

**Request to Exercise Option to Purchase Additional Life Insurance**

Original Policy No.: \_\_\_\_\_ Option Date: \_\_\_\_\_

In accordance with the provisions granting an option to purchase additional life Insurance contained in the above numbered policy or supplemental agreement attached to it, the undersigned hereby applies for additional life insurance as follows:

1. Owner \_\_\_\_\_  
First Name Middle Last

Social Security No. \_\_\_\_\_

\* If option results from an existing Universal Life policy, then the beneficiary and owner will be the same as designated in the original Policy.

2. Mailing Address \_\_\_\_\_  
Street & No. City State Zip

3. \* Proposed Insured, if other than Owner \_\_\_\_\_  
Social Security No. \_\_\_\_\_

4. Sex  Male  Female 5. Date of Birth \_\_\_\_\_ 6. Place of Birth \_\_\_\_\_

7. \* Beneficiary \_\_\_\_\_

8. Plan of Insurance (Do not select a Plan whose minimum Face Amount exceeds the amount of your Option)  
 Whole Life N.P.  
 Increase existing Universal Life Plan  
 Other \_\_\_\_\_

9. Will any existing insurance or annuity be replaced or changed if the coverage applied for is issued?  
 Yes  No If yes, give details in Remarks below.

Enclosed is my remittance for \$ \_\_\_\_\_, representing the  Annual  Semi-Annual  
 Quarterly  Monthly premium for this additional coverage. (Cash, check or PAC bank draft must accompany this application.)

Check if Applicable:

I am now paying premiums on your monthly Bank Draft plan and authorize you to add subsequent premiums for this additional coverage to such premium payment plan.

Remarks:

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civic damages. An insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

It is represented that the answers given in this supplement are complete and true to the best of my knowledge.

Date: \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Agent Name / Agent # \_\_\_\_\_