56	222.54	332.52	442.50	552.49					
83	205.31	275.29	90.86	179.15	267.43	355.71	444.00	120.95	239.33	357.70	476.08	594.45					
84	214.99	290.37	95.03	187.47	279.92	372.36	464.81	127.44	252.30	377.16	502.02	626.88					
85	220.83	296.05	97.54	192.49	287.45	382.41	477.36	129.88	257.18	384.48	511.79	639.09					

Male Graded Death Benefit			Issue Ages: 50-80 Annual Policy Fee: \$30		Minimum Face Amount: \$ 2,000 Maximum Face Amount: \$10,000			Modal Factors: SA .515, QA .260, EFT Monthly .086 (Rate x [Face/1,000] +30) x Factor = Modal Premium				
Male Rate Per Thousand			Monthly Bank Draft – Male – Non-Tobacco Graded Benefit – \$30 Policy Fee Included					Monthly Bank Draft – Male – Tobacco Graded Benefit – \$30 Policy Fee Included				
Age	Non-Tobacco	Tobacco	\$2K	\$3K	\$5K	\$7.5K	\$10K	\$2K	\$3K	\$5K	\$7.5K	\$10K
50	42.41	56.83	9.87	13.52	20.82	29.93	39.05	12.35	17.24	27.02	39.24	51.45
51	44.99	58.67	10.32	14.19	21.93	31.60	41.27	12.67	17.72	27.81	40.42	53.04
52	47.57	60.51	10.76	14.85	23.04	33.26	43.49	12.99	18.19	28.60	41.61	54.62
53	50.25	62.35	11.22	15.54	24.19	34.99	45.80	13.30	18.67	29.39	42.80	56.20
54	53.09	69.35	11.71	16.28	25.41	36.82	48.24	14.51	20.47	32.40	47.31	62.22
55	56.16	76.64	12.24	17.07	26.73	38.80	50.88	15.76	22.35	35.54	52.01	68.49
56	59.49	83.55	12.81	17.93	28.16	40.95	53.74	16.95	24.14	38.51	56.47	74.43
57	63.10	89.71	13.43	18.86	29.71	43.28	56.85	18.01	25.73	41.16	60.44	79.73
58	67.00	95.02	14.10	19.87	31.39	45.80	60.20	18.92	27.10	43.44	63.87	84.30
59	71.22	99.57	14.83	20.95	33.20	48.52	63.83	19.71	28.27	45.40	66.80	88.21
60	75.74	103.57	15.61	22.12	35.15	51.43	67.72	20.39	29.30	47.12	69.38	91.65
61	80.57	107.32	16.44	23.37	37.23	54.55	71.87	21.04	30.27	48.73	71.80	94.88
62	85.72	111.14	17.32	24.70	39.44	57.87	76.30	21.70	31.25	50.37	74.27	98.16
63	91.18	115.34	18.26	26.10	41.79	61.39	80.99	22.42	32.34	52.18	76.97	101.77
64	96.97	120.22	19.26	27.60	44.28	65.13	85.97	23.26	33.60	54.27	80.12	105.97
65	103.09	125.99	20.31	29.18	46.91	69.07	91.24	24.25	35.09	56.76	83.84	110.93
66	109.57	132.80	21.43	30.85	49.70	73.25	96.81	25.42	36.84	59.68	88.24	116.79
67	116.43	140.73	22.61	32.62	52.64	77.68	102.71	26.79	38.89	63.09	93.35	123.61
68	123.70	149.75	23.86	34.49	55.77	82.37	108.96	28.34	41.22	66.97	99.17	131.37
69	131.43	159.78	25.19	36.49	59.09	87.35	115.61	30.06	43.80	71.29	105.64	139.99
70	139.64	170.68	26.60	38.61	62.63	92.65	122.67	31.94	46.62	75.97	112.67	149.36
71	148.40	182.25	28.10	40.87	66.39	98.30	130.20	33.93	49.60	80.95	120.13	159.32
72	157.74	194.30	29.71	43.28	70.41	104.32	138.24	36.00	52.71	86.13	127.90	169.68
73	167.74	206.67	31.43	45.86	74.71	110.77	146.84	38.13	55.90	91.45	135.88	180.32
74	178.45	219.27	33.27	48.62	79.31	117.68	156.05	40.29	59.15	96.87	144.01	191.15
75	189.92	232.12	35.25	51.58	84.25	125.08	165.91	42.50	62.47	102.39	152.30	202.20
76	202.21	245.45	37.36	54.75	89.53	133.01	176.48	44.80	65.91	108.12	160.90	213.67
77	215.36	259.71	39.62	58.14	95.18	141.49	187.79	47.25	69.59	114.26	170.09	225.93
78	229.42	275.72	42.04	61.77	101.23	150.56	199.88	50.00	73.72	121.14	180.42	239.70
79	244.42	294.66	44.62	65.64	107.68	160.23	212.78	53.26	78.60	129.28	192.64	255.99
80	260.37	318.23	47.36	69.76	114.54	170.52	226.50	57.32	84.68	139.42	207.84	276.26

