

GTL's Home Alliance Client Profile Worksheet and Application

Important: Sections 1 and 5 must be completed and submitted with the application.

Section 1: Client Personal Information

Name _____ Age _____ Spouse _____ Age _____
 Sex: Male Female Smoker: Yes No Sex: Male Female Smoker: Yes No
 Date Mortgage applied for or refinanced ____/____/____
 First Mortgage Balance \$ _____ First Mortgage Payment \$ _____
 Second Mortgage Balance \$ _____ Second Mortgage Payment \$ _____

Section 2: Personal Needs Analysis - Base Plan Type

Desired Face Amount: \$ _____

<input type="checkbox"/> Level 10 year (Ages 20 – 60)	<input type="checkbox"/> Level 30 year (Ages 20 – 40)
<input type="checkbox"/> Level 15 year (Ages 20 – 55)	<input type="checkbox"/> Decreasing Term 30 year (Ages 20 – 40)
<input type="checkbox"/> Level 20 year (Ages 20 – 50)	<input type="checkbox"/> 30 year Term / 20 year level (Ages 20 – 45)

Section 3: Personal Needs Analysis – Additional Coverage Options

Value the importance of each additional coverage option below by checking the appropriate box.

	<u>Very</u> <u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Not</u> <u>Important</u>
Accidental Death Benefit Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse Insurance Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Insurance Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Premium Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return of Premium Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Design Your Own Plan

Fill-in the cost of the base plan and each additional coverage option desired.

Base Plan	\$ _____	Modal Factors: Semi-Annual	= 0.51
Accidental Death Benefit	\$ _____	Quarterly	= 0.26
Spouse Insurance	\$ _____	Monthly Bank Draft	= 0.087
Children's Insurance	\$ _____		
Waiver of Premium	\$ _____		
Return of Premium	\$ _____		
Policy Fee	\$ <u>60.00</u>		
Total Annual Premium \$ _____ X _____ = \$ _____			
		(Modal Factor)	(Modal Premium)

Section 5: Applicant Signature

Applicant Signature: _____

GTL's Home Alliance is a level or decreasing term life insurance plan issued by Guarantee Trust Life Insurance Company, Glenview, IL. Premiums and death benefit are guaranteed for the term period chosen. All plans and riders may not be available in all states. For agent use only.

APPLICATION FOR: [] NEW COVERAGE [] REINSTATEMENT

PROPOSED INSURED

1. Proposed Insured (Print first name, middle initial, and last name) Sex Date of Birth Age Country of birth Height Ft. In. Weight in lbs. Social Security #

2. Home Address Number and Street City State Zip Code Home Phone Number Business Phone Number

PLAN AND BILLING

3A. Proposed Insured Base Plan Face Amount Proposed Insured Optional Riders

3B. Spouse Optional Rider [] Renewable and Convertible Term Rider - Amount: Name (First, Middle, Last) Relationship Sex Date of Birth Age Country of Birth Height Weight Social Security #

3C. Children Optional Rider [] Children's Term Rider - Unit: Name of Children (first, middle initial, last) Relationship Sex Date of Birth Age Country of Birth Height Ft. In. Weight In lbs. Social Security #

Premium Mode: [] Annual [] Semi-Annual [] Quarterly [] Monthly Bank Draft Premium Collected \$

4. Request Policy Date of: Request Draft Date of: 5. Send Billing & Correspondence to: 7. Soc. Sec. Number for Owner/Payer: 6. Beneficiary: Primary: Contingent: Contingent: Relationship: Relationship: Relationship:

EMPLOYMENT INFORMATION

7a. Has Proposed Insured been gainfully employed (at least 30 hours per week) for the past 12 months? 7b. Describe occupation and duties: 7c. Employer: 7d. Provide details of prior occupation if working in present occupation less than 1 year 7e. Actual Earned Income?

