

APPLICANT'S STATEMENT AND AGREEMENTS

I hereby apply to Old Surety Life Insurance Company for a **Hearing, Dental and Vision Policy**. It is issued solely and entirely in reliance on my written answers to the above questions. The answers are, to the best of my knowledge and belief, true and have been accurately recorded. These statements will become a part of any policy to which this form is attached. I have received an Outline of Coverage for the policy applied for. If I am on Medicare, I have also received the "Guide to Health Insurance for People with Medicare".

I agree that, except as provided in the Receipt for Initial Premium, no insurance will take effect unless the full first premium is paid by the time the policy is delivered, and unless the policy is delivered and accepted by me.

I authorize any insurance company or doctor having any information or knowledge of my health to give Old Surety Life Insurance Company any medical information requested. I understand that a photocopy of this authorization shall be as valid as the original and that this authorization shall remain valid for up to twenty-four (24) months unless revoked by me in writing to the home office of Old Surety Life Insurance Company.

Signed at _____
City State Signature of Primary Applicant
Date _____
Month Day Year

I hereby certify, that any information recorded by me on this application is true and accurate to the best of my knowledge.

Signature of Agent _____

Agent Code No. Printed Agent Name

Requested Issue Date: _____

Mail Policy to: (circle one) Applicant Agent

PREMIUM PAYOR AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS)
(Please attach a voided check)

I hereby authorize Old Surety Life Insurance Company to debit / charge my account indicated below.

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____ ACCOUNT # _____

BANK NAME _____

ADDRESS _____

This authority is to remain in force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to Company prior to charging account. The customer has the right to return an item up to 60 days after the charge date if the customer feels that the transaction was not authorized or if the customer is revoking the authorization. In the case of ACH or Electronic Funds Transfer, Old Surety Life Insurance Company indemnifies the receiving financial institution through the National Automated Clearing House Association and local Automated Clearing House Association rules.

SIGNATURE _____ NAME _____

(Print Premium Payor Name)

To: The Bank Named Above: DATE _____

So that you may comply with your depositor's request this Company agrees:

- 1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft, or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of Pre-Authorized Check Plan payment, including any costs or expenses reasonably incurred in connection therewith.
- 2. In the event that any such check, draft, or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.
- 3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan.



DALE L. PHILLIPS, President

OLD SURETY LIFE INSURANCE COMPANY, OKLAHOMA CITY, OKLAHOMA
Authorized in a resolution adopted by the Board of Directors of the Old Surety Life Insurance Company, Oklahoma City, Oklahoma on July 27, 1998.