Female Simplified Issue			Issue Ages: 50-85 Annual Policy Fee: \$30		Minimum Face Amount: \$ 2,500 Maximum Face Amount: \$25,000			Modal Factors: SA .515, QA .260, EFT Monthly .086 (Rate x [Face/1,000] +30) x Factor = Modal Premium				
Female Rate Per Thousand			Monthly Bank Draft – Female – Non-Tobacco Simplified Issue – \$30 Policy Fee Included					Monthly Bank Draft – Female – Tobacco Simplified Issue – \$30 Policy Fee Included				
Age	Non-Tobacco	Tobacco	\$5K	\$10K	\$15K	\$20K	\$25K	\$5K	\$10K	\$15K	\$20K	\$25K
50	22.32	31.75	12.18	21.78	31.37	40.97	50.57	16.23	29.89	43.54	57.19	70.84
51	24.40	32.99	13.07	23.56	34.06	44.55	55.04	16.77	30.95	45.14	59.32	73.51
52	25.51	34.88	13.55	24.52	35.49	46.46	57.43	17.58	32.58	47.58	62.57	77.57
53	26.18	36.98	13.84	25.09	36.35	47.61	58.87	18.48	34.38	50.28	66.19	82.09
54	26.79	39.07	14.10	25.62	37.14	48.66	60.18	19.38	36.18	52.98	69.78	86.58
55	27.53	41.05	14.42	26.26	38.09	49.93	61.77	20.23	37.88	55.53	73.19	90.84
56	28.52	42.92	14.84	27.11	39.37	51.63	63.90	21.04	39.49	57.95	76.40	94.86
57	29.79	44.71	15.39	28.20	41.01	53.82	66.63	21.81	41.03	60.26	79.48	98.71
58	31.31	46.50	16.04	29.51	42.97	56.43	69.90	22.58	42.57	62.57	82.56	102.56
59	33.04	48.36	16.79	30.99	45.20	59.41	73.62	23.37	44.17	64.96	85.76	106.55
60	34.91	50.34	17.59	32.60	47.61	62.63	77.64	24.23	45.87	67.52	89.16	110.81
61	36.87	52.49	18.43	34.29	50.14	66.00	81.85	25.15	47.72	70.29	92.86	115.43
62	38.88	54.82	19.30	36.02	52.74	69.45	86.17	26.15	49.73	73.30	96.87	120.44
63	40.91	57.35	20.17	37.76	55.35	72.95	90.54	27.24	51.90	76.56	101.22	125.88
64	42.94	60.04	21.04	39.51	57.97	76.44	94.90	28.40	54.21	80.03	105.85	131.67
