

North Carolina Mutual

LIFE INSURANCE COMPANY

[411 WEST CHAPEL HILL STREET, DURHAM, NC 27701]

Pre-Need Division
1-800-626-1899

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Any person who knowingly and with the intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which may be subject to criminal and civil penalties.

Insured:

Name _____ Social Security Number _____

Address _____ Date of Birth _____

Sex _____

Owner (if different from Insured):

Name _____ Social Security Number _____

Address _____

Beneficiary _____ Relationship to Insured _____

Plan Applied For: _____ Face Amount \$ _____

Premium Mode: Monthly Quarterly Semi-Annual Annual

Premium Payment Period: 3 Years 5 Years

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

Will the life insurance being applied for replace or change any existing life insurance or annuity contract? Yes No
(If "YES" to either, comply with the Replacement Regulation or Rule.)

Policy(ies) #: _____

I FULLY UNDERSTAND THAT IF THE INSURED DIES WHILE THE POLICY IS IN FORCE AND BEFORE THE END OF THE PREMIUM PAYMENT PERIOD, ANY DEATH BENEFIT PAYABLE WILL BE LIMITED TO THE RETURN OF PREMIUMS PAID PLUS THE ACCIDENTAL DEATH BENEFIT, IF THE INSURED DIED BY ACCIDENT. AFTER THE PREMIUM PAYMENT PERIOD, ANY DEATH BENEFIT PAYABLE WILL BE AS DESCRIBED IN THE POLICY. I FURTHER UNDERSTAND THAT INSURANCE IS NOT IN EFFECT UNTIL THE REQUIRED PREMIUM HAS BEEN PAID AND THE POLICY HAS BEEN ISSUED.

Signature of Insured: _____ Date: _____

Signature of Owner: _____ Date: _____

Agent:

Does the applicant have any existing life insurance or annuity policy? Yes No

If "YES", give name of company: _____
(Provide applicant the proper replacement notice.)

Is the insurance applied for intended to replace or change any existing life insurance or annuity? Yes No
(If yes, complete a replacement form.)

Agent's Signature: _____ Date: _____

Agent's License No.: _____

Signed at _____
(City) (State)