



U.S. Military Personnel Life Insurance Disclosure and Acknowledgement

Name of U.S. Military Personnel (please print)

I hereby acknowledge each of the following statements by placing an (x) in front of each statement.

- _____ I do not reside on any U.S. Military Installation, Federal Land or other Federally Controlled Property.
- _____ I am aware that subsidized life insurance is available to me as a member of the Armed Forces from the Federal Government under the Servicemembers' Group Life Insurance program (also referred to as "SGLI"), under subchapter III of chapter 19 of title 38, United States Code;
- _____ I am aware of the amount of insurance coverage available to me under the SGLI program, together with the costs to me as a member of the Armed Forces for such coverage and prefer to purchase Life Insurance Protection from Sentry Life Insurance Company.

SGLI Death Benefit Available: \$_____ SGLI Premium: \$_____

- _____ The Life Insurance Policy that I am applying for is being offered by Sentry Life Insurance Company and is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the life insurance product being offered.
- _____ I have been informed that if the life policy I am applying for contains a premium loan feature and I do not pay the policy premiums, the cash value of the policy, if any, will be used to pay the policy premium and these loans will be subject to an interest charge.
- _____ I received an explanation of any free look period with instructions on how to cancel if the policy is issued.
- _____ I received a complete copy of the proposed Life Policy's Policy Illustration or Policy Summary which illustrates the policy's projected premiums, death benefits and any guaranteed or non-guaranteed values.

I hereby acknowledge:

Signature of U.S. Military Personnel

Date

Statement and Acknowledgement by Sentry Life Insurance Company Agent:

Name of Sentry Life Insurance Company Agent (please print)

I am Licensed in the State of _____ to sell Sentry Life Insurance Company. I will receive a commission for this product sale from Sentry Life Insurance Company. No other person shall receive any referral fee or incentive compensation in connection with the offer or sale of this life insurance product, unless such person is a licensed agent of the person engaged in the business of insurance that is issuing such product.

I hereby acknowledge as an Agent of Sentry Life Insurance Company:

Signature of Sentry Life Company Insurance Agent

Date

340-539

3/08 (✓)



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NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

☐

Yes

☐

No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant's Signature

Date

Agent's Signature

Date

Agent's Name (Print or Type)

Agent's Address (Print or Type)

Agent's Company (Print or Type)

Information on Policies which may be replaced:

Company Name & Address	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





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☐

Yes

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No

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I have read this notice and received a copy of it.

Applicant's Signature

Date

Agent's Signature

Date

Agent's Name (Print or Type)

Agent's Address (Print or Type)

Agent's Company (Print or Type)

Information on Policies which may be replaced:

Company Name & Address	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**Business Owned Life Insurance:
Notice of Intent to Insure and Consent
by Proposed Insured**



Date: _____

Proposed Insured: _____

Maximum Amount of Life Insurance Coverage Applied for: _____ by

Company Name/Employer

Address

City, State, Zip

The Proposed Insured qualified as a:
(Please check all that apply and at least one must be checked)

_____ Director

_____ 5% or Greater Owner of the Company at any time during the preceding year.

_____ Received Compensation in Excess of \$115,000 in the preceding year.

_____ One of the five highest Paid Officers.

_____ Among the Highest Paid 20% of All Employees.

I, _____, hereby have been notified that
Print Name of Proposed Insured

Print Name of Company/Employer

will apply for a Maximum Amount of Life Insurance of _____ on my life and I
Maximum Amount

hereby consent that the Company be the Owner and Beneficiary of any proceeds payable under said Life Insurance Policy on my life during employment or after I terminate my employment or association with said Company/Employer.

Signature of Proposed Insured

Date

Acknowledgement of Signature: I witnessed the Signature of the Proposed Insured.

Print Name and Title

Signature and Title

Date

Employer: Retain in your records. Business owned life insurance may have tax implications. Please consult your tax advisor.

340-1004

9/2013(✓)



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**Business Owned Life Insurance:
Notice of Intent to Insure and Consent
by Proposed Insured**



Date: _____

Proposed Insured: _____

Maximum Amount of Life Insurance Coverage Applied for: _____ by

Company Name/Employer

Address

City, State, Zip

The Proposed Insured qualified as a:
(Please check all that apply and at least one must be checked)

_____ Director

_____ 5% or Greater Owner of the Company at any time during the preceding year.

_____ Received Compensation in Excess of \$115,000 in the preceding year.

_____ One of the five highest Paid Officers.

_____ Among the Highest Paid 20% of All Employees.

I, _____, hereby have been notified that
Print Name of Proposed Insured

Print Name of Company/Employer

will apply for a Maximum Amount of Life Insurance of _____ on my life and I
Maximum Amount

hereby consent that the Company be the Owner and Beneficiary of any proceeds payable under said Life Insurance Policy on my life during employment or after I terminate my employment or association with said Company/Employer.

Signature of Proposed Insured

Date

Acknowledgement of Signature: I witnessed the Signature of the Proposed Insured.

Print Name and Title

Signature and Title

Date

Employer: Retain in your records. Business owned life insurance may have tax implications. Please consult your tax advisor.

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