65	45.00	62.88	21.93	41.28	60.63	79.98	99.33	29.62	56.66	83.70	110.73	137.77
66	47.12	65.85	22.84	43.10	63.36	83.63	103.89	30.90	59.21	87.53	115.84	144.16
67	49.36	68.93	23.80	45.03	66.25	87.48	108.70	32.22	61.86	91.50	121.14	150.78
68	51.78	72.15	24.85	47.11	69.38	91.64	113.91	33.60	64.63	95.65	126.68	157.70
69	54.47	75.52	26.00	49.42	72.85	96.27	119.69	35.05	67.53	100.00	132.47	164.95
70	57.50	79.14	27.31	52.03	76.76	101.48	126.21	36.61	70.64	104.67	138.70	172.73
71	60.96	83.11	28.79	55.01	81.22	107.43	133.64	38.32	74.05	109.79	145.53	181.27
72	64.91	87.57	30.49	58.40	86.31	114.23	142.14	40.24	77.89	115.55	153.20	190.86
73	69.42	92.72	32.43	62.28	92.13	121.98	151.83	42.45	82.32	122.19	162.06	201.93
74	74.54	98.76	34.63	66.68	98.74	130.79	162.84	45.05	87.51	129.98	172.45	214.91
75	80.30	105.90	37.11	71.64	106.17	140.70	175.23	48.12	93.65	139.19	184.73	230.27
76	86.71	114.34	39.87	77.15	114.44	151.72	189.01	51.75	100.91	150.08	199.24	248.41
77	93.78	124.22	42.91	83.23	123.56	163.88	204.21	55.99	109.41	162.82	216.24	269.65
78	101.50	135.61	46.23	89.87	133.52	177.16	220.81	60.89	119.20	177.52	235.83	294.14
79	109.87	148.42	49.82	97.07	144.31	191.56	238.80	66.40	130.22	194.04	257.86	321.68
80	118.90	162.36	53.71	104.83	155.96	207.09	258.22	72.39	142.21	212.02	281.84	351.65
81	128.62	176.87	57.89	113.19	168.50	223.81	279.11	78.63	154.69	230.74	306.80	382.85
82	139.12	191.04	62.40	122.22	182.04	241.87	301.69	84.73	166.87	249.02	331.17	413.32
83	150.57	203.48	67.33	132.07	196.82	261.56	326.31	90.08	177.57	265.07	352.57	440.06
84	163.23	212.24	72.77	142.96	213.15	283.34	353.52	93.84	185.11	276.37	367.63	458.90
85	177.50	214.67	78.91	155.23	231.56	307.88	384.21	94.89	187.20	279.50	371.81	464.12

