

North Carolina Mutual

LIFE INSURANCE COMPANY

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

Pre-Need Division

[1-800-626-1899]

APPLICATION FOR 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: _____

Single Premium Paid \$ _____ Face Amount \$ _____

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 understand that insurance is not effective until a premium has been paid and a 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 _____ Number _____ Date _____

Signed at _____

(City)

(State)