

Term Life Insurance Conversion Application

Please print using dark ink.



Grange Life Insurance Company
671 South High Street, PO Box 1218
Columbus, OH 43216-1218
800-399-3797

Illustration Certificate *(Required for Heritage UL and Accumulation UL.)*

Applicant: I acknowledge that an illustration conforming to the policy applied for was not provided at this time, but understand that an illustration conforming to the issued policy will be provided to me no later than at the time of policy delivery.

_____/_____/_____
Applicant Signature Date

I certify that no illustration was presented at the time of application; or, I certify that I did not provide an illustration conforming to the policy applied for:

_____/_____/_____
Agent Signature Date



Proposed Insured Information

| | | | | | |
|--|--|-------------------|-----|--|------------------------------------|
| Name (First MI Last) | | Date of Birth / / | | Social Security Number - - | |
| Address | | | | | |
| City | | State | Zip | Municipality | State of Birth (country if not US) |
| Conversion of Policy Number _____ <input type="checkbox"/> Term Policy <input type="checkbox"/> Other Insured Rider <input type="checkbox"/> Child's Rider <input type="checkbox"/> Check here if this rider should be terminated (i.e. there are no other children to be covered). Please Note: This rider will remain in force if the box above is not checked. | | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Is the applicant the owner of the Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Owner Information for Converted Policy (if left blank, the proposed insured will be the owner of the converted policy)

| | | | | | |
|-------------------------------------|--|-------------------|-----|----------------------------|--|
| Name (Full Legal Name) (First Last) | | Date of Birth / / | | Social Security Number - - | |
| Address | | | | | |
| City | | State | Zip | Municipality | |

Payor Information (if different from owner address)

| | | | | | |
|----------------------|--|-------------------|-----|----------------------------|--|
| Name (First MI Last) | | Date of Birth / / | | Social Security Number - - | |
| Address | | | | | |
| City | | State | Zip | Municipality | |

Request for Conversion

Plan Requested: Universal Life Whole Life

| | | |
|----------------------------|--|--|
| For Universal Life: | | |
| Planned Premium: | Death Benefit Option | 7702 Compliance Test |
| Annual \$ _____ | <input type="checkbox"/> Level (Default) | <input type="checkbox"/> GPT (Default) |
| Modal \$ _____ | <input type="checkbox"/> Increasing | <input type="checkbox"/> CVAT |

| |
|---|
| For Whole Life: |
| Select One: <input type="checkbox"/> Lifetime Pay <input type="checkbox"/> 20 Pay <input type="checkbox"/> Final Expense Nonforfeiture: Reduced paid-up insurance is the only option. |

Complete for all policies:

Amount of Coverage Requested: \$ _____

Is this the full amount of current policy? Yes No If "no," balance should be: Continued Cancelled*

* Please note that if the balance is cancelled, the conversion privilege for that amount is forfeited.

The following benefits may be selected only if they were included in the original policy:
 Accidental Death Yes No Waiver of Premium* Yes No Child Rider Yes No
 You can apply for the Long Term Care Rider if it is available on the plan requested. This rider is subject to underwriting approval.
 Long Term Care** Yes No
 * If the insured is disabled as defined in the Waiver of Premium Provision, this benefit may not be selected.
 ** The LTC Supplemental Application must be provided (L-3-72 or L-3-72 (IN) for the applications signed in Indiana).

The original policy is required to be returned. Please check one of the following:
 I am returning the entire policy. The policy has been lost or destroyed.

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Beneficiary Designation

Primary:

| | | | |
|------|--------------|---------|------------------------|
| Name | Relationship | % Share | Social Security Number |
| | | | - - |
| Name | Relationship | % Share | Social Security Number |
| | | | - - |

Contingent:

| | | | |
|------|--------------|---------|------------------------|
| Name | Relationship | % Share | Social Security Number |
| | | | - - |
| Name | Relationship | % Share | Social Security Number |
| | | | - - |

If there is an irrevocable beneficiary or an assignment on the current policy, conversion can only be processed with the approval of the irrevocable beneficiary or assignee, or upon receiving a release from the assignee, if not applicable to the new policy.

_____/_____/_____
Signature of Irrevocable Beneficiary or Assignee Date

_____/_____/_____
Signature of Witness Date

Other Insurance Information

| | | |
|--|--------------------------|--------------------------|
| 1. Has the applicant, proposed insured, owner (if other than the applicant) or any beneficiary entered or made plans to enter into any agreement or contract to sell or assign the ownership of a beneficial interest in the applied for policy? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant, proposed insured, owner (if other than the applicant), or any beneficiary, ever sold, transferred or assigned any life insurance policy to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider, or premium financing entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any party to the application ever received or will receive any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any person promised or agreed to give or has given to any party to this application any inducement, fee or compensation as an incentive to purchase the applied for policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the answer to any question above is yes, please provide details regarding the agreement, incentive or transaction. | | |
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| | | |

Authorization and Signatures

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Agreement and Authorization

REQUEST FOR OWNER'S TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: Under penalties of perjury, I as the Owner, certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

I/We represent to Grange Life Insurance Company that the statements made on this application are true, complete and correctly recorded to the best of my/our knowledge and belief. I/We agree that the Company can rely on these statements. I/We agree that this application and/or any medical exam form and any supplemental application or amendment to the application will be the basis for any policy issued on this application or any amendment to the application. Any policy issued on this application will be deemed to be delivered in and governed by the laws of the jurisdiction in which this application was signed.

The **USA PATRIOT Act** requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided.

FRAUD NOTICE: 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.

Proposed Insured and Owner Signatures

I (We) represent that all statements and answers made in all parts of this application are full, complete and true to the best of my (our) knowledge and belief. It is agreed that:

- (1) All such statements and answers shall be the basis for and a part of any policy issued on this application.
- (2) No agent or medical examiner can accept risks or make or change contracts or waive Grange's rights or requirements.
- (3) No insurance shall take effect until (a) a policy is issued on this application and delivered and accepted by the owner and (b) the first premium due is paid in full while each proposed insured is alive.
- (4) Acceptance of a policy by the Owner shall constitute ratification of any changes made by Grange under "Special Instructions / Home Office Endorsements."

_____/_____/_____
Proposed Insured Signature Date

_____/_____/_____
Owner Signature (if other than applicant) Date

_____/_____/_____
Signature of the Owner of Original Policy Date
(this is the owner of the policy from which this conversion is being processed - **this signature is required**)

_____/_____/_____
Agent Signature Agent Number Date

Signed at (City and State) _____ on (Month/Day/Year) ____/____/____

Special Instructions / Home Office Endorsements

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