



HERMANN SONS LIFE

Adult Coverage Bonus Form

Adult Member Name _____

Adult Certificate No. _____

Junior Member Name _____

Associated Junior Certificate No. _____

Junior Member Issue Date _____

Agent's Name _____ Agent's No. _____

AGENT: Please return this form to the Marketing Department.

NOTE: Application must be approved and issued to receive bonus.

For Home Office Use Only:

Application Approval Date: _____