

Application to Liberty Bankers Life Insurance
P.O. Box 224 Brownwood, TX 76804

Supplemental Application for:
Children or Grandchild Rider

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

1. Supplement to Application on :			Check Appropriate Rider	
Proposed Insured:	Application Date:	Policy # (When adding existing rider)	Child Rider # of units <input type="checkbox"/>	Grandchild Rider \$7,500 <input type="checkbox"/>
Address	City	State	Zip Code	

2. Children/Grandchild Proposed for Insurance (Please Print)

Name all natural-born children, stepchildren and legally adopted children or grandchildren for grandchild rider of Primary Proposed Insured who have not attained age 18. Insurance will not be provided on newborn children less than 15 days of age or grandchildren if grandchild riders applied for. (Attach another sheet if necessary):

Full Name of Proposed Insured Child/Grandchild	Age Last Birthday	Sex	Date of Birth	Relationship to Proposed Insured	Height	Weight
A.						
B.						
C.						

3. Health Information

- Has any Proposed Insured Child/Grandchild ever been diagnosed or treated by a licensed member of the medical profession for cancer, diabetes, heart or circulatory disorder, mental or nervous disorder, mental retardation, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, un-operated heart defects, epilepsy, asthma, disorders of the muscles or bones, anemia or other disorders of the blood, bladder, kidneys, liver or lungs?..... Yes No
- Has any Proposed Insured Child/Grandchild been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?..... Yes No
- Has any Proposed Insured Child/Grandchild ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?..... Yes No

Please provide details to any "Yes" answer to Question 1-3 (Attach another sheet if necessary):

Proposed Insured Child/Grandchild	Condition & Treatment	Date	Name & Address of Physician or Hospital

Beneficiary Designation:
Any proceeds payable under this rider will be paid to the Owner, if living. Otherwise, per the beneficiary provision of the rider.

- Does Proposed Insured Child/Grandchild have existing life insurance policies or annuity contracts?.... YES NO
 - Will this insurance replace or change any other insurance policies or annuity contracts? YES NO
- If "YES" to either question, please provide details of the insurance, including Amount, Company & Plan of Insurance and appropriate Replacement Form, if required: _____

I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application
Dated at _____, _____ on this _____ day of _____, _____.

Signature of Grandparent/Parent Guardian _____

- Agent Statement:**
- Does the Proposed Insured have any existing life insurance policies or annuity contracts?..... YES NO
 - Is replacement of existing insurance involved in this application? If yes: Have you submitted the appropriate replacement forms?..... YES NO

Signature of Agent: _____ Agent Number: _____