

PENNSYLVANIA ONLY

FRAUD WARNING – ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY 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 IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICATION FOR MODIFIED BENEFIT WHOLE LIFE GUARANTEED ISSUE

1. PROPOSED INSURED _____
 First Name _____ Middle Initial _____ Last Name _____
 Address _____ Social Security # _____
 City _____ State _____ Zip _____
 Date of Birth ____ / ____ / ____ Male Female Telephone (____) _____

2.

Amount of Insurance \$ _____ Mode of Premium Payment: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> PAC	Dividends: <input type="checkbox"/> Cash <input type="checkbox"/> Accumulate at Interest <input type="checkbox"/> Reduce Premiums <input type="checkbox"/> Paid-Up Additions APL, if available: <input type="checkbox"/> YES <input type="checkbox"/> NO Cash with Application \$ _____
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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.

Will any policy applied for replace any existing one in whole or in part? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Company Name and Policy Number:

I agree that: The information above is true and complete to the best of my knowledge and belief; **no insurance shall take effect until apolicy 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	Date	City and State of Application	

AGENT'S STATEMENT

This Statement is Not Part of the Application

6.

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				HOME OFFICE USE ONLY
Writing credit on this application shall be given to:				Policy No. Assigned
	Agent's Name	Code	%	
General Agent				Payment Received and Date
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 and Semi-Annual premium is \$25.00.
3. Policies paid monthly, by EFT or PAC, must have at least one premium that is \$15.00.
4. "Reduced Premium" is not available on EFT (or PAC).
5. If EFT (or PAC), void check must be submitted with the application and form must be completed.
6. Mode premium factors are a fraction of Annual: Semi-Annual = .51; EFT = .086
7. Replacement questions in number 5 and number 6 must always be completed.

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

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 St., 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 collectable.

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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DISCLOSURE STATEMENT

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

Name of proposed insured _____ Age _____ Sex _____

*Name of agent preparing disclosure _____

*Agent home or agency address _____

*Telephone number of agent _____

Name of insurer _____ Farmers and Traders Life Insurance Company

Direct all correspondence to _____ 960 James Street, P.O. Box 1056

Home office address of insurer _____ Syracuse, New York 13201-1056

	Face Amount of Coverage (1) If not applicable, Description of Coverage	Annual Premium If not known, Premium for Mode Quoted (2)
*Policy		
*Rider(s)		
*Supplemental Benefit(s) (built into policy)		The cost is included in the premium for the policy.

*(1) The face amount of coverage of the _____^a changes as follows _____

*(2) The premium for the _____^b changes; the ultimate _____^c premium will be _____ at _____ policy year (age) [or representative _____^c premiums will be _____ and _____, and the ultimate _____^c premium will be _____ at _____ and _____ and _____ policy years (ages) respectively] [or the premium will _____^d and the ultimate _____^c premium will be _____ at _____ policy year (age).]

Total (Initial) _____^c premium for the policy and rider will be _____.

*Retirement Income. Your policy is designed to pay a guaranteed retirement income of \$ _____ starting at _____^c for _____^f but not for less than 10 years.

*Guaranteed Cash Value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for each \$1,000 (or face amount). *You may borrow against this cash value at an annual _____% loan interest charge.

Number of Years Policy Has Been in force	5	10	20	Age 65
Total Accumulated Cash Value Per \$1,000 (or Total Face Amount)				

*Dividends. The following is a dividend illustration for your policy based on the current interest, mortality and expense experience of the company or fraternal benefit society as reflected in the dividends currently paid. However, the illustrations are not a guarantee of what future dividends will be. Payment of a dividend is contingent upon the payment of the next premium due.

Number of Years Policy Has Been in Force	10	20
Illustrated Dividend for that Individual Year per \$1,000 (or Face Amount)		

*A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies.

*The prospective insured has _____ has not _____ requested an earlier delivery of the Index. Upon request either the company, fraternal benefit society or agent will furnish you with additional information about the insurance described.

*If inapplicable to insurance being offered, section may be deleted entirely or clearly marked "Not Applicable."

IMPORTANT – AGENT, SEE OTHER SIDE

AGENT'S INSTRUCTIONS

THIS DISCLOSURE STATEMENT MUST BE COMPLETED AND GIVEN TO THE APPLICANT NO LATER THAN THE TIME THE APPLICATION FORM IS SIGNED.

1. It does not have to be completed for the following kinds of insurance:
 - A. Annuities
 - B. Substandard
 - C. Life insurance issued in connection with qualified funded pension plans and qualified retirement plans.
 - D. Life insurance issued as the result of a contractual policy change or conversion provision.
 - E. Life insurance where the cost is borne in whole by the employer of the insured.

2. Insert applicable description in letter blanks; such as:
 - A. policy, rider, supplemental benefit
 - B. policy, rider
 - C. annual, monthly, etc.
 - D. increase 30% each year
 - E. age, year
 - F. life

3. Deliver the original (white) copy to the Proposed Insured. Date and sign the delivery certificate on the reverse side of the pink copy and submit it with the application. Retain the yellow copy for your records.

I hereby certify that I delivered a completed Disclosure Statement no later than the time the application for insurance was signed.

Date

Agent

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

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