UNDERWRITING

8. Has any person proposed for insurance used any tobacco products in the past 12 months? 9. Has any person proposed for insurance ever been declined, restricted, rated up, or postponed for any kind of life and/or disability insurance? 10. Has any person proposed for insurance, in the past five years, made or now contemplate making flights as a pilot, student pilot, crewmember, or observer or participated in or plan to participate in skydiving, parachuting, hang gliding, underwater diving, organized racing, or any other hazardous sport? 11. Has any person proposed for insurance had their driver's license suspended, revoked, or been charged with a "DUI" within the last three years? 12. Has any person proposed for insurance been convicted of a felony or is any person proposed for insurance currently on probation or parole? 13. Is any person proposed for insurance not a United States citizen or legal alien resident of the United States? 14. Please give the complete details for questions 8-13 answered "Yes." Include applicable name(s) and item number(s) below:

OTHER INSURANCE

15. Does any person proposed for insurance currently have in-force, applied for or insurance now pending or contemplated for:
- a. Life insurance?..... Yes No
If yes, give complete details _____
 - b. Disability insurance (including individual, group, association, salary continuation and state benefits)..... Yes No
If yes, give complete details _____
16. Will this coverage applied for replace or change any life or disability insurance currently in force? Yes No
If "Yes," please list name of the person proposed for insurance, face amount of insurance, and/or benefit amount; also provide the Company name and submit necessary replacement forms. _____
- _____
- _____

MEDICAL INFORMATION

17. To the best of your knowledge and belief, has any person proposed for insurance had, been diagnosed as having, been advised to seek treatment for, or been treated by a medical practitioner within the past 10 years for any of the following (circle the appropriate condition for each "Yes" answer):
- a. Asthma, emphysema, bronchitis, chronic obstructive lung disease, or other disease of the respiratory system?..... Yes No
 - b. High blood pressure, stroke, heart attack, congestive heart failure, heart or blood vessel surgery or procedure, peripheral vascular disease, heart murmur, chest pain or angina, or other disease of the cardiovascular system?.... Yes No
 - c. Disease of the liver, kidney, bladder, pancreas, stomach or intestine?..... Yes No
 - d. Paralysis, convulsions, epilepsy, anxiety, depression, psychosis, or other mental or nervous disorder of the brain or nervous system or problems with memory?..... Yes No
 - e. Back problems or back or knee sprain or strain, arthritis, fractures, joint disease or replacement or disease of the muscular or skeletal system or connective tissue disorder?..... Yes No
 - f. Protein, sugar, blood or pus in the urine, disorder of the prostate, breast or reproductive organs, or internal or skin cancer, melanoma, leukemia, or tumor? Yes No
 - g. Diabetes, or disease of the pituitary, adrenal, or thyroid gland or collagen disease? Yes No
 - h. An immune deficiency disorder, AIDS, AIDS Related Complex (ARC), or tested positive for the antibodies to human immunodeficiency virus (HIV)?..... Yes No
 - i. Alcohol or drug use, or used drugs, such as heroin, cocaine, amphetamines, or other narcotics not prescribed by a doctor?..... Yes No
18. Has any person proposed for insurance made a claim for disability or workman's compensation or received such benefits in the past 10 years? Yes No
If "Yes" please list in question 21 the name of the person proposed for insurance, the condition(s) that caused the disability, and the amount and length of time disability benefits were received.
19. Has any person proposed for insurance within the past 5 years, consulted or been treated by a member of the medical profession for a condition other than previously stated above or been advised to have surgery not yet completed?..... Yes No
20. Has any person proposed for insurance currently taking any prescription medication(s) or been advised to take any medication(s)?..... Yes No
21. Please give complete details to any "Yes" answers for question 17a-i and questions 18 - 20. Include names, addresses, and phone numbers for doctors, and dates and reasons for treatment. Be sure to indicate the person proposed for insurance to which the "Yes" answer applies, and the question number(s): _____
- _____
- _____
- _____

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

