

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		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											
		Card Number				Exp.							
<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?										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)?										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 or have you had a positive HIV test?										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?										Y <input type="checkbox"/> N <input type="checkbox"/>			

