

BROKERS NATIONAL LIFE ASSURANCE COMPANYDomiciled in the State of Arkansas
Administrative Office: 7010 Hwy 71 West, Suite 100, Austin, Texas 78735
Phone: 512-383-0220

State ID#	ne: D Plan B Individual Only D Indiv. & One Dep. D Indiv. & Family	Choose One:
Effective Date	ion	Plan Selection
For Home Office Use Only	•	
	(Do not assume coverage is in force until you receive written confirmation.)	(Do not assur
e.	Does the agent have knowledge this insurance will replace any other insurance? ☐ No ☐ Yes Effective Date: First of the month following receipt of complete application and Initial Amount Due.	Does the ager Effective Date
100	Will this replace existing coverage? No Yes If yes, when will existing coverage terminate?	Will this repla
Sex M/F DOB	Relationship	Child's Name
Sex M/F DOB	Relationship	Child's Name
Sex M/F DOB	Relationship	Child's Name
Sex M/F DOB	Relationship	Child's Name
Sex M/F DOB	Relationship	Child's Name
Date of Birth (DOB)		Spouse's Name
hildren	Complete the following to insure your spouse and/or children	
Phone #	urity#E-mailE-mail	Social Security #
State Zip	Iress City	Street Address
Date of BirthSex _M/F		Applicant Name