Female Graded Death Benefit			Issue Ages: 50-80 Annual Policy Fee: \$30		Minimum Face Amount: \$ 2,000 Maximum Face Amount: \$10,000			Modal Factors: SA .515, QA .260, EFT Monthly .086 (Rate x [Face/1,000] +30) x Factor = Modal Premium				
Female Rate Per Thousand			Monthly Bank Draft – Female – Non-Tobacco Graded Benefit – \$30 Policy Fee Included					Monthly Bank Draft – Female – Tobacco Graded Benefit – \$30 Policy Fee Included				
Age	Non-Tobacco	Tobacco	\$2K	\$3K	\$5K	\$7.5K	\$10K	\$2K	\$3K	\$5K	\$7.5K	\$10K
50	34.69	46.95	8.55	11.53	17.50	24.96	32.41	10.66	14.69	22.77	32.86	42.96
51	36.50	49.73	8.86	12.00	18.28	26.12	33.97	11.13	15.41	23.96	34.66	45.35
52	38.35	52.50	9.18	12.47	19.07	27.32	35.56	11.61	16.13	25.16	36.44	47.73
53	40.31	55.28	9.51	12.98	19.91	28.58	37.25	12.09	16.84	26.35	38.24	50.12
54	42.38	58.05	9.87	13.51	20.80	29.92	39.03	12.56	17.56	27.54	40.02	52.50
55	44.59	60.83	10.25	14.08	21.75	31.34	40.93	13.04	18.27	28.74	41.82	54.89
56	46.93	62.14	10.65	14.69	22.76	32.85	42.94	13.27	18.61	29.30	42.66	56.02
57	49.39	63.44	11.08	15.32	23.82	34.44	45.06	13.49	18.95	29.86	43.50	57.14
58	51.98	64.75	11.52	15.99	24.93	36.11	47.28	13.72	19.29	30.42	44.34	58.27
59	54.67	66.05	11.98	16.68	26.09	37.84	49.60	13.94	19.62	30.98	45.18	59.38
60	57.48	67.36	12.47	17.41	27.30	39.65	52.01	14.17	19.96	31.54	46.03	60.51
61	60.40	72.44	12.97	18.16	28.55	41.54	54.52	15.04	21.27	33.73	49.30	64.88
62	63.44	78.16	13.49	18.95	29.86	43.50	57.14	16.02	22.75	36.19	52.99	69.80
63	66.62	84.18	14.04	19.77	31.23	45.55	59.87	17.06	24.30	38.78	56.88	74.97
64	69.97	90.20	14.61	20.63	32.67	47.71	62.75	18.09	25.85	41.37	60.76	80.15
65	73.53	95.99	15.23	21.55	34.20	50.01	65.82	19.09	27.35	43.86	64.49	85.13
66	77.34	101.44	15.88	22.53	35.84	52.46	69.09	20.03	28.75	46.20	68.01	89.82
67	81.45	106.53	16.59	23.59	37.60	55.12	72.63	20.90	30.06	48.39	71.29	94.20
68	85.94	111.37	17.36	24.75	39.53	58.01	76.49	21.74	31.31	50.47	74.41	98.36
69	90.86	116.18	18.21	26.02	41.65	61.18	80.72	22.56	32.55	52.54	77.52	102.49
70	96.29	121.25	19.14	27.42	43.98	64.69	85.39	23.44	33.86	54.72	80.79	106.86
71	102.31	126.95	20.18	28.98	46.57	68.57	90.57	24.42	35.33	57.17	84.46	111.76
72	108.98	133.68	21.32	30.70	49.44	72.87	96.30	25.57	37.07	60.06	88.80	117.54
73	116.37	141.79	22.60	32.60	52.62	77.64	102.66	26.97	39.16	63.55	94.03	124.52
74	124.55	151.59	24.00	34.71	56.14	82.91	109.69	28.65	41.69	67.76	100.36	132.95
75	133.55	163.23	25.55	37.04	60.01	88.72	117.43	30.66	44.69	72.77	107.86	142.96
76	143.41	176.62	27.25	39.58	64.25	95.08	125.91	32.96	48.15	78.53	116.50	154.47
77	154.12	191.39	29.09	42.34	68.85	101.99	135.12	35.50	51.96	84.88	126.03	167.18
78	165.66	206.75	31.07	45.32	73.81	109.43	145.05	38.14	55.92	91.48	135.93	180.39
79	177.98	221.39	33.19	48.50	79.11	117.38	155.64	40.66	59.70	97.78	145.38	192.98
80	190.96	233.40	35.43	51.85	84.69	125.75	166.81	42.72	62.80	102.94	153.12	203.30

