

Jefferson National
JEFFERSON NATIONAL®

**Please fax or send
completed application (along with
this cover sheet) to:**

FAX:

1-608-755-7955

MAIL:

SAS

Simple Term

PO Box 1086

Janesville, WI 53547

Date

Name

phone number

email address

Agent ID#

To learn more please visit our websites at www.jeffersoninsurance.com or www.sas-it.com.
Jefferson National is domiciled in Dallas, TX, with offices in New York, NY in and Louisville, KY.
For Broker/Dealer and Agent use only. Not for public use.

1. Insured Information		Owner Information	
Name		Name	
Street Address		Street Address	
City	State	Zip	
City		State	
City		Zip	
e-mail	Phone		
e-mail	Phone		
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	Place of Birth	
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	Place of Birth	
Social Security Number	Driver's License # & State		
Social Security Number			
Height	Weight		
feet	inches	lbs.	
2. Primary Beneficiary		Contingent Beneficiary	
Name		Relationship	
Name		Relationship	
3. Plan Applied For	<input type="checkbox"/> Ten Years <input type="checkbox"/> Fifteen Years <input type="checkbox"/> Twenty Years <input type="checkbox"/> Thirty Years		
4. Coverage Amount	\$		
5. Payment Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		
6. Payment Method			
<input type="checkbox"/> Charge My Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
<input type="checkbox"/> Debit My Checking Account	Bank Name	Account Number	ABA Number
	(first 9 numbers in the lower left-hand corner of your check – you may also attach a voided check)		
7. Replacement	Do you plan to replace, change or modify any existing life insurance as a result of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, additional forms may be required, depending upon state requirements)		
8. Underwriting			
1. In the past 12 months have you smoked cigarettes, cigars, pipes or used tobacco or nicotine in any form including snuff, dip, chew, nicotine patch, gum or other substitutes?			Y <input type="checkbox"/> N <input type="checkbox"/>
2. In the past 5 years, have you had or been treated for or consulted a physician or other practitioner for any of the following: heart or coronary artery disease or disorder, stroke, peripheral vascular disease, cancer, diabetes, hepatitis C, cirrhosis, pancreas disease or disorder, emphysema or chronic lung or pulmonary disease (COLD or COPD), alcohol or drug use (excluding HIV)?			Y <input type="checkbox"/> N <input type="checkbox"/>
3. In the past 5 years, have you been hospitalized for the following: chest pain, high blood pressure, asthma, depression, manic-depression, other mental and nervous disorder, paralysis, seizure, anemia, or kidney or liver disease or disorder (excluding kidney stones) and (excluding HIV)?			Y <input type="checkbox"/> N <input type="checkbox"/>
4. In the past 2 years, have you had your driver's license revoked, suspended or been convicted of reckless driving, driving without a valid license or for driving while under the influence of alcohol or drugs (DWI, DUI)? Or have you had more than 2 moving violations in the past 12 months?			Y <input type="checkbox"/> N <input type="checkbox"/>
5. In the past or next 12 months, have you engaged in or do you plan to engage in risky activities, extreme sports or have you flown a plane other than as a commercial airline pilot? Or are you engaged in a hazardous occupation that exposes you to the risk of loss of life?			Y <input type="checkbox"/> N <input type="checkbox"/>
6. Have you been diagnosed as having AIDS, AIDS Related Complex (ARC), or any other disorder of your immune system? Answer this question 'NO' if you have tested positive for HIV but have not developed symptoms of the disease AIDS			Y <input type="checkbox"/> N <input type="checkbox"/>
7. In the past 12 months, have you either been hospitalized for 5 or more consecutive days, or missed 5 or more consecutive days from work or school other than for vacation or family leave (excluding HIV)?			Y <input type="checkbox"/> N <input type="checkbox"/>