Billing Method:	□ Annual Direct Bill □ Visa/MasterCard
For Credit Card Payment, please complete the following: I authorize BNL to bill my VISA/MC account for the initial amount due and subsequent regular payments. Visa MasterCard List 16-digit Account # Expiration Date	REQUEST FOR AUTOMATIC MONTHLY BANK DRAFT (EFT) (Attach a voided check) If Bank Draft is chosen, your monthly BNL premium will be automatically withdrawn from your checking account. Please complete the Authorization Form below and attach a voided check from the account to be drafted:
Signature X Date	To
Premium Calculations: (Send Initial Amount Due with application	City, State & Zip
when selecting monthly bank draft or annual direct bill.) Enter Premium (1 month or annual)\$	I request that you pay and charge my account, debits drawn on my account by BNL to its own order. This authorization will stay in effect
Collection Fee (per billing cycle)	you shall be fully protected in honoring any such debits. I also ag
Initial Amount Due = \$	una yor. may at any time, time time agreement by giving yor days advance written notice to me and to BNL. You are to treat such debit with or without cause. I will not hold you liable even if it results in
Kegular Payment (Premium + Collection Fee)	loss of my insurance. Signature of Premium Payer X
All statements in this application are deemed to be representations and not warranties. AGREEMENT To the best of my knowledge and belief, the statements and answers shown in this a understand the following: (a) if any information stated in this application is incorn company, coverage may be voided; (b) if the application is declined and coverage in only, obligation will be to return any premium paid; and (c) the policy effective date	
Any person who, with intent to defraud or knowing that he is facilitating containing a false or deceptive statement is guilty of insurance fraud. Nebraska, Oregon, Pennsylvania, Tennessee, Utah & Washington) In Considerable of the purpose nelude imprisonment, fines, denial of insurance, and civil damages. Any include imprisonment, fines, denial of insurance, and civil damages. Any include imprisonment, fines, denial of insurance, and civil damages. Any includes false, incomplete, or misleading facts or information to a policy lefraud the policyholder or claimant with regard to a settlement or award lefraud the policyholder or claimant with regard to a settlement or award Division of Insurance within the Department of Regulatory Agencies. In Jones of the policyholder or claimant to an insurance company for the table of the properties of the proper	ENT warranties. itens itens
ines and denial of insurance benefits. In Georgia, Nebraska, Oregon &	IENT warranties. IENT with in this application form (front and back) are true and completed in this application form (front and back) are true and completed in this application form (front and back) are true and completed in the interest and is material to the risk or hazard assumed by coverage is not issued, Brokers National Life Assurance Compalective date will be the first day of the month following receipt of its of receipt. Georgia Fraudia against an insurer, submits an application or files a clarge af fraud against an insurer, submits an application or files a clarge in Colorado, D.C., Georgia, Kentucky, Louisiana, Macolorado, it is unlawful to knowingly provide false, incompleted of defrauding or attempting to defraud the company. Penalties of defrauding or attempting the purpose of defrauding or attempting to the Colorado, it is a crime to knowingly provide false, include in price of the company.
acultrating a traud against an insurer, submits an application or nies a ciain acultrating a traud against an insurer, submits an application or nies a ciain raud. In Kentucky, any person who knowingly and with intent to defiz insurance containing any materially false information or conceals, for the hereto commits a fraudulent insurance act, which is a crime. In Louisiai ayment of a loss or benefit or knowingly presents false information in an ayment of a loss or benefit or knowingly presents false information in an increase and confinement in prison. In Pennsylvania, any person who knowing les an application for insurance or statement of claim containing any males.	AGREEMENT To the best of my knowledge and belief, the statements and answers shown in this application form (front and back) are true and complete. I understand the following: (a) if any information stated in this application is incorrect and is material to the risk or hazard assumed by the company, coverage may be voided; (b) if the application is declined and coverage is not issued, Brokers National Life Assurance Company's only obligation will be to return any premium paid; and (c) the policy effective date will be the first day of the month following receipt of the application. In no event will the policy effective date be the same as the date of receipt. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Except in Colorado, D.C., Georgia, Kentucky, Louisiana, Maine, Nebraska, Oregon, Pennsylvania, Tennessee, Utah & Washington) In Colorado, it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company or agent of an insurance company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance proceeds shall be reported to the Colorado Division of Insurance with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies. In D.C., Maine & Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and definite an application of fless a claim containing a false or deceptive statement may be guilty of insurance faction for insurance containing and with intent to defraud any insurance company or other person files an application for insurance and with intent to defraud any insurance is guilty
acultating a fraud against an insurer, submits an application or nies a clain raud. In <u>Kentucky</u> , any person who knowingly and with intent to defir nsurance containing any materially false information or conceals, for the hereto commits a fraudulent insurance act, which is a crime. In <u>Louisian</u> asyment of a loss or benefit or knowingly presents false information in an incest and confinement in prison. In <u>Pennsylvania</u> , any person who knowing lies an application for insurance or statement of claim containing any maniformation concerning any fact material thereto commits a fraudulent insignificant of the company. The penalties in the provide false, incourpose of defrauding the company. <u>Penalties include imprisonment</u> , fines active to the company of the company.	AGREEMENT To the best of my knowledge and belief, the statements and answers shown in this application form (front and back) are true and complete. I understand the following: (a) if any information stated in this application is incorrect and is material to the risk or hazard assumed by the company, coverage may be voided; (b) if the application is declined and coverage is not issued, Brokers National Life Assurance Company's only obligation will be to return any premium paid; and (c) the policy effective date will be the first day of the month following receipt of the application. In no event will the policy effective date be the same as the date of receipt. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Except in Colorado, D.C., Georgia, Kentucky, Louisiana, Maine, Nebraska, Oregon, Pennsylvania, Tennessee, Utah & Washington) In Colorado, 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, Penntities may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading information to a settlement or award payable from insurance proceeds shall be reported to the Colorado. Division of Insurance compant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado. Division of Insurance benefits. In Georgia, Nebraska, Oregon & Utah, any person who, with intent to defraud or knowingly provide false, incomplete, or misleading information on an insurance company for the purpose of defrauding to company. Penalties include imprisonment, fines and confining a false or deceptive statement may be guilty of insurance to many and the properson of the purpose of misleading, inf
Applicant Signature X	TENT way in this application form (front and back) are true and completed in the interest and is material to the risk or hazard assumed by coverage is not issued, Brokers National Life Assurance Comparective date will be the first day of the month following receipt of the of receipt. Ing. a fraud against an insurer, submits an application or files a clexcept in Colorado, D.C., Georgia, Kentucky, Louisiana, Macolorado, it is unlawful to knowingly provide false, incomplete of defrauding or attempting to defraud the company. Penalties to insurance company or agent of an insurance company who knowingly purpose of defrauding or attempting to defrauding or attempting the purpose of defrauding or attempting the company. Penalties to insurance of the coloration of