Application for Individual Life Insurance (Please Print, use black or blue ink)

Family Benefit Life Insurance Company (FBLIC), 7633 East 63rd Place, Suite 230, Tulsa, Oklahoma 74133

Telephone Interview Completed: ☐ Yes ☐ No

[(888) 995-7722] Order # _____

1. Full Name of Proposed Insured: First _____ MI _____ Last _____ Sex: _____ Date of Birth: ____/____/____ State of Birth: _____ Age: _____ SSN: _____ - _____ - _____ Marital Status: _____ Residence Address: _____ Home Phone: _____ Street _____ City _____ State _____ Zip Code _____ Work Phone: _____ E-Mail: _____	
2. Owner: Name _____ SSN or TIN: _____ - _____ - _____ Phone: _____ Address _____ Relationship: _____	
3. Send Premium Notices to: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Other (If Other) Name: _____ Address: _____ Relationship: _____ Street _____ City _____ State _____ Zip _____	
4. Beneficiaries: Primary _____ Relationship _____ Date of Birth _____ SS# _____ Contingent _____ Relationship _____ Date of Birth _____ SS# _____	
5. Plan Applied For: <input type="checkbox"/> Simplified <input type="checkbox"/> Graded <input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco APL: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly EFT Face Amount: \$ _____ Modal Premium: \$ _____ Premium Collected: \$ _____ <input type="checkbox"/> None – Draft First Premium If Monthly, Draft Date ____/____/____ (1st – 28th) or <input type="checkbox"/> 2nd Wed. <input type="checkbox"/> 3rd Wed. <input type="checkbox"/> 4th Wed. Requested Effective Month _____ Yr _____	
6. Does the Proposed Insured and/or Owner have any existing life insurance or annuity coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Will any existing insurance or annuity policy with another company be discontinued or changed if the insurance applied for is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give details.) Company: _____ Policy #: _____ Coverage Amount: _____ Year Issued _____	
7. Has any other life insurance company declined to issue, reinstate or renew, rated, modified, postponed, or cancelled any life insurance on the Proposed Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide details in remarks section below.)	
8. Is the Proposed Insured a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Owner a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Proposed Insured's Height _____ Weight _____ In the Past year any <input type="checkbox"/> gain <input type="checkbox"/> loss _____ lbs.	
10. Have you used tobacco or nicotine products in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you ever received or been given medical advice by a medical professional you need to receive an organ or tissue transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have you been diagnosed or treated by a member of the medical profession as having: AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or HIV (Human Immunodeficiency Virus) virus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you ever been diagnosed with congestive heart failure, cardiomyopathy or a life expectancy of 24 months or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you ever been diagnosed with, treated for or taken medication for: dementia, Alzheimer's disease, mental incapacity, Downs Syndrome, Huntington's disease, Lou Gehrig's Disease (ALS), cystic fibrosis, cerebral palsy, muscular dystrophy, or sickle cell anemia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Are you currently, or within the past 6 months have you been: hospitalized, bedridden, used oxygen to assist in breathing, confined to a wheelchair, nursing home, hospice, received home health care or been on dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Within the past 12 months have you been diagnosed as having, or been hospitalized for: heart attack, stroke, transient ischemic attack (TIA), angina, aneurysm, or had cardiac or circulatory surgery of any kind to improve circulation to the heart or brain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Within the past 12 months have you been: hospitalized two or more times, or been advised by a medical professional to have surgery, hospital confinement, or nursing facility confinement and have not done so? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Within the past 24 months have you been diagnosed as having, treated by a medical professional for or taken medication for: internal cancer, leukemia, or melanoma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. During the past 24 months have you been: advised by a medical professional to have any diagnostic testing recommended, except for an HIV test, which has not been completed, or for which the results have not yet been received, or had or been advised to have treatment or counseling for alcohol or drug abuse. <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. During the past 24 months have you been treated by a medical professional for insulin shock, diabetic coma, amputation caused by disease, or have you ever taken insulin shots prior to age 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If any answers to questions 11-20 are "YES", Proposed Insured is not eligible for any coverage.	
21. During the past 24 months have you begun prescribed medication for, been hospitalized for, or been diagnosed as having: kidney insufficiency or failure, heart attack, stroke, transient ischemic attack (TIA), angina, aneurysm, or had cardiac or circulatory surgery of any kind to improve circulation to the heart or brain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Have you ever been diagnosed as having: multiple sclerosis, epilepsy, Parkinson's, systemic lupus, cirrhosis of the liver, liver disease, liver failure, hepatitis B or C or lung impairments (including chronic obstructive pulmonary disease (COPD), chronic asthma, chronic bronchitis, emphysema or fibrosis)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If any answers to questions 21 - 22 are "YES", Proposed Insured may qualify for Graded Death Benefit.**Please underline the specific impairment/disease for any question answered yes, specify question number and provide details below.**

