HERMANN SONS LIFE

Term Conversion Application

PLEASE PRINT IN BLUE OR BLACK INK ONLY

PROPOSED INSURED INFORMATION

FULL NAME (Last, First, Middle) | DATE OF BIRTH

MAILING ADDRESS | CITY | STATE | ZIP CODE | SOCIAL SECURITY NO.

AGE | SEX | BIRTHPLACE (City and State) | MARITAL STATUS ☐ Married ☐ Single ☐ Widowed ☐ Divorced | HOME PHONE NO.

OCCUPATION/JOB DESCRIPTION | CELL PHONE NO.

FIRM NAME | WORK PHONE NO.

BENEFICIARY DESIGNATION

	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
1				

Please Choose **One** Designation: ☐ *If Living Otherwise* * OR * ☐ *And*
If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
2				

Please Choose **One** Designation: ☐ *If Living Otherwise* * OR * ☐ *And*
If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
3				

OWNERSHIP INFORMATION ☐ Check if same as Proposed Insured.

OWNER'S FULL NAME (Last, First, Middle) | DATE OF BIRTH | SOCIAL SECURITY NO. OR EMP. ID. NO.

Please Choose **One** Designation: ☐ *If Living Otherwise* * OR * ☐ *And*
If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

OWNER'S FULL NAME (Last, First, Middle) | DATE OF BIRTH | SOCIAL SECURITY NO. OR EMP. ID. NO.

CONTACT E-MAIL ADDRESS

APPLICATION FOR MEMBERSHIP

1. I wish to continue membership in ________________________ Lodge, No. __________.

2. As a member of Hermann Sons Life, I understand that membership dues are required. _________ (Member Initials)

TOBACCO USE

Do you currently or have you ever used tobacco in any form? ☐ YES ☐ NO

If "YES", give type amounts and dates used. ____

____

COVERAGE APPLIED FOR

PLAN APPLIED FOR	AMOUNT OF INSURANCE	2ND PLAN APPLIED FOR	AMOUNT OF INSURANCE

PREMIUM $ ________ PREMIUM $ ________

SUPPLEMENTAL CONTRACT $ ________ SUPPLEMENTAL CONTRACT $ ________

- ☐ INSURANCE PROTECTION RIDER
- ☐ ACCIDENTAL DEATH
- ☐ PREMIUM WAIVER

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LODGE DUES $ ________

TOTAL $ ________ TOTAL $ ________

GRAND TOTAL $ ____________

MODE OF PAYMENT

- ☐ SINGLE
- ☐ ANNUAL
- ☐ SEMI-ANNUAL
- ☐ QUARTERLY
- ☐ MONTHLY
- ☐ BANK DRAFT AUTHORIZATION ENCLOSED
- ☐ EXISTING B D

MONEY WITH APPLICATION

- ☐ PERSONAL CHECK
- ☐ AGENT'S CHECK
- ☐ CASH
- ☐ MO/CASHIER'S CHECK
- ☐ BANK DRAFT
- ☐ NO MONEY WITH APPLICATION

NEWSPAPER Y☐ N☐

BILLING INFORMATION

FULL NAME (Last, First, Middle) ____________ DATE OF BIRTH ____-____-____

RELATIONSHIP TO PROPOSED INSURED ____________ OCCUPATION ____________ PHONE ____________

MAILING ADDRESS ____________ CITY ____________ STATE ______ ZIP CODE ______

PICTURE ID REQUIRED # ____________ TYPE ____________

PREVIOUS COVERAGE

Number of certificate that is being converted? ____________________ ☐ Certificate attached ☐ Certificate lost

SIGNATURES

Signed at ____________________, Texas, this ______ day of, ____________ 20 ______

Proposed Insured X ____

(Owner if Proposed Insured is under 18)

X ____

(Owner if other than Proposed Insured)

Witnessed by ____ Agent Signature

AGENT'S NAME (Please print) ____________________ AGENT'S NO. __________