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

Supplemental Application for: Children or Grandchild Rider

1. Supplement to Applic	1. Supplement to Application on :						Check Appropriate Rider			
Proposed Insured:	Application Date:		Policy # (When adding existing rider)		Child Rider # of units		Grandchild Rider \$7,500			
Address	C	City			Zip Code					
2. Children/Grandchild	Proposed for In	surance (P	lease Print)							
Name all natural-born children, ste who have not attained age 18. Insu riders applied for.										
Full Name of Proposed Insured Child/Grandchild	Age Last Birthday			Relationship to Proposed Insured		Height		Weight		
A.										
В.										
С.										
3. Health Information										
 Has any Proposed Insu disorder, mental or ner un-operated heart defect bladder, kidneys, liver Has any Proposed Insu Deficiency Syndrome (HIV) virus ?	vous disorder, mets, epilepsy, asthor lungs?red Child/Grando (AIDS) or AIDS ared Child/Grando red Child/Grando ng to the usage o	ental retarda ma, disorde child ever ha Related Con child ever us f alcohol, h	ation, cerebral palsers of the muscles of the muscl	y, muscular or bones, and or received sitive for th atment, advi	dystrophy emia or ot treatment e Human l ce or cour cinogens,	y, spina be ther disor to f Acquammunoon for tranquili	oifida, cy ders of □Yes uired Im deficien rom a pl izers, ba	ystic fibrosi the blood, No mune cy Virus hysician or arbiturates,		
Please provide details to any "								5 2110		
Proposed Insured Child/Grandchild	Condition & Treatment			Date		Name & Address of Physician or Hospital				
Beneficiary Designation: Any proceeds payable under thin 1. Does Proposed Insured Child/G										
2. Will this insurance replace or ch If "YES" to either question, please pr appropriate Replacement Form, if req	ange any other in	nsurance po he insurance	licies or annuity co	ontracts? nt, Company	y & Plan o	…□ YES of Insurai	S 🗆 NO)		
I declare and represent that the fore complete and true to the best of my ki Dated at	nowledge and bel	ief and shall	Il constitute a part o	of the applic	eation	-		,		
Signature of Grandparent/Parent Guar	rdian							-		
Agent Statement: 1. Does the Proposed Insured have 2. Is replacement of existing insurative appropriate replacement form	any existing life ance involved in the	insurance pathis application	policies or annuity tion? If yes: Have y	contracts?	ed	□ YES	□ NO			
XPrinted Agent's Name		Agent's Sig	gnature		Agen	t's Num	ber	-		