



**GUARANTEE  
TRUST  
LIFE**

**Application to Guarantee Trust Life Insurance Company  
for Individual Graded Benefit Whole Life Insurance**

1275 Milwaukee Avenue, Glenview, IL 60025, (800) 338-7452

**PROPOSED INSURED** **SEND DOCUMENTS TO:**  **AGENT**  **INSURED**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of Birth(mm/dd/yy) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ ft. \_\_\_\_\_ in.  
 Have you used any tobacco products in the last 12 months?  Yes  No

**Plan Applied for: Graded Death Benefit** **Face Amount: \$** \_\_\_\_\_

**Modal Premium**  
 Annual  Semi Annual  
 Quarterly  Monthly

Requested Effective Date \_\_\_\_\_  
**Please Choose a Billing Option:**  
 Select Billing Day  
**Billing Day:** 1<sup>st</sup> - 28<sup>th</sup> \_\_\_\_\_  
**OR**  2<sup>nd</sup> Wednesday  3<sup>rd</sup> Wednesday  4<sup>th</sup> Wednesday

**Amount of Premium Collected:**  
 \$ \_\_\_\_\_

Is Automatic Premium Loan Desired?  Yes  No

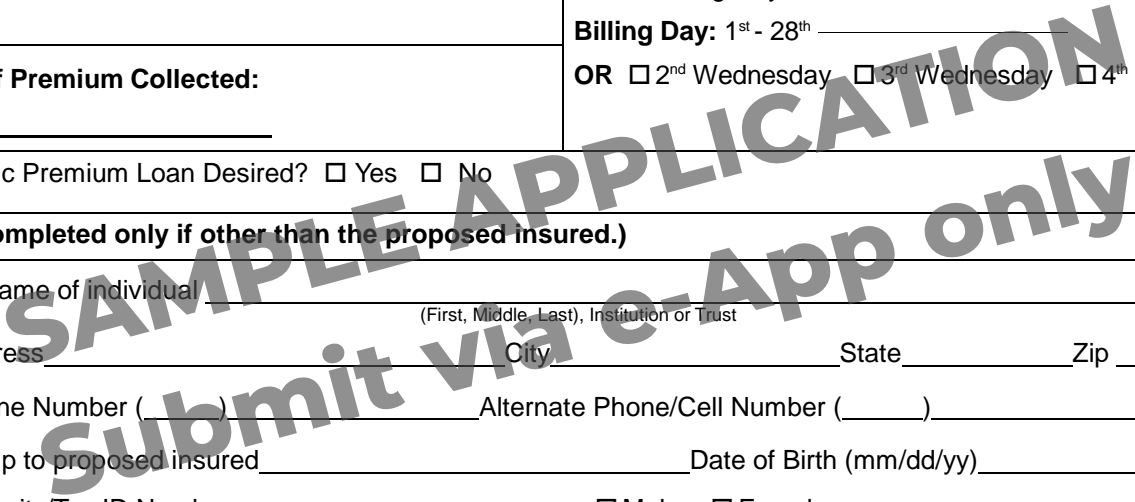
**Owner (Completed only if other than the proposed insured.)**

Full legal name of individual \_\_\_\_\_  
(First, Middle, Last), Institution or Trust  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number (\_\_\_\_) \_\_\_\_\_ Alternate Phone/Cell Number (\_\_\_\_) \_\_\_\_\_  
 Relationship to proposed insured \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_  
 Social Security/Tax ID Number \_\_\_\_\_  Male  Female

**Beneficiary Information (Revocable)**

Name of each primary beneficiary (Last, First, Middle Initial)	Relationship to Insured	% Share
		total must
		equal 100%
Name of each contingent beneficiary (Last, First, Middle Initial)	Relationship to Insured	% Share
		total must
		equal 100%

Do you have existing life insurance policies or annuity contracts?  Yes  No  
 Will the proposed insurance replace or change any existing life insurance policies or annuities?  Yes  No  
 If "Yes", to the above questions, please provide the company name and submit necessary replacement forms.  
 \_\_\_\_\_