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**Each of the undersigned declares that:**

- I understand that the information obtained by use of this authorization will be used to determine eligibility for insurance and/or for the Insurance Company to determine its obligations under the policy issued in connection with this application.
- The Insurance Company, its reinsurers, insurance support organizations, consumer reporting agencies and their authorized entities may obtain data about my health, prescription medication history, and related information, mode of living (except as may be related directly or indirectly to sexual orientation), avocations, and any other medical or non-medical information.
- I authorize any licensed physician, doctor, medical practitioner, medical or medically related facility, laboratory, Pharmacy Benefit Managers, the Veterans Administration, MIB, Inc., viatical settlement company, employer, consumer reporting agency, creditor, government agency, insurance or reinsurance company or any other organization, institution or person, that has any records or information about me to release such records or information to the Insurance Company and its reinsurers when this authorization or a copy of it is shown. All sources but the MIB, Inc. may give such records or information to agencies that the Insurance Company has hired to retrieve the information. The information as provided herein pursuant to the authorization will not be redisclosed unless authorized by you or otherwise required by law. Covered Entities, as defined by the Health Insurance Portability and Accountability Act of 1996, may not condition treatment, payment or enrollment on whether this Authorization is signed.
- Any request by the Insurance Company for medical records is on my behalf; the information must be provided within any requirements imposed by applicable state statutes governing patient access to medical records.
- Data about mental illness, alcoholism, sexually transmitted diseases and the use of drugs are to be included.
- I authorize the Insurance Company or its reinsurers to disclose my personal health information to MIB, Inc. in the form of a brief coded report for participation in MIB's fraud prevention and protection program.
- This authorization is good for 24 months after it is signed.
- The Insurance Company may obtain an investigative consumer report ("inspection report") on me. ☐ Yes, I want to be interviewed if such a report is obtained.
- I have read this authorization and know my authorized representative or I may request a copy of it. I may revoke this authorization by writing to the Insurance Company.

ACKNOWLEDGEMENTS: I have read the completed application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this application. I agree that this application will be the basis for, and will become part of, the policy that is issued. The above representations are true to the best of my knowledge and belief. Any material misrepresentation or misstatement contained herein may render any policy issued as a result of this application void from its inception. I agree the policy shall not be in effect until it has been issued by Family Benefit Life Insurance Company ("the Company") and the initial premium has been paid I understand that the agent has no authority to approve the application, change the policy or waive any policy provisions. I understand no insurance will be effective until the date stated in the policy and all eligibility requirements are met. I understand that the USA Patriot Act requires all financial institutions, including insurance companies, to verify the identity of their customers. I am providing my name, address, date of birth and taxpayer identification number to allow verification of identity. I understand the verification process may include the use of third-party sources to verify the information provided. I acknowledge receipt of a copy of the Information Practices Notice, MIB Pre-Notice and Fair Credit Reporting Act Notice. ☐ Yes ☐ No

I also acknowledge that I paid the Agent \$_____ in initial premium in exchange for the Conditional Receipt attached to this application. ☐ Yes ☐ No
I also acknowledge receipt of the Accelerated Benefit Rider Summary and Disclosure Statement. ☐ Yes ☐ No

FRAUD NOTICE: 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.

Signature of Proposed Insured:_____ Date:_____

Signature of Proposed Owner (if other than Insured):_____ Signed at:(City & State)_____

AGENT CERTIFICATION: I certify that I have asked the Proposed Insured all of the questions on this application and have accurately recorded them. I also certify that replacement of existing insurance ☐ is ☐ is not involved.

