Jefferson-Pilot
Life Insurance Company
P.O. Box 2616, Omaha, NE 68103-2616

Application for Conversion of Group Life Insurance

1. Print full name of proposed insured.

2. Date of Birth Month Day Year | 3. Age | 4. Sex

5. Residence Address
Number Street City
County State Zip Code

6. Social Security No.

7. Name of Policyholder under whose Group Policy proposed insured was insured

8. Group Policy Number | 9. Certificate Number

10. Date employment terminated | 11. Date group insurance terminated

12. Reason for termination

13. Insurance applied for
a. Amount $________________
b. Plan________________

14. Premium payable (check one)
☐ Annually ☐ Semi-annually ☐ Quarterly
☐ Bank draft ☐ Other

15. Proposed insured's present occupation

16. Has proposed insured made or does he or she plan to make aerial flights other than as a passenger on a scheduled airline? ☐ Yes ☐ No
If yes, give details.________________

17. Does the proposed insured use tobacco products now or has the proposed insured used them in the past twelve months? ☐ Yes ☐ No

18. Beneficiary **(full name** and **relationship** to proposed insured)
a. Primary________________
b. Contingent________________

19. Complete this Section if the Proposed Insured is not the Applicant/Premium Payor.
Full Name of Applicant/Premium Payor
____
________________ of the Proposed Insured
Relationship
Employer________________
Social Security No.________________

20. Policy Owner, if not the insured (full name & relationship)

21.Social Security or Tax ID# of owner (if not the insured)

GENERAL. To the best of my knowledge and belief, the answers given above are true and complete. It is agreed that: (a) this Application, a copy of which will be attached to the policy when issued, will be a part of the policy; (b) by acceptance of any policy issued on the life of the proposed insured, all rights under the Group Policy for such person are relinquished; and (c) only an executive officer of the Jefferson-Pilot Life Insurance Company can make or alter a contract of insurance or bind Jefferson-Pilot Life Insurance Company in any way.

Under penalties of perjury, I, the Owner, declare that the Social Security Number shown is correct and that the Internal Revenue Service has not notified me that I am subject to back-up withholding for failing to properly report dividend or interest income.

WHEN INSURANCE TAKES EFFECT. The insurance applied for on any person to be insured will not take effect unless the first premium is paid to Jefferson-Pilot Life Insurance Company during the lifetime of the proposed insured and before the end of 31 days following the date group coverage terminated. Insurance which becomes effective will take effect when the group coverage ends.

Date Signed________________

City and State Where Signed________________

Witness________________

Signature of proposed insured________________

Signature of applicant________________
(If other than proposed insured)

FOR HOME OFFICE USE ONLY
Date Group Coverage Terminated________________

Date of Individual Policy________________

Approved By________________