If any answer to questions 1 through 5 is YES, you are not eligible for coverage.	
1. Within the last twenty four (24) months, have you been receiving kidney dialysis, require 24 hour continuous oxygen use (excluding CPAP), have an implanted defibrillator or received or been advised by a member of the medical profession to get an organ transplant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Within the last twenty four (24) months have you been diagnosed with or treated by a member of the medical profession for Alzheimer's, dementia or memory loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Currently diagnosed as having, or receiving treatment by a member of the medical profession for invasive cancer (excluding Stage A Prostate Cancer, Carcinoma in Situ, and Squamous Cell/Basal Cell Carcinoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently bedridden, confined to a hospital, nursing home, mental care facility, long term care facility, hospice or been diagnosed with a terminal illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been diagnosed by a member of the medical profession as having the Human Immunodeficiency Virus (HIV), ARC or AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Guarantee Trust Life Insurance Company (herein referred to as the "Company"), insurance support organizations, authorized representatives, and any reinsurers, to obtain information as to the diagnosis, treatment, or prognosis of my physical condition, other coverage and criminal or motor vehicle records needed to underwrite my application for insurance. Upon presentation of this Authorization, or a photocopy of it, the Company may obtain, without restriction (except psychotherapy notes,) such information or records from any doctor, health professional, hospital, clinic, the Veterans Administration, insurance company, pharmacy benefit manager, pharmacies or pharmacy-related facility which have such information including any medical information provided to any affiliate insurance company on previous applications and medical information provided to our health division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from MIB, Inc. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. This Authorization includes all information about drugs, alcoholism, and mental illness. I understand and agree that the Company or its representatives may conduct a phone interview or face-to face assessment as part of the underwriting process. Although federal regulations require that the Company inform me of the potential that information disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected if such information is disclosed to a person or entity not covered by the federal privacy regulation, all such information received by the Company pursuant to this authorization will be protected by federal and state privacy laws and regulations. I agree this authorization will be valid for 24 months from the date signed. The time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. I or my authorized representative may have a photocopy of it. I have read or had read this authorization and I have also received a copy or will be provided a copy of the "Notice to Applicant, Parts 1 and 2" and the Description of Information Practices form prepared by Guarantee Trust Life Insurance Company (if required by your state).

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to the Company at the above address. I understand that a revocation will not be effective to the extent the Company has relied on the use or disclosure of the protected health information or so long as GTL has a legal right to contest a claim under the coverage or the coverage itself. Revocation requests should be sent in writing to my agent or to the attention of the Underwriting Manager. I understand once information is disclosed pursuant to this Authorization, such information will continue to be protected by GTL in accordance with federal or state law. I also understand that my application for insurance can be declined if I choose not to sign this Authorization.

This application may be completed by electronic or telephonic means. I acknowledge that the Company or its agent has verified my identity for this purpose in accordance with any applicable law or regulation and that if completed by electronic means, I have provided my consent and authorization to complete an electronic transaction to apply for coverage.

This authorization shall constitute an electronic signature, which is legally binding, and has the same effect as if I had physically signed this application. If this application is completed by phone, I authorize the Company or its agent to accept my voice signature response.

### Authorization for Electronic Delivery of Documents

I acknowledge receipt of the Consent for Use of Electronic Records and Electronic Signatures Disclosure, which describes the requirements for Electronic Policy Fulfillment and Communications, as well as my right to withdraw my consent for Electronic Records. Guarantee Trust Life Insurance Company will be held harmless for any claim, liability, loss or cost, when we have used reasonable procedures to confirm communications and transactions are authorized and genuine and those procedures have been followed.

- By checking this box, I authorize Guarantee Trust Life Insurance Company to provide the Electronic Delivery of Documents.

I have read the questions and answers in all parts of this application and agree that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued. No information about the Proposed Insured will be considered to have been given to the Company unless it is stated in this application. I understand and agree that no agent has the authority to waive a complete answer to any question in the application, pass on insurability, make or alter any contract, or waive any of the Company's other rights or requirements; that any policy applied for shall not take effect unless and until the policy has been issued and delivered and the full first premium, according to the mode of payment selected by the applicant (as permitted by the Company) and stipulated in the policy, has been paid and accepted by the Company during the lifetime and condition of health of the Proposed Insured as stated in the application.

**Fraud warnings**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

X \_\_\_\_\_  
Signature of Proposed Insured Date

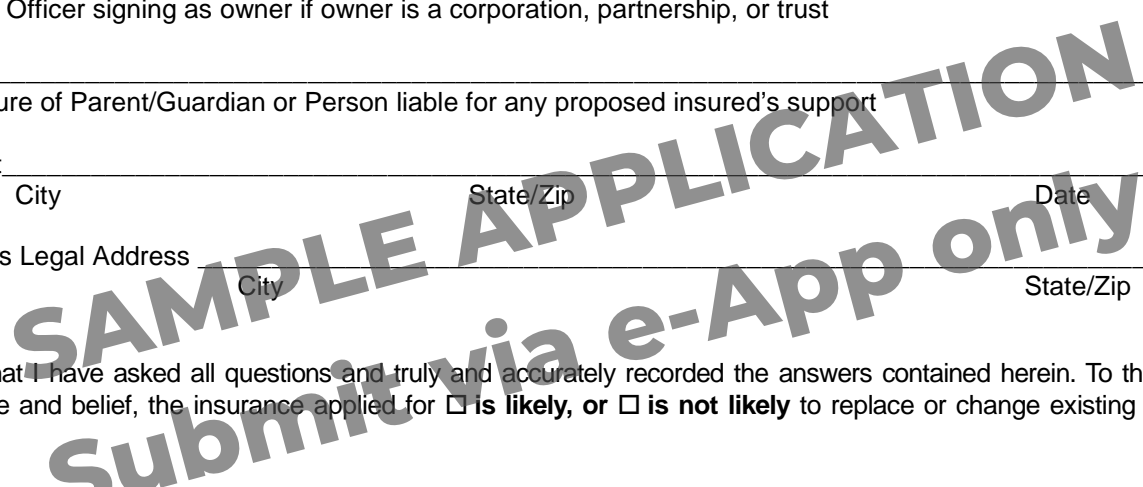
X \_\_\_\_\_  
Signature of Owner (if other than Proposed Insured) Date

