

## FLORIDA ONLY

*Since this policy is issued without medical underwriting, the premium rate charged includes an extra mortality charge.*

### APPLICATION FOR GUARANTEED ISSUE - SENIOR

**1. PROPOSED INSURED**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Telephone (\_\_\_\_) \_\_\_\_\_

**2.**

<p><b>Amount of Insurance \$</b> _____</p> <p><b>Mode of Premium Payment:</b></p> <p> <input type="checkbox"/> Annual    <input type="checkbox"/> Semi-Annual    <input type="checkbox"/> Quarterly  <input type="checkbox"/> Monthly    <input type="checkbox"/> PAC         </p>	<p><b>Dividends:</b></p> <p> <input type="checkbox"/> Cash                                    <input type="checkbox"/> Accumulate at Interest  <input type="checkbox"/> Reduce Premiums    <input type="checkbox"/> Paid-Up Additions         </p> <p><b>APL included, if available, unless marked No:</b></p> <p> <input type="checkbox"/> YES    <input type="checkbox"/> NO    <b>Cash with Application \$</b> _____         </p>
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**3. BENEFICIARY:**

Primary: \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Contingent: \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security # \_\_\_\_\_

**4. POLICYOWNER, IF OTHER THAN THE INSURED:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5. SECONDARY ADDRESSEE:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**6.**

<p>Will any policy applied for replace any existing one in whole or in part? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If Yes, Company Name and Policy Number: _____</p>
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I agree that: The information above is true and complete to the best of my knowledge and belief; no insurance shall take effect until a policy is issued and the first premium is received by Farmers and Traders Life Insurance Company during my lifetime; and that this application shall form a part of any policy issued.

Signature of Proposed Insured    Date _____	Policyowner, if other than Proposed Insured    Date _____
Licensed Resident Agent	City and State of Application
Agent's name (printed)	Agent's Florida License No. _____

**Florida Fraud Warning**

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.**

## AGENT'S STATEMENT

This Statement is Not Part of the Application

7.

To your knowledge, is the policy applied for intended to replace, in whole or in part, any policy or annuity contract in force in this or any other company? If "yes", submit required forms and explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>HOME OFFICE USE ONLY</b>
Writing credit on this application shall be given to:				Policy No. Assigned
	Agent's Name	Code	%	Payment Received and Date
General Agent				
District Agent				
Soliciting Agent				
Soliciting Agent				

I hereby declare that this application was secured by me personally, and that the only commissions to be paid on any policy issued hereon shall be in accordance with agency contracts applicable thereto.

I further declare that the information supplied by the insured has been truly and accurately recorded on the application, and I unqualifiedly recommend the Proposed Insured for insurance.

Dated at \_\_\_\_\_ on \_\_\_\_\_  

CITY & STATE
MONTH DAY YEAR
SIGNATURE OF AGENT

**NOTE TO AGENT:** Please check application carefully and be certain that ALL questions are answered.

1. APL must be answered "yes" or "no".
2. Minimum Annual, Semi-Annual, and Quarterly premium is \$25.00.
3. Minimum Monthly premium is \$15.00.
4. Policies paid monthly, by EFT, or PAC must have at least one premium that is \$15.00.
5. "Reduced Premium" is not available on EFT (or PAC).
6. If EFT (or PAC), voided check must be submitted with the application, and form must be completed.
7. Mode premium factors are a fraction of Annual: Semi-Annual = .51; Quarterly = .265; Monthly = .10; EFT = .086
8. Replacement questions in No. 5 and No. 6 must always be completed.
9. Insurance age is **AGE NEAREST BIRTHDAY**.

