EXPLANATION OF COVERAGE

To help assist in the process and to avoid delays in the review of a policy application with Underwriting, please complete this document and submit along with the policy application.

SOURCE OF PREMIUM (Check all sources that will be used to pay premium) Salary \$	Applicant Name:	Policy #: Bro	oker/Representative Name:	
Social Security \$ Onvestment Income \$ Sale of Assets (value) \$ (describe) Other (value) \$ (describe) TRANSACTION TYPE (Check the type of transaction for the application) Income Replacement Annual Salary \$ Oscial Security \$	SOURCE OF PREMIUM (Check all sources that will be used to pay premium)			
Other (value) \$(describe)	O Salary \$	O Qualified Plan Distribution \$	O Business Income \$	
Other (value) \$	O Social Security \$	O Investment Income \$		
TRANSACTION TYPE (Check the type of transaction for the application) Income Replacement Annual Salary \$ O Social Security \$ O Bonus \$ Investment Income \$ O Pension Income \$ O Business Income \$ Applicants who are no longer working, the last quarterly investment statement is required. Verification of income may be required for large cases. Wealth Transfer & Estate Planning (Please provide most recent quarterly investment statement) Value of Qualified Plans \$ O Expected Income Taxation \$ Value of Real Estate \$ O Value of Investments \$ Value of Business \$ Other Assets (value) \$ (describe) Family Needs (Please complete Income Replacement Section) Mortgage \$ O Debts \$ O Children's Education \$ Other (value) \$ (describe) Desired Income Replacement \$ for years. Please note:	O Sale of Assets (value) \$	_(describe)		
O Income Replacement ○ Annual Salary \$ ○ Social Security \$ ○ Bonus \$ ○ Investment Income \$ ○ Pension Income \$ ○ Business Income \$ Applicants who are no longer working, the last quarterly investment statement is required. Verification of income may be required for large cases. ○ Wealth Transfer & Estate Planning (Please provide most recent quarterly investment statement) ○ Value of Qualified Plans \$ ○ Expected Income Taxation \$ ○ Value of Real Estate \$ ○ Value of Investments \$ ○ Value of Business \$ ○ Other Assets (value) \$ (describe) ○ Family Needs (Please complete Income Replacement Section) ○ Mortgage \$ ○ Debts \$ ○ Children's Education \$ ○ Other (value) \$ (describe) ○ Desired Income Replacement \$ for years. ○ Charitable Please note:	Other (value) \$	_(describe)		
O Annual Salary \$ O Social Security \$ O Bonus \$ O Investment Income \$ O Pension Income \$ O Business Income \$ Applicants who are no longer working, the last quarterly investment statement is required. Verification of income may be required for large cases. O Wealth Transfer & Estate Planning (Please provide most recent quarterly investment statement) O Value of Qualified Plans \$ O Expected Income Taxation \$ O Value of Real Estate \$ O Value of Investments \$ O Value of Business \$ O Other Assets (value) \$ (describe) O Hortgage \$ O Debts \$ O Children's Education \$ O Chier (value) \$ (describe) O Desired Income Replacement \$ for years. O Charitable Please note:	TRANSACTION TYPE (Check the type of transaction for the application)			
O Investment Income \$ O Pension Income \$ O Business Income \$ Applicants who are no longer working, the last quarterly investment statement is required. Verification of income may be required for large cases. O Wealth Transfer & Estate Planning (Please provide most recent quarterly investment statement) O Value of Qualified Plans \$ O Expected Income Taxation \$ O Value of Real Estate \$ O Value of Investments \$ O Value of Business \$ O Other Assets (value) \$ (describe) O Children's Education \$ O Other (value) \$ O Debts \$ O Children's Education \$ O Desired Income Replacement \$ for years. O Charitable Please note:	O Income Replacement			
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 Value of Qualified Plans \$				
 Value of Real Estate \$ Value of Business \$ Other Assets (value) \$ Family Needs (Please complete Income Replacement Section) Mortgage \$ Other (value) \$ Other (value) \$ Desired Income Replacement \$ for years. Please note:	O Wealth Transfer & Estate Planning (Please provide most recent quarterly investment statement)			
 Value of Business \$ Other Assets (value) \$ (describe)	O Value of Qualified Plans \$	O Expected Income Taxation \$		
 Family Needs (Please complete Income Replacement Section) Mortgage \$ O Debts \$ O Children's Education \$ Other (value) \$ (describe) Desired Income Replacement \$ for years. Charitable Please note:	O Value of Real Estate \$	O Value of Investments \$		
 Mortgage \$	O Value of Business \$	Other Assets (value) \$	(describe)	
Other (value) \$(describe) O Desired Income Replacement \$ for years. O Charitable Please note:	O Family Needs (Please complete Income Replacement Section)			
O Desired Income Replacement \$ for years. O Charitable Please note:	O Mortgage \$	O Debts \$	Children's Education \$	
O Charitable Please note:	Other (value) \$	_(describe)		
Please note:	O Desired Income Replacement \$ for years.			
	○ Charitable	Discount		
O Business If any of these transaction types are selected more detailed information may	O Business			
C Legacy De requested from Underwriting.	○ Legacy			

Not a Deposit Not Insured by Any Federal Government Agency
No Bank Guarantee Not FDIC Insured May Lose Value

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