X \_\_\_\_\_  
Title of Officer signing as owner if owner is a corporation, partnership, or trust

X \_\_\_\_\_  
Signature of Parent/Guardian or Person liable for any proposed insured's support

Signed at \_\_\_\_\_  
City State/Zip Date

Applicants Legal Address \_\_\_\_\_  
City State/Zip



I certify that I have asked all questions and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, the insurance applied for  is likely, or  is not likely to replace or change existing insurance or annuities.

Signature of Soliciting Agent <i>(Agent's signature not required if not sold through agent)</i>		Signature of Secondary Agent	
Print Agent's Name	Agent Code	Print Agent's Name	Agent Code
Agent's E-mail Address		Agent's E-mail Address	

Signed at \_\_\_\_\_  
City State/Zip Date

**MONTHLY PRE-AUTHORIZED PREMIUM PAYMENT PLAN**

*Authorization to Honor Withdrawals to be drawn by Guarantee Trust Life Insurance Company.*

TO \_\_\_\_\_  
Name of my Bank                      My Bank's Address                      City                      State                      Zip Code

As a convenience to me, I request and authorize you to charge the account shown below for premiums drawn by and payable to the order of Guarantee Trust Life Insurance Company, Glenview, Illinois provided there are sufficient funds in my account to pay the same upon presentation.

Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

- Account Type:     Checking Account (*Attach a Voided "Sample" check*)  
                          Savings Account (*Attach a Voided "Sample" check if applicable, or a Deposit slip*)

I agree that my rights in respect to each payment shall be the same as if it were drawn by me and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you receive notice for which you agree you will be fully protected in honoring such requests. I agree that if any such payment is not honored, whether with or without cause and whether intentionally, or inadvertently, you shall be under no liability at all although such action could result in the forfeiture of insurance.

\_\_\_\_\_  
Printed name(s) of insured(s) if different from premium payer                      Premium payer's signature, as it appears on bank records

**SAMPLE APPLICATION**  
**Submit via e-App only**

**RECEIPT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Received of \_\_\_\_\_ the sum of \$ \_\_\_\_\_ and application for insurance to Guarantee Trust Life Insurance Company. If for any reason the application is declined this payment will be refunded. No liability is created or assumed by the company, except for refund of this payment, until the insurance applied for has been issued.

Agent's Signature : \_\_\_\_\_

If you do not receive your policy/certificate within 60 days from the date of your application, please write to:  
Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue Glenview, IL 60025  
**MAKE CHECK PAYABLE TO: GUARANTEE TRUST LIFE INSURANCE COMPANY**

## **NOTICE TO APPLICANT – PARTS 1 AND 2**

### **Part 1: Fair Credit Reporting Act and Privacy Act Pre-Notification**

The application you completed for insurance with us, in most cases, gives us all the information we need. In certain cases, we may need more information.

If we need more information, we may get it by talking to other persons you know including, but not limited to, your agent or other insurance companies you have applied to. We may ask an independent “consumer reporting agency” to help us verify facts or get additional facts.

We may collect information concerning your health, job and financial situation, as well as your character, general reputation and mode of living. We will not collect information relating to your sexual orientation.

The personal information we obtain about you is treated as confidential and will not be discussed to other persons or organizations without your written authorization except to the extent necessary as permitted by law, for the conduct of our business. But any information collected by a “consumer reporting agency” may be shared by the agency with others who use such information, but only to the extent which the Fair Credit Reporting Act Permits. You have a right of access, and right of correction, concerning recorded personal information obtained in our file. In order to exercise these rights, you must contact us in writing requesting access or correction.

You have no access right to privileged information. If we used a “consumer reporting agency,” you have the right to: (1) ask to talk with them and (2) ask them about their report. You may write us for the name and address of the agency. This paragraph is not intended as a complete description of your right of access and correction. If you would like a more complete description of our insurance information and Privacy Protection Practices, please write: Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue Glenview, IL 60025.

