

For Home Office Use Only

Med. Number	Issue Date	Insurance Amount
Age (last birthday)	Pol.No.	Amt. of Premium

For Agency Use Only

Agency	Producer #	<input type="text"/>
Date Prem. Rec'd	Branch #	Received by



VANTISLIFE INSURANCE COMPANY  
200 Day Hill Road  
Windsor, CT 06095

# VantisLife Insurance Company (VantisLife) Modified Benefit Whole Life Insurance Application

## Insured Information

**Amount of Insurance** (Check one) **Gender** (Check one)  
 \$5,000  \$10,000  \$15,000  Male  Female

Print Your Name

Address

City, State, Zip

Home Telephone

Business Telephone

Date of Birth (mo-day-yr)

Social Security Number

Beneficiary Name(s) and Relationship to Insured

Contingent Beneficiary(s)

## Owner Information (Complete only if different than insured)

Print Your Name

Address

City, State, Zip

Home Telephone

Business Telephone

Date of Birth (mo-day-yr)

Social Security Number

Relationship to Insured

## Premium Payment Schedule

Monthly  Quarterly  Semi-Annually  Annually

Check here if you want to pay electronically (enclose voided check)

Do you have any existing Life Insurance policies or annuity contracts? NO  YES  -Submit state required form.

Special Request (see below): \_\_\_\_\_

I agree that; a) the information above is true and complete to the best of my knowledge and belief; b) the insurance will begin the day the first full premium is received by the licensed VantisLife Representative, subject to acceptance by VantisLife, if 1) the person to be insured is living on the day insurance is to begin; and 2) the person to be insured falls within the ages of 50 to 80. Unless stated otherwise under Special Request, the Automatic Premium Loan Provision will be effective. I understand that this plan has a limited death benefit during the first two years. The death benefit provided in the first year will be 16% of the amount of insurance and in the second year will be 35% of the amount of insurance.

Insurance products offered by VantisLife are NOT deposits, are NOT insured by the FDIC/NCUA or any other federal government agency, and are NOT obligations of, nor guaranteed by any bank or credit union.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of VantisLife Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signed At : \_\_\_\_\_  
CITY, STATE

APP 2838-1 01/09

AGENT:  
Does sale involve replacement?  Yes (Submit State Required Form.)  No

Please make your check for the first premium payable to VantisLife and return with application to your VantisLife Licensed Representative.