Is any agent a relative of the Proposed Insured? ☐ Yes ☐ No Relationship:_____ Send Policy to: ☐ Agent ☐ Owner

Agent:_____ Agent Code:_____ Agent Signature:_____ % _____

Agent:_____ Agent Code:_____ Agent Signature:_____ % _____

AUTHORIZATION TO HONOR CHECKS AND EFTs DRAWN BY FAMILY BENEFIT LIFE INSURANCE COMPANY

As a convenience to me, I hereby request and authorize Family Benefit Life Insurance Company (FBLIC) to pay and charge to my account checks and electronic fund transfers (EFTs) drawn on my account by and payable to the order of FBLIC provided there are sufficient collected funds in my account to pay such checks and EFTs upon presentation. I agree that FBLIC's rights in respect to each check and EFT shall be the same as if it were a draft drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until FBLIC actually receives such notice. I agree that FBLIC shall be fully protected in honoring any such check or EFT.

I further agree that if any such check or EFT is dishonored, whether with or without cause and whether intentionally or inadvertently, FBLIC shall have no liability whatsoever even though such dishonor results in the forfeiture of insurance. Please print information below for bank account to be charged.

Depositors' Name as Shown on Bank Account:_____ ☐ Checking

Insured's Name if Different than Depositor:_____ ☐ Savings

Bank Name:_____ Bank Address:_____

Routing Number:_____

Account Number:_____ Signature:_____ Date Signed:_____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION.

Signature(s) must be the same as on signature card at bank.

BANK INDEMNIFICATION AGREEMENT

To the bank addressed above: So that you may comply with your depositor's request Family Benefit Life Insurance Company (the Company) agrees:

- To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions taken pursuant to your agreement to honor any check or electronic fund transfer (EFT) executed by this Company for the purpose of payment of insurance premiums.
- That in the event any such check or EFT is dishonored, whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss.
- To defend at our own cost and expense any such action brought against you by any depositor or other person because of your actions pursuant to this agreement.
- To refund you any amount erroneously paid to this Company on such check or EFT if claim is made within one month of the date of the check.

This agreement has been authorized in a resolution adopted by the Company's Board of Directors.



Gregg Zahn, President

IMPORTANT NOTICES

Insurance Information Practices:

We will rely primarily on information provided by you. We may supplement that information with information from other sources. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us as explained in this notice under **Federal Fair Credit Reporting Act**. You may request to be interviewed in connection with the preparation of this report. You have the right to be told about, and to see and copy, if you wish, items of personal information about you that appear in our files, including information contained in investigative reports. You also have the right to seek correction of information you believe to be inaccurate.

Federal Fair Credit Reporting Act:

As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living and personal characteristics. The agency will conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency directly.

MIB, Inc. Disclosure:

Information regarding your insurability will be treated as confidential. Family Benefit Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Family Benefit Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Neither Family Benefit Life Insurance Company nor its agents offer tax advice. The information contained in this brochure summarizes the insurance policy and our understanding of current tax laws that relate to this insurance policy. See the policy delivered to you for exact terms, definitions, limitations, exceptions, and conditions. We recommend that you consult with a qualified attorney, accountant, or tax expert for advice regarding your specific situation.

All benefits are contingent upon premiums being paid in a timely manner. Available only to individuals ages 50 – 85 years of age. Product not available in all states. Must meet underwriting requirements and qualifications. Not all applicants will qualify. If a policy is applied for and issued, coverage will not be in effect until approved and the first premium paid. Golden Eagle Final Expense:

Form (FE series) This Base Policy provides the death benefit.

Form (FE ALBR series) This Rider accelerates a portion of the policy's death benefit upon diagnosis of a terminal medical condition or if the Insured is confined continuously to a nursing home.

The benefit in the event of suicide during the first two policy years or allowed by law may be limited to premiums paid. For cost and complete details please contact: **Family Benefit Life Insurance Company, 7633 East 63rd Place, Suite 230, Tulsa, Oklahoma 74133. www.familybenefitlifeinsurance.com**

CONDITIONAL RECEIPT

Prior to delivery of the policy, coverage will be effective only when ALL of the following conditions are met:

1. The full first premium according to the mode of payment specified in the application has been tendered and honored for payment.
2. There is no material misrepresentation in the application furnished to the Company.

Subject to satisfactory completion of all of the above conditions, coverage under this receipt will begin on the date the application is signed.