### **Part 2: Notification Regarding MIB, Inc.**

Information regarding your insurability will be treated as confidential. Guarantee Trust Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB, Inc., will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB, Inc.'s file, you may contact MIB, Inc., and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address to the MIB, Inc. information office is 50 Braintree Hill Park, Suite 400, Braintree Massachusetts 02184-8734, telephone number (866) 692-6901, e-mail address [infoline@mib.com](mailto:infoline@mib.com).

Guarantee Trust Life Insurance Company or its reinsurers may also release information in its file to its reinsurer(s) and to other life insurance companies to whom you may also apply for life or health insurance, or to whom a claim for benefits may be submitted.



Guarantee Trust Life Insurance Company  
1275 Milwaukee Avenue  
Glenview, Illinois 60025

## GUARANTEE TRUST LIFE INSURANCE COMPANY

### Consent for Use of Electronic Records and Electronic Signatures

#### PLEASE PRINT AND SAVE A COPY OF THIS DOCUMENT FOR YOUR RECORDS

In connection with your application for, or administration of, insurance underwritten by Guarantee Trust Life Insurance Company (“GTL”), you are consenting to the use of Electronic Signatures and Electronic Records. As part of your consent to the use of Electronic Signatures and Electronic Records you acknowledge that you: (1) understand the terms and conditions of receiving insurance documents, disclosures and other communications electronically; (2) have the necessary hardware and software that allow you to receive and view Electronic Records; (3) have a valid active email account\*; and (4) are responsible for accessing, opening, and reading communication GTL sends or makes available to you in electronic format. GTL will consider electronic communication to be received by you upon successful delivery to the designated email address you provide. You also acknowledge that your Electronic Signature is legally binding and enforceable and is the legal equivalent of your handwritten signature.

\*An active email address is not required for viewing and / or downloading a copy of your insurance coverage from GTL’s secure website.

GTL is required by law to provide you with the following information relative to (i) electronic delivery of disclosures, notices and other electronic communications (collectively, “Electronic Records”) and (ii) Electronic Signature.

#### Types of Electronic Records Covered by This Consent

Unless you request otherwise, documents that form our insurance relationship will be provided to you electronically. Electronic Records include, but are not limited to:

- Application(s) and related forms
- Policy or certificate insurance fulfillment documents
- Disclosures and notices, where required by state and / or federal law
- Customer service forms and claim forms
- Responses to customer service or claim-related communications initiated by GTL or you

Your consent does not apply to policy lapse or termination notices.

#### What You Need in Order to Receive or View Electronic Records

In order to access and view communications and documents GTL makes available to you electronically, you must:

- Have access to the internet and be able to view, save and print Portable Document Files (PDF) using software such as Adobe Acrobat Reader. Adobe Acrobat Reader can be downloaded for free at <http://get.adobe.com/reader/>
- Maintain a valid active email address. It is your responsibility to provide GTL with your complete and accurate email address, as well as provide prompt notification of any change to it. To ensure Electronic Records are not blocked in email or spam filters, please add GTL’s domain, gtlic.com, to your safe sender list.

### **Your Right to Request Paper Copies**

To ensure you have them when you need them, it's recommend that you print copies of the Electronic Records GTL makes available to you, or save them to your personal computer or other electronic device. However, you may request a paper copy of any Electronic Record listed above free of charge. Except where prohibited by law, GTL may charge a nominal fee for additional copies requested after the first. Your request can be sent in writing, by phone, or email as indicated in the Company Contact Information, shown below.

### **Right to Send Paper**

GTL reserves the right to provide paper copies in lieu of Electronic Records. This would be done in the event of, but not limited to, a system outage, if fraud is suspected, or where the designated email address you have provided does not accept emails from GTL.

### **Changes to the Terms and Conditions of Electronic Communication**

GTL reserves the right to modify the terms and conditions stated herein. GTL will provide you with notice electronically of such change, its effective date, and your choices under the new terms and conditions.

### **Withdrawal of Consent**

You may elect to withdraw your consent for Electronic Records at any time by contacting us in writing, by phone, or through the Policyholder - Customer Service link on GTL's website. Please see the Company Contact Information below.

### **Company Contact Information**

1. Write us at...  
Guarantee Trust Life Insurance Company  
ATTN: Policyholder Service  
1275 Milwaukee Avenue  
Glenview, IL 60025
2. Call us toll-free at...  
1-800-338-7452
3. Contact us by email by visiting our website...  
Go to [www.gtlic.com](http://www.gtlic.com). Click on the *Customer Service* tab at the top of the screen and choose *Customer Support*. In the Customer Support site there is a *Contact Us* option you may use to email us your request.