Farmers and Traders Life Insurance Company  
 960 James Street · P.O. Box 1056 · Syracuse, NY 13201-1056  
 Telephone: (877) 2FT-Life · Fax: (315) 475-6612 · www.FTLife.com

**USE THIS AUTHORIZATION FORM FOR PRE-AUTHORIZED CHECKING**

Policy Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Accountholder \_\_\_\_\_ Name of Policyholder \_\_\_\_\_  
(Please print) (If different from Accountholder)

I hereby authorize the bank or financial organization named on the attached sample to pay my insurance premium (before the due date to assure timely processing) through monthly check or electronic account debits drawn by and payable to Farmers and Traders Life Insurance Company. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Accountholder, please sign here) (Other Accountholder, sign here if joint account)

**WRITE "VOID" ACROSS THE FACE OF YOUR BLANK CHECK. BE SURE IT IS NOT SIGNED. STAPLE OR TAPE HERE.**

17-090 PAC FL

**CONDITIONAL RECEIPT**

APPLIES TO GUARANTEED ISSUE POLICIES ONLY

THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT WHEN THE FIRST PREMIUM IS COLLECTED

Make check payable to: Farmers and Traders Life Insurance Company, 960 James Street, P.O. Box 1056, Syracuse, NY 13201-1056.

This insurance will be effective from the date on the application provided the first premium has been paid. In the event of the death of the proposed insured, the amount of insurance effective under this Conditional Receipt is limited to the modified death benefit. This receipt is issued on the condition that any check, draft, or order for payment of money is honored and collectible.

Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ paid at the time of signing an insurance application.

The name of the Proposed Insured is: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Place \_\_\_\_\_  
Month Day Year Licensed Agent City & State

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Form No. 17-090 FL

Rev. 07/04



A NEW YORK MUTUAL COMPANY

## At Farmers and Traders Life Insurance Company, Your Privacy Is Important

At Farmers and Traders Life Insurance Company, we are committed to providing you with the insurance products and services you need and safeguarding the confidential, personal information that you share with us. Since we handle your information, legislation requires us to provide this description to you. This applies to all products and services provided by Farmers and Traders Life Insurance Company and companies owned or controlled by Farmers and Traders Life Insurance Company (hereafter referred to as “subsidiaries”).

**Our Privacy Policy:** We hold all non-public, personal information provided to Farmers and Traders Life Insurance Company and its subsidiaries in strictest confidence. We will not share your non-public information with any third party, unless required by law, without your written authorization.

Our Privacy Policy applies to all applicants, policyholders, and former policyholders of Farmers and Traders Life Insurance Company and its subsidiaries.

**We will provide you with a copy of our policy annually or under the following circumstances:**

- If the ownership of one of our life insurance policies is changed to you.
- If you apply for reinstatement of coverage that terminated.
- If you become insured under a new policy or as an insured spouse under another policy.

**Protecting Your Confidentiality:** We restrict employee, subsidiary, and agent access to your personal information to only those who have a business or professional reason for knowing in order to provide you with the products or services you desire. We will share your non-public, personal information with non-affiliated third parties only as permitted by State and Federal law or with your written consent.

We maintain a secure office and computer environment to ensure that your non-public, personal information is not placed at unreasonable risk.

**What Is Covered:** We consider non-public, personal information to include: information about your personal finances, information about your health, information about transactions between you and third parties, and information that we receive from consumer reporting agencies.

**Third-Party Requirements:** For those non-affiliated third parties to whom you have provided your consent for us to share information about you, we also require strict confidence in our agreements with them and expect them to keep all information that we share with them private. We do not provide your personally-identifiable information to mailing-list vendors or solicitors for any purpose.

**Record Retention:** We have a record retention schedule that meets or exceeds all statutory requirements. Your personal information records will be maintained at least as long as is required by this schedule and by any statutes or laws that may be enacted relative to same. After this record retention schedule has been completed, your records will be destroyed.

We may amend this Privacy Policy from time to time as required by law. We will inform you of any changes or amendments by mailing a notice to you.

If you have any questions about our Privacy Policy or your personal information, please contact us at Farmers and Traders Life Insurance Company, 960 James Street, P.O. Box 1056, Syracuse, NY 13201-1056. Representatives in our Customer Relations Center are available to assist you and may be reached by calling our toll-free number, which is (877) 2FT-Life or (877) 238-5433.

Regular Hours:	Monday – Friday	8:30 AM – 4:30 PM Eastern Time
Summer Hours: (5/10/04 – 9/3/04)	Monday – Thursday Friday	8:00 AM – 4:30 PM Eastern Time 8:00 AM – 1:00 PM Eastern Time

Farmers and Traders Life Insurance Company  
960 James Street • P.O. Box 1056 • Syracuse, NY 13201-1056  
(315) 471-5656 • (800) 347-0960 • www.FTLife.com