The maximum death benefit and all other supplemental benefits provided by the receipt will be the lesser of: (1) The total death benefit payable under the policy, including any Accidental Death Benefit, on all pending applications with the Company, or (2) \$5,000.

If any condition under this receipt is not met, the Company's only liability will be to refund the premium payment. Either the Company or the Proposed Insured may terminate coverage under this receipt by notice to the other.

No agent, broker or medical examiner may waive a complete answer to any question in the application, pass on insurability, make or alter any contract or policy provision, or waive any of the Company's other rights or requirements. If there is material misrepresentation in the application (or in any medical or non-medical information furnished to the Company), the Company's only liability will be limited to refunding the premium payment. If the Proposed Insured commits suicide, whether sane or insane, the Company's only liability will be limited to refunding the premium payment.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO FAMILY BENEFIT LIFE INSURANCE COMPANY. DO NOT MAKE PAYABLE TO AN AGENT OR LEAVE PAYEE BLANK.

Received \$ _____ from _____ for an

Application on _____ dated _____

Agent Name _____ Agent Phone Number _____



**FAMILY BENEFIT
LIFE INSURANCE CO.**

Home Office:

7633 East 63rd Place, Suite 230
Tulsa, OK 74133
918-249-2438 • 918-249-2478 fax

Administrative Office:

PO Box 5205
Frankfort, KY 40602-5205
866-440-1357 • 502-875-7084 fax

www.familybenefitlife.com

Leave this page with the Applicant

- ☐ Trinity Life Insurance Company
☐ Family Benefit Life Insurance Company

Administrative Office:
PO Box 5205 Frankfort, KY 40602-5205
Phone: 866-440-1357 Fax: 502.875.7084

Social Security Benefit Billing Authorization Form For Checking and Savings Accounts

AUTHORIZATION AND SIGNATURE

I hereby request and authorize any of the Companies named above to pay and charge to my account checks and electronic fund transfers (EFTs) drawn on my account by and payable to the order of the Company provided there are sufficient collected funds in my account to pay such checks and EFTs upon presentation. As a convenience to me, I wish for the life insurance premium payments to match my Social Security Benefit Deposit. I agree that the Company's rights in respect to each check and EFT shall be the same as if it were a draft drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until the Company actually receives such notice. I agree that the Company shall be fully protected in honoring any such check or EFT.

I further agree that if any such check or EFT is dishonored, whether with or without cause and whether intentionally or inadvertently, the Company shall have no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date:

Account Holder's name typed or
printed EXACTLY as it appears on
account

Account Holder's signature EXACTLY as it
appears on account

PREAUTHORIZED TRANSFER PLAN DATA

- ☐ Apply to attached application ☐ Apply to existing policies listed below

Insured's Name (First, Last) _____

Existing Policy Numbers _____

PREMIUM PAYMENT INFORMATION

Please select date of Social
Security Benefit Payment:

- ☐ 1st of month ☐ 3rd of month ☐ 2nd Wednesday ☐ 3rd Wednesday ☐ 4th Wednesday

BANK INFORMATION

Name of Bank: _____

Bank address: _____

COMPLETE THE FOLLOWING and SUBMIT A VOIDED CHECK

Account Type:

- ☐ Checking ☐ Savings

Bank Routing Number:

--	--	--	--	--	--	--	--	--	--

Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**FAMILY BENEFIT
LIFE INSURANCE CO.**

ADMINISTRATIVE OFFICE: PO BOX 5205 • FRANKFORT, KY 40602-5205

Phone: (866) 440-1357 • Fax: (502) 227-7205

IMPORTANT NOTICE

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the agent, if there is one, and a copy left with the applicant

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on an existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ YES ☐ NO.
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ YES ☐ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Printed Name Applicant's Signature Date

Agent's Printed Name Agent's Signature Date

I do not want this notice read aloud to me. ____ (Applicants must initial only if they do not have the notice read aloud.)

IMPORTANT NOTICE
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